JAN 14 1936 RECEIVED

96360

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96360

PLACE OF DEATH
County of Lewis
City of Craigmont
Registration District No. 60
Primary Registration District No. 2129
Local Registrar's No. 1
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oliver Harvey Carrick

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alma Lenz Carrick

6. DATE OF BIRTH (month, day, and year) Sept. 18 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Salesman. Traveling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 12-20-35

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Palouse Washington

FATHER

13. NAME Jonathan Grant Carrick

14. BIRTHPLACE (city or town) (State or country) Bible Grove Ill

MOTHER

15. MAIDEN NAME Lenna Lodena Gray

16. BIRTHPLACE (city or town) (State or country) Frankfort Ind

17. INFORMENT (Address) E R Lenz Craigmont, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Clarkston, Wn. Date ..., 193..

19. UNDERTAKER C E Clary (Address) Craigmont, Ida.

20. FILED 1/4, 1936 R E Dwelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to 1-3, 1936
I last saw him alive on 1-3, 1936: death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12-28-35
Other contributory causes of importance:	
Influenza	12-24-35

Name of operation None Date of —
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) R. H. Collins, M. D.
(Address) Craigmont Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96362

DO NOT WRITE IN THIS SPACE
96362
State File No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Ada

City of Boise

JAN 15 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Margaret Sionis

(a) Residence. No. 602 Washington Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 29 yrs. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nicholas Sionis

6. DATE OF BIRTH (month, day, and year) June. 7. 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Memphis
(State or country) Missouri

FATHER

13. NAME Thomas Wise

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Nicholas Sionis
(Address) 602 Washington St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jan. 9., 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-9, 1936 K. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1935, to 1-7, 1936.

I last saw her alive on 1-7, 1936; death is said to have occurred on the date stated above, at 3½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-6-36
Other contributory causes of importance:	
Arteriosclerosis with	
Hypertension	1930?
Previous Cerebral Hemorrhage	1935

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Burton Budge, M.D.

(Address) Boise

MARGIN RESERVED FOR BINDING

INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9636

JAN 17 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96365

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 21
(No. Idaho State Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME John Richard Gilbert

(a) Residence. No. Soldiers Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 20, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Bridger, Wyo.

FATHER

13. NAME John R. Gilbert

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Betsy Ann Pettegrew

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) May Mencer, Eagle

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 1/16, 1936

19. UNDERTAKER (Address) McBratney Funeral Home

20. FILED 1-15, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-14-36

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1935, to 1/14, 1936.
I last saw him alive on 1/8, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Fred A. Pettegrew, M. D.
(Address) Boise, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96415

Registration District No. 9-10

Primary Registration District No. 9-10 Local Registrar's No. 3.

JAN 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma A. Mc Askill

(a) Residence. No. ..... Star Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel McAskill

6. DATE OF BIRTH (month, day, and year) 1-5-52

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Brunswick (State or country) Canada

FATHER

13. NAME Osmond Taplin

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Emma Stokes

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pearl, Ida Date 1-5-1936

19. UNDERTAKER McCon Schmidt
(Address)

20. FILED 1-5, 1936 Orrie Jordan Registrar
Emp Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 1936

22. I HEREBY CERTIFY, That I attended deceased from —, 1933, to January, 1936, I last saw h[illegible] alive on Aug 6, 1933: death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart	Long time ago.
Other contributory causes of importance:	
Old Age	

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Star, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

JAN 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96513

PLACE OF DEATH
County of Camas
City of Fairfield

Registration District No. 58
Primary Registration District No. 2138
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Nelson Mosier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (mo., day, yr.): May 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: John W. Taylor

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Barbra Eyler

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs Orel Hallowell

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Fairfield Date: , 193

19. UNDERTAKER (Address): Soldier Grove Mc Clain Bros Fairfield Idaho

20. FILED: Jan 13, 1936 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 35 1935, to Jan 11, 1936.
I last saw h..... alive on Jan 9, 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	Jan 1-36
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) W B Parkinson M. D.
(Address) Fairfield Idaho

JAN 6 '36

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96525
State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 227

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Bonnereu

(a) Residence. No. 312 - 18th Ave No St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Bonnereu

6. DATE OF BIRTH (month, day, and year) Dec 5 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salina Washington

FATHER

13. NAME Christian Bonnereu

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME B. Mina Olsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) Mr. Edwin Bonnereu Ashton, Idaho

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Ashton, Ida Date Jan 5, 1936

19. UNDERTAKER Wm. D. Talley (Address) Nampa, Idaho

20. FILED Jan 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th, 1935, to Jan 2, 1936

I last saw him alive on Jan 2, 1936; death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-26-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Talley, M. D.

(Address) Nampa Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

JAN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 226

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 96533

168

2. FULL NAME Eugene Emerson

(a) Residence. No. 603 15th. Ave. South. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Indiana Emerson

6. DATE OF BIRTH (month, day, and year): Jan. 22 1855

7. AGE: Years 69 | Months 11 | Days 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumber Dealer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: (retired)

10. Date deceased last worked at this occupation (mo and yr.): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ohio.

FATHER

13. NAME James L. Emerson

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME Brillhart

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT J. Calvin Emerson
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kohlerlawn Cem. Nampa Ida. Date 1/5/36 193..

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED Jan 4, 1936. Lydda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at about 6A.M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by hanging.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur? Nampa, Canyon, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. in garage ar residence
Manner of injury hanging
Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Wm. D. Talley Coroner M. D.
(Address) Nampa, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9653

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 228

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Le Roy Nibarger

(a) Residence. No. 212 - 15 Ave No, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-1-35

7. AGE — Years: | Months: 6 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER

13. NAME Richard Nibarger

14. BIRTHPLACE (city or town) Idaho Wyo.
(State or country)

MOTHER

15. MAIDEN NAME White

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Richard Nibarger
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 1-7, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Jan 8, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1935 to Jan. 4, 1936

I last saw him alive on Jan. 2, 1936 death is said to have occurred on the date stated above, at 5 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	7-30-35

Other **contributory causes** of importance:

Enteritis (about)	1-1-36

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following.

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Caldwell M. D.

(Address) Nampa Ida.

JAN 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9654[illegible]

PLACE OF DEATH

County of Canyon
(City or) Town of Ruckel

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 225

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Bess Peterson

(a) Residence. No. 6-miles north Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 19 - 1921

7. AGE: Years: 14 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: In School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER'S MAIDEN

13. NAME: R. F. Peterson

14. BIRTHPLACE (city or town) (State or country): Idaho

15. MAIDEN NAME: Mc Sparran

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): R. F. Peterson Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Rohlaw Cem
Place: Nampa Idaho Date: Jan. 2, 1936

19. UNDERTAKER (Address): F. W. Robertson Nampa Ida

20. FILED: Jan. 4, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935, to Jan 1, 1936
I last saw h[illegible] alive on Jan 1, 1936: death is said to have occurred on the date stated above, at 3 ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilatation heart	
with Diphtheria	
Other **contributory causes** of importance:	
Scarlet fever	

Name of operation: No Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following.
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Howard Belknap M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 1. 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96545

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 145

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Martin Overdorf 49

(a) Residence. No. Caldwell R.D. #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 24 1847
7. AGE: Years 88 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Wheelwright
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Wagon Maker
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Pa. Germany

MOTHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Augusta Lehner
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Ford O. Overdorf Wilder Ida
18. BURIAL, CREMATION OR REMOVAL: Place Ramsey Cem. Date Jan 6, 1936
19. UNDERTAKER (Address): V. Scott Chapman Caldwell Ida
20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935 to Jan 3, 1936.
I last saw him alive on Jan 2, 1936: death is said to have occurred on the date stated above, at 6-30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	1935 ?
Other **contributory causes** of importance:	

Name of operation. Prostate Date of.....
What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) Caldwell, Idaho

Oct 1 1935

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9655

Registration District No.

Primary Registration District No. 1 0 5 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm E. Mullikin

(a) Residence. No. 508 Chicago St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Mullikin

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1865

7. AGE: Years 70 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) Martin Ferry, (State or country) Ohio.

13. NAME W. H. Mullikin

14. BIRTHPLACE (city or town) Ohio. (State or country)

15. MAIDEN NAME Elvira Callahan

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Harry V. Mullikin (Address) Caldwell, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Paul L. Case (Address) Caldwell, Idaho.

20. FILED 1-9, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7-36

22. I HEREBY CERTIFY, That I attended deceased from Oct 1-35, 193.. to Jan 7-36, 193..
I last saw h[illegible]ive on Jan 7 193.. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows.

	Date of onset
Flu	Jan 3-36

Other **contributory causes** of importance: Pernicious Anemia Sept 35

Name of operation..... Date of.....
What test confirmed diagnosis Blood Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following.
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, state.....

(Signed) [illegible] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9660

JAN 14 1936 RECEIVED

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 197

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Bell E. McDuston

(a) Residence. No St. Anthony Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
~~HUSBAND of~~
(or) WIFE of Sheldon E. McDuston

6. DATE OF BIRTH (month, day, and year) Dec. 25-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	—	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mango Ind

FATHER
13. NAME Lyvia Bahs
14. BIRTHPLACE (city or town) (State or country) Spencer Iowa

MOTHER
15. MAIDEN NAME Mollie Morrison
16. BIRTHPLACE (city or town) (State or country) Mango Iowa

17. INFORMANT S. E. McDuston
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 1/4, 1936

19. UNDERTAKER N. M. Stanner
(Address) St. Anthony Idaho

20. FILED 1/4, 1936 Sarah B. Musk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Jan 1, 1936
I last saw h/s alive on Dec 26, 1935: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1
Other contributory causes of importance:	
Old age	
Hypertension	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____
(Signed) R. L. Worrell, M. D.
(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE [redacted] O
DEPARTMENT OF [redacted] WELFARE
BUREAU OF V[redacted]TISTICS
CERTIFICAT[redacted] DEATH

DO NOT WRITE IN THIS SPACE
9660
State File No.

JAN 14 1936 RECEIVED
District No. 99
Primary Registration District No. 2177
Local Registrar's No. 198

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Azena Josephine Kimmey

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Fred L. Kimmey

6. DATE OF BIRTH (month, day, and year) Dec. 9-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	—	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prairie Center Ill.

FATHER
13. NAME Joseph S. Palmer
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Cynthia Parker
16. BIRTHPLACE (city or town) (State or country) Stokley Canada

17. INFORMANT F. O. Wilcox
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Chicago Ill. Date Jan. 5, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 1/5, 1936 Sarah B. Mund
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to Jan. 4, 1936
I last saw her alive on Jan. 4, 1936; death is said to have occurred on the date stated above, at 12:18 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Degeneration Cardiac Disease	
Other contributory causes of importance:	
old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. K. Mergell M. D.
(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9662

JAN 11 1936 RECEIVED

Registration District No.
Registrar's Registration District No.
Local Registrar's No. 1
(No. 887)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Hermann Reuter

(a) Residence. No. St Valentine Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 12-3-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam ships

10. Date deceased last worked at this occupation (mo. and yr.) 10 yrs ago

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alex Grunwald
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Jerome Date 1/5/, 1936

19. UNDERTAKER D. A. Harman
(Address) Jerome

20. FILED 1/6, 1936 C. T. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1935, to Jan 4, 1936.
I last saw him alive on Jan 1, 1936: death is said to have occurred on the date stated above, at 10:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov. 1935
Other contributory causes of importance:	
Arthritis	Oct 1935

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

JAN 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96659

PLACE OF DEATH

County of Latah
City of Deary

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles [redacted] Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ada.

6. DATE OF BIRTH (month, day, and year)
Apr 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME Andrew R. Anderson

14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER

15. MAIDEN NAME Enga Anderson

16. BIRTHPLACE (city or town) Sweden (State or country)

17. INFORMANT Melvin Anderson (Address) Deary Idaho

18. BURIAL, CREMATION OR REMOVAL
Place [redacted]lem Date Jan. 3-1936

19. UNDERTAKER [redacted]lee Mee Co
(Address) Moscow Ida.

20. FILED Jan 7, 1936 Lucy M. Pickrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-1 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Dec. 31, 1935
I last saw [redacted] alive on Nov. 1, 1935 and [redacted]id to have occurred on the date stated above, at [redacted]
The **principal cause of death** and related ca[redacted]or-tance were as follows:

Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) [redacted] M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96665

PLACE OF DEATH
County of Latah
City of New Potlatch

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Willis Newton

(a) Residence. No. St. Garfield Wash Rt 3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 28 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Potlatch Ida

FATHER

13. NAME Lewis Newton

14. BIRTHPLACE (city or town) (State or country) Wilkerson Kansas

MOTHER

15. MAIDEN NAME Hazel Doty

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT Lewis C. Newton (Address) Garfield Wash

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Jan 7 1936

19. UNDERTAKER Kimball Funeral Home (Address) Palouse Wash

20. FILED Jan 6, 1936 Jno. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936, to Jan 5 1936

I last saw him alive on Jan 4 1936; death is said to have occurred on the date stated above, at 12:50 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Dec 26

Other **contributory causes** of importance:

Poor Hygiene	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. Thompson M. D.

(Address) Potlatch Idaho

A

JAN 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96729

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 77

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Franklin Crone 884

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12, 1872

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
63	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brooklyn (State or country) New York

MOTHER/FATHER

13. NAME No info

14. BIRTHPLACE (city or town) (State or country) No info

15. MAIDEN NAME No info

16. BIRTHPLACE (city or town) (State or country) No info

17. INFORMANT From U.S. Passport (Address) M. P. Thornhill - Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Jan. 5, 1936

19. UNDERTAKER M. P. Thornhill (Address) Kellogg Ida

20. FILED Jan. 7, 1936 Mrs. Hebie M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-23....., 1935, to 1-3....., 1936.

I last saw him alive on 1-3..., 1936: death is said to have occurred on the date stated above, at 2:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	4-13-35
Other **contributory causes** of importance:	
Chronic Glomerulo-nephritis	2 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Harold Anderson M. D.

(Address) Kellogg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

G-6791

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9679

PLACE OF DEATH

County of Fremont

City of Newdale

JAN 21 1936 RECEIVED

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 201

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Hawes

(a) Residence. No. Newdale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Elizabeth Richman Hawes

6. DATE OF BIRTH (month, day, and year) Aug 6-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Utah

FATHER

13. NAME George W. Hawes

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Ann Worsley

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT (Address) Spencer Hawes Newdale

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 1/19 1936

19. UNDERTAKER (Address) A. M. Hansen St. Anthony Idaho

20. FILED 1/18 1936 Sarah B. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Jan. 16, 1936
I last saw ~~him~~ alive on Jan, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:

Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? no Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. C. Rigby, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MY MOTTO
SERVICE TO HUMANITY

MAR 9 1936 RECEIVED

BETTER SERVICE
FOR LESS MONEY

W. M. Hansen

FUNERAL DIRECTOR

Licensed Embalmer

IDAHO, MONTANA, UTAH

CORONER FREMONT COUNTY

OFFICE PHONE 50-W

P. O. BOX 1007

ST. ANTHONY, IDAHO

RESIDENCE PHONE 160

March 7th,1936

Honorable Lewis Williams.
Commissioner Public Welfare.
Boise,
Idaho.

Dear Mr.Williams;

I am herewith inclosing you Certified Certificate of death of Charles Henry Haws.

There was a mistake in the date of Mr.Haws birth. The insurance company request that this correction be made. I am sure it is no fault on the part of your office force,as I feel you made out the certificate as per copy filed with you.

Will you kindly made the necessary changes,and mail the Certificate to the Bebefit Protective Insurance Co. Pocatello,Idaho
Kindly do this at once. If any extra charges,please advise me and I'll remit.

Mr.Haws was born 1867 instead of 1866 which will make his age 68 instead of 69 Kindly change your records also,so if in case of check back they will be the same.

Thanking you very kindly for part favors,I am.

Very sincerely.

W. M. Hansen

APR 3 1981

MAY 2 9 1979

JAN 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

96792

DO NOT WRITE IN THIS SPACE
State File No. 9679[illegible]

PLACE OF DEATH

County of Canyon
City of Middleton
Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 5
(No. 181)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Magdalen Albertz Shaffer
(a) Residence. No. Middleton St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (Month, day, and year): June 6 1885
7. AGE: Years 50 Months 1 Days 8 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer & Mechanic
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER FATHER
13. NAME: Porter B. Shaffer
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Julia E. Gray
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Lee R. Shaffer Middleton Ida

18. BURIAL, CREMATION OR REMOVAL: Middleton Cem Date 1-17-, 1936

19. UNDERTAKER (Address): Caldwell Ida

20. FILED 1-21, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gas Gangrene	
History of Case. Was working with Gasoline was Confused	
Place several hours before Death,	

Other **contributory causes** of importance: War Gassed in World War

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also, the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Garage Died in Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. R. Stiff M. D.
(Address) Nampa, Idaho, Coroner.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96793

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96793

Registration District No. 73
Primary Registration District No. 214-0
Local Registrar's No. 9

RECEIVED

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Oliver Berrett.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Bertie Berrett.

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (mo. and yr.) 9/35
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ucon, Idaho.

FATHER
13. NAME Samuel Franklin Berrett.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Elizabeth D. Newby.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Allie Berrett (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 1/14, 1936

19. UNDERTAKER C. E. Eckersell. (Address) Rigby, Idaho.

20. FILED 1/14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1936, to 1/10, 1936
I last saw h~~er~~ alive on 1/10, 1936: death is said to have occurred on the date stated above, at 1:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/5/36

Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. L. Watts, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96794 Pettenger

PLACE OF DEATH
County of Ada

JAN 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96794

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 22.

(No. Idaho Soldiers Home Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aaron Richardson.

(a) Residence. No. 2114. N. 9 th Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 24. 1844.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin county
(State or country) Missouri

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT L. E. Elam
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jan. 20. 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 1-20 1936 R. E. Blair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Jan. 18, 1936
I last saw h[illegible] alive on [illegible], 1936: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Sepsis	
for a Testicular Abscess	
Other **contributory causes** of importance:	
Abscess of L. Testicle	

Name of operation Removal of L. testicle 11/29/35
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (**violence**)–fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Linda Richards, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96795

PLACE OF DEATH

County of Canyon

City of Nampa (No. 3)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9679[illegible]

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 1

JAN 24 1936 RECEIVED

(No. ..... If in hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah D. Fackler

(a) Residence. No. Route 5 St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 3 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): December 10, 1848

7. AGE: Years 87 | Months 1 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Toronto Canada

FATHER

13. NAME: Gavin Thomson

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Jean Minto

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. S. J. Stauffer Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 1-11-36 193..

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED Jan 23, 1936. Lyda Rodgers. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-11-36 193

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7-1926 193.. to Jan. 11, 193.6.

I last saw her alive on Jan. 10, 193.6: death is said to have occurred on the date stated above, at 9.50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age, senility	
Diabetic complications	
Myocarditis	

Other **contributory causes** of importance:

Name of operation.... none Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... no
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..... no

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. no If so, specify.....

(Signed) C. R. Meredith M.D.

(Address) Nampa Idaho.

96796

JAN 24 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96796
State File No.

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 442

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Jane Smith

(a) Residence. No. (Usual place of abode) St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 22 - 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Jan 2-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Ruth Lamb Picabo Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Cem. Date Jan 9, 1936

19. UNDERTAKER (Address) G. Harris Hailey Ida

20. FILED 1-21, 1936 T. A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from —, 1936, to Jan 6, 1936.
I last saw her alive on Jan 6, 1936 death is said to have occurred on the date stated above, at 1.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1933
Other **contributory causes** of importance: Parkinsons disease	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 1936.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify —
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

96797
DO NOT WRITE IN THIS SPACE
State File No. 96797

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 2

JAN 24 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Manning Rowe.

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Josephine Margeret Rowe.

6. DATE OF BIRTH (month, day, and year) April 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 11/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Utah.
(State or country)

FATHER
13. NAME Wm. Rowe.
14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Murdock.
16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Leon Rowe
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 1/24, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1-22, 1936. A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 20 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Jan 2, 1936, to ", 193.., I last saw h~~im~~ alive on Jan 20, 1936; death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: High Blood Pressure	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) H. G. Anderson, M. D.
(Address) Rigby Idaho

46798

DO NOT WRITE IN THIS SPACE

State File No. 9679[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Jefferson

City of Ririe

Registration District No. 98

Registration District No. 2176

Local Registrar's No. 6

JAN 23 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Wendell Hayes.

(a) Residence. No. St. Arimo, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~XXXXXXXXXX~~) Elnona L. Hayes.

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (mo. and yr.) 1/36

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Ririe, Idaho.

FATHER

13. NAME Isaac Gawthorne Hayes.

14. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah

MOTHER

15. MAIDEN NAME Minnie Bush.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Mrs Elnona L. Hayes
(Address) Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Richmond, Ut. Date 1-27, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1-25, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/24 1936

22. I HEREBY CERTIFY, That I attended deceased from XXX, 193[illegible], to XXXX, 193[illegible]
I last saw him alive on 1/24, 1936: death is said to have occurred on the date stated above, at 10:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot Wound.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd. Date of injury 1/24, 1936
Where did injury occur? Ririe, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot wound in back of head.
Nature of injury Gun shot wound.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. B. Eckersell Coroner
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 20 1936 RECEIVED

96799

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96799
State File No.....

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No.....

Primary Registration District No..... Local Registrar's No. 566

(No. In Alley, Bet. Hayes & Garfield at Center St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Lee Sorrelle

(a) Residence. No. Tyhee, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ida Saxton

6. DATE OF BIRTH (month, day, and year) August 25, 1895.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
40	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936. 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Inkom, (State or country) Idaho.

FATHER

13. NAME Norsease Sorrelle

14. BIRTHPLACE (city or town)..... (State or country) Wyoming.

MOTHER

15. MAIDEN NAME Annie Powell

16. BIRTHPLACE (city or town) Deer Lodge, (State or country) Montana.

17. INFORMANT (Address) Mrs. Charles Lee Sorrelle Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Jan. 12, 1936

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.

20. FILED Jan. 11, 1936. D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) ~~Dec.~~ Jan. 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:38 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis (aortic stenosis and aortic insufficiency)	many years.

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) N. D. Gingrich M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

96800
DO NOT WRITE IN THIS SPACE
State File No. 9680[illegible]

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 202

JAN 30 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Dickinson Staley

(a) Residence. No. St. Anthony St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Maria Peasley

6. DATE OF BIRTH (month, day, and year) May 10-1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kalmazoo (State or country) Mich.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) " (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Herald Staley (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Parker Date Jan 15 1936

19. UNDERTAKER W. M. Hanson (Address) St. Anthony Idaho

20. FILED 1/15 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1936, to Jan 13, 1936. Last saw him alive on Jan 12 1936: death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardosis (Degenerative Heart Disease)	
Other contributory causes of importance:	
Old age.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) K. K. Worrell M. D.
(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96801

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 2
(No. ...)

FEB 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Walsh

(a) Residence. No. Caledonia Hotel Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Welsh

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Walsh
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. R. Walsh (Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Topica Kansas Date Jan. 7th 1936

19. UNDERTAKER Twin Falls Mortuary (Address)

20. FILED 1-10-, 1936 J. C. Turnbull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1936 to Jan 6, 1936
I last saw him alive on January 6, 1936: death is said to have occurred on the date stated above, at 7 00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-4-36
Heart Block	1-4-36
Other contributory causes of importance: Arteris Sclerosis	Unknown

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) By Charles B. Reymer, M. D.
(Address) Twin Falls, Ida.

FEB 4 1936 RECEIVED

96803

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9680[illegible]

PLACE OF DEATH

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Alexander Rember Fox

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male or White
4. Color or Race:
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Watson
6. DATE OF BIRTH (month, day, and year): April 9 1889
7. AGE — Years: 46 | Months: 9 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Running Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Apr 1935
11. Total time (years) spent in this occupation: 24 yrs.

12. BIRTHPLACE (city or town) (State or country): Hailey Idaho

MOTHER FATHER
13. NAME: Wm Rember
14. BIRTHPLACE (city or town) (State or country): Ormstown Province of Quebec
15. MAIDEN NAME: Elizabeth Kingsbury
16. BIRTHPLACE (city or town) (State or country): Grand Mound Oregon
17. INFORMANT (Address): Mrs. Alice Rember Hailey Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Eagle Cemetery Date: Jan 18 1936
19. UNDERTAKER (Address): L. G. Hamm Hailey Ida.
20. FILED Feb 1, 1936. Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 15 1936
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to Jan 15, 1936
I last saw him alive on 1/15, 1936: death is said to have occurred on the date stated above, at 8:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Brights disease	4/15-33
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
(Signed) S. W. Stalker M. D.
(Address) Hailey, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96804

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9680[illegible]

County of Canyon
City of Caldwell
Registration District No.....
Primary Registration District No. 1005 Local Registrar's No. 14
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Frances Gooder.

(a) Residence. No. Parma #1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allen A. Gooder
6. DATE OF BIRTH (month, day, and year) Dec 23 1894
7. AGE: Years 40 | Months 3 | Days 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelbina Mo

MOTHER
13. NAME M. E. Heaton
14. BIRTHPLACE (city or town) (State or country) Iowa
15. MAIDEN NAME Susie J. Hooker
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Allen A. Gooder Parma #1

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date 1-29, 1936.

19. UNDERTAKER (Address) S. V. Pachyngam Caldwell Ida

20. FILED 2-3, 1936. M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1936

22. I HEREBY CERTIFY. That I attended deceased from January 28 1936, to Jan 25, 1936
I last saw her alive on Jan 24 1936: death is said to have occurred on the date stated above, at 5:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Jan 8-36	
Influenza	Jan 8-36
Other **contributory causes** of importance:	
Kidneys Impaired	Jan 24-36

Name of operation None Date of.....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Robert E. Gooder M.D.
(Address) Wilder Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 27 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9680

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 2

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Ayers Belknap

(a) Residence. No. 420 - 13th Ave. So. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgil C. Belknap

6. DATE OF BIRTH (month, day, and year) Nov. 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Umatilla Co. Oregon.

FATHER

13. NAME Wm Ayers

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Matilda Board

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) V. C. Belknap Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date 1-16, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Jan. 26, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Jan 14, 1936
I last saw her alive on Jan 14, 1936: death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia following Scratch of hand.	

Other contributory causes of importance:

Scratched hand Rt	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Scratch Rt hand Web of Thumb
Manner of injury measuring picture frame
Nature of injury Scratch

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Scratch Rt hand.

(Signed) Vonal Belknap, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96806

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96806

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 571

JAN 24 1936 RECEIVED

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Morton Christofferson

(a) Residence. No. 714 Jefferson Ave., Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah A. Davis

6. DATE OF BIRTH (month, day, and year) June 16, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Otto Christofferson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Petra Peterson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Albert M. Christofferson
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL Pocatello, Idaho Jan. 20 6
Place Date 193

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Jan. 18, 193 6 D C Roy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from October 20, 193X, to Jan. 17, 193 6
I last saw him alive on Jan. 17, 193 6: death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1920
Cardio-renal disease	
Other contributory causes of importance:	
Repeated Cerebral haemorrhage	3 yrs
Uremia	3 days

Name of operation none Date of no
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) William T. Howard M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96807 V

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9680

FEB 7 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 5

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Blick

(a) Residence. No. ..... St. Melba, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Gertrude Blick

6. DATE OF BIRTH (month, day, and year) September 3, 1878

7. AGE: Years 57 | Months 4 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER/FATHER

13. NAME Jacob Blick

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Nelia Ackerman

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Nampa, Idaho.... Date Jan 19, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 1-18-1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from January 8..., 1936., to January 16..., 1936.
I last saw him alive on January 16 1936.; death is said to have occurred on the date stated above, at 10:46 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture, femur	12-27-36
Other **contributory causes** of importance:	
Uremia	1-14-36

Name of operation Open reduction of Fracture. Date of 1-13-36
What test confirmed diagnosis? High blood chemistry. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~Homicide~~ ~~Suicide~~? Yes. Date of injury 12-27, 1935
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.. Horse fell on him
Nature of injury... Fracture, femur

24. Was disease or injury in any way related to occupation of deceased? ..... If so, how? .....

(Signed) R. E. BAKER, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 10 1936 RECEIVED

96808

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96803

PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 6 1
Primary Registration District No. 1 0 1 1 Local Registrar's No. 8 0
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Alma Elveria Olson

(a) Residence. No. St. Kendrick, Ida. Rt. 2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If ~~married~~, widowed, ~~divorced~~
HUSBAND of (or) WIFE of Pete Olson

6. DATE OF BIRTH (month, day, and year) July 29, 1878

7. AGE: Years 57 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Larnard Kansas

MOTHER FATHER

13. NAME Olaf Olson
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Amanda Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Florence Olson
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place West Dahl Cemetery Date 1/5, 1936.

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 1/3, 1936. Blanney Linhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 1/1/36., 193...., to 1/1/36., 193....
I last saw her alive on 1/1/36 193...: death is said to have occurred on the date stated above, at 6.20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12/30/35
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....
(Signed) Doyle M. Fuehr, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

96809

DO NOT WRITE IN THIS SPACE
State File No. 96809

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 17
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Beth Schwab

(a) Residence. No. Hazelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ WIFE of Howard Schwab

6. DATE OF BIRTH (month, day, and year) March 13, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beaver, (State or country) Utah

FATHER
13. NAME Ed. Church
14. BIRTHPLACE (city or town) Pangague, (State or country) Utah

MOTHER
15. MAIDEN NAME Clara Hanks
16. BIRTHPLACE (city or town) Floral, (State or country) Utah

17. INFORMANT Mrs. Clara Church
(Address) Hazelton, Idaho

18. BURIAL, ~~CREMATION~~
Place Twin Falls Cem. Date 1/23/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED ~~Jan~~ 24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1935, to Jan. 21, 1936
I last saw her alive on Jan. 21, 1936: death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	1/7/36
//	

Other contributory causes of importance:

Septic myocarditis	
Thrombo phlebitis - at ant. L. saphenous vein with gangrene at toes	

Name of operation Delivery of fetus Date of 1/19/36.
What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ralph B. Friedline M. D.
(Address) Twin Falls, Idaho.

FILE 1936 REGISTERED

968

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9681

PLACE OF DEATH

County of Bonner

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 209

(No. 57)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Catherine Kegley

(a) Residence. No. 613 Lakeview Boulevard St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thomas Kegley

6. DATE OF BIRTH (month, day, and year): December 26, 1861

7. AGE — Years: 74 | Months: | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) Oak Hill (State or country) Jackson Co. Ohio.

MOTHER MAIDEN

13. NAME: William Smith

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Ellen Allen

16. BIRTHPLACE (city or town) Oak Hill (State or country) Ohio

17. INFORMANT Mrs. E. E. Callahan (Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Place Sandpoint, Ida. Date Jan. 5, 1936

19. UNDERTAKER Lawrence C. Moon (Address) Sandpoint, Idaho

20. FILED Feb. 1, 1936 Dr. F. B. Evans. M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935, to Jan. 1, 1936.

I last saw her alive on Jan. 1, 1936: death is said to have occurred on the date stated above, at 1:55 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	1933
Other **contributory causes** of importance:	

Name of operation.. Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C. F. Stackhouse, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

96812

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9681

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 10

(No. Burns Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Everett Berghardt

(a) Residence. No. St. Pierce Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Chas W. Berghardt

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME unascertained

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) R. D. Burghardt Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Compton Calif Date 1-30, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 1-29, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934, to Jan. 25, 1936.

I last saw him alive on Jan. 25, 1936.; death is said to have occurred on the date stated above, at 7:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	1-21-36

Other **contributory causes** of importance:

Old age	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. F. Workman, M. D.

(Address) Orofino, Idaho

9681

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Harvard (Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9681

FEB 14 1936 RECEIVED

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Parker

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. da.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby A. Parker

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1/25/36

11. Total time (years) spent in this occupation 47yr.

12. BIRTHPLACE (city or town) Ontario, (State or country) Canada

FATHER

13. NAME George Parker

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jean Keane

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT J.C. Parker
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date Feb. 4, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Feb. 2nd, 1936 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1936, to Feb. 1st, 1936.

I last saw him alive on Jan 31st, 1936.: death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 26

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193✓

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. C. Gibson, M. D.

(Address) Potlatch

9681V

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9681

FEB 1? 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 23

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME R.C.Beach

(a) Residence. No. Twin Falls, Idaho St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~#####~~ Eva.E.Beach

6. DATE OF BIRTH (month, day, and year) June 4, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ackley, (State or country) Iowa

FATHER
13. NAME M.M.Beach
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Elizabeth Diefendorf
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs.R.C.Beach
(Address) Twin Falls, Idaho

18. ~~#####~~ REMOVAL
Place Lewiston, Idaho Date 2/5/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 2-4-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936, to February 3, 1936
I last saw him alive on Jan. 3, 1936; death is said to have occurred on the date stated above, at approximately 5-6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 3-36

Other contributory causes of importance:

Hypertension Chronic (Pt has been patient of this office intermittently for several years	unknown

Name of operation None Date of None
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No Also, see by under 22 R Beymer
(Signed) by Lake, B. Beymer, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

96816

DO NOT WRITE IN THIS SPACE
State File No. 96816

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francis Maxwell Prince

(a) Residence. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Harriet Jane Prince

6 DATE OF BIRTH (month, day and year) May 27, 1880

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
54	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington Utah

PARENTS

10 NAME OF FATHER George Prince

11 BIRTHPLACE OF FATHER (city or town) (State or country) Utica

12 MAIDEN NAME OF MOTHER Phoebe Jane Boggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salt Lake City Utah

14 Informant Wife, Harriet Jane Prince
(Address) Wendell, Ida

15 Filed Jan 13, 1936 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 13 (Day) 1936 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Jan 13, 1936, that I last saw him alive on Jan 13, 1936, and that death occurred, on the date stated above, at 12:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic glomerulo-nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood urea & Urine exam.

(Signed) W. A. Rubien M.D., M. D.

Jan 13 1936 (Address) Wendell, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 ~~Place of Burial, Cremation, or~~ Removal	Date of Burial 19
Jerome, Ida	

20. Undertaker	Address
D. A. L'Heureux	Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9681

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 3

FEB 7 1936 RECEIVED

(No.) Ada County Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Dockstadter Turner

(a) Residence. No. R.F.D 3 Boise Idho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Turner

6. DATE OF BIRTH (month, day and year) May 22 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beloit
(State or country) Wis.

FATHER
13. NAME Alonzo Tracy Turner
14. BIRTHPLACE (city or town) Not Obtainable
(State or country)

MOTHER
15. MAIDEN NAME Sarah A. Dockstadter
16. BIRTHPLACE (city or town) Not Obtainable
(State or country)

17. INFORMANT Harry C. Turner
(Address) R. D. 3 Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/16, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13 — 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1933 to 1-13, 1936
I last saw him alive on 1-12, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. Callaway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Korrect

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State File No. 96813

FEB 7 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 6

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Vallier.

(a) Residence. No. 6 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward. E. Vallier.

6. DATE OF BIRTH (month, day, and year) March. 27. 1850.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Wisconsin.

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. C.W. Gamble.
(Address) 101. Warm Springs Avenue.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Jan. 20, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-21, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 193 6, to , 193 .
I last saw he alive on Jan 15, 193 6: death is said to have occurred on the date stated above, at 4 45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cascenoma of uterus	?
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 .
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N. A. Gordon, M. D.
(Address) Boise

Calloway ✓

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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State File No. 9681

Registration District No. 8
FEB 7 1936 RECEIVED
Primary Registration District No. 2004
Local Registrar's No. 8

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Edward Atwater

(a) Residence. No. 1318 North 20 Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 10, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Porte, Indiana
(State or country)

FATHER
13. NAME John Atwater
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Charity Ann Tucker
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs L. P. Biddick
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date 1/24/36 193

19. UNDERTAKER Summers Funeral Home
(Address)

20. FILED 1-23, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-21-1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to Jan 21 1936
last saw him alive on Jan 21, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96829

FEB 7 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 2004
Local Registrar's No. 1

(No. Veterans' Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sandy F. Dichance

(a) Residence. No. 318 Stephenson Avenue St. Youngstown, Ohio
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Youngstown, Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) [illegible] (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Doris M. Crawforth
(Address) V. A. Facility, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Youngstown, Ohio Date 1-10, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-6, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936, to January 4, 1936.
I last saw him alive on Jan. 4, 1936.: death is said to have occurred on the date stated above, at 9:36 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral spinal meningitis, meningococcic	48 Hrs.
Other **contributory causes** of importance:	
none	

Name of operation none Date of
What test confirmed diagnosis? Spinal puncture & laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? --- Date of injury.., 193.
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) R. E. BAKER, M. D.
(Address) V. A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Pittsburgh

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96821

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 30

FEB 7 1936 RECEIVED

(No. 1519 St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Diana Carter 160

(a) Residence. No. 1209 Grand Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 21 1936

7. AGE Years	Months	Days	If LESS than 1 day 7 hrs. or 13 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME James Harvey Carter
14. BIRTHPLACE (city or town) Ogden
(State or country) Utah

MOTHER
15. MAIDEN NAME Bessie Lorraine Woolsey
16. BIRTHPLACE (city or town) Gunnison
(State or country) Utah

17. INFORMANT James H Carter
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Ida. Date 1-24 193 6

19. UNDERTAKER Schreiber & Williams
(Address) Boise Idaho

20. FILED 1-25, 1936 R. Clapp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 193 6, to Jan 22, 193 6
I last saw h er alive on Jan 21, 193 6. death is said to have occurred on the date stated above, at 2:35 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jno. A. Pettingill, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL
BUREAU OF VITAL STATIST

CERTIFICATE OF DE

DO NOT WRITE IN THIS SPACE
96822
State File No.

Registration District No. 8

FEB [illegible]

Primary Registration District No. 2004 Local Registrar's No. 7

(No. Route 4, Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucille Bell Mutch

(a) Residence. No. Boise Ida R#4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Earnest Mutch

6. DATE OF BIRTH (month, day, and year) Sept 17 - 1895

7. AGE: Years 40 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) M.T. Rose Colorado

FATHER

13. NAME L R Jaggy
14. BIRTHPLACE (city or town) (State or country) Flemington N.J.

MOTHER

15. MAIDEN NAME Kadie A Postlyn
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Earnest Mutch Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 1-17-, 1936.

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 1-21, 1936 L Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1935, to Jan 14, 1936.
I last saw her alive on 12, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pellagra	about Feb 1933
Other **contributory causes** of importance: Acute Myocarditis	Jan 13, 1936

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. R. Brayton, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Calloway

DO NOT WRITE IN THIS SPACE

State File No. 96825

Registration District No. 2

FEB 7 1936 RECEIVED

Primary Registration District No. 1004

Local Registrar's No. 8

(No.) 45

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilhelmina. P. Lord.

(a) Residence. No. 1209. Boise Avenue. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 2. 1849.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	0	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Fritz Sweades.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Sophia Bartlett.
(Address) 1209. Boise. Avenue.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Jan. 5. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1935, to 1-2, 1936

I last saw h[illegible] alive on 1-2, 1936: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96824

FEB 7) RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah. H. Vierich.

(a) Residence. No. 1407. N. 10 th Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February. 11. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Christian Lawson.

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Mrs. Harry. L. Brown. 1507. N. 10 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Malene, Ida Date 1-4, 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-3, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Jan 1, 1936

I last saw h[illegible] alive on Dec 31, 1935: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Autumn

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Farnell M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96823

FEB 7 1936 RECEIVED

Registration District No. 2004
Primary Registration District No. ____ Local Registrar's No. 10
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miranda Catherine Jeffrey.

(a) Residence. No. 1601. N. 12 th Street. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 27. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Hannibal, Missouri.

FATHER

13. NAME George Washington Hammer.
14. BIRTHPLACE (city or town) (State or country) Louisiana.

MOTHER

15. MAIDEN NAME Mary Moore.
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT (Address) Miss. Blanche. O. Jeffrey. 1601. N. 12 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Washington. Date 1-5, 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-6, 1936 R. F. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934, to Jan 3, 1936
I last saw her alive on Jan 3, 1936: death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 26, 1935
secondary to an upper respiratory infection.	
Other contributory causes of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) O. F. Swendsen, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96825

Registration District No. 2

FEB 7 1936 RECEIVED

Primary Registration District No. 1004 Local Registrar's No. 11

(No. St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Dyer Eastman.

(a) Residence. No. 1913. State Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) October. 24. 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77.	2	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blue Hill, Maine.

FATHER

13. NAME Ebenzer Hinckley.

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Louisa Wescott.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMANT (Address) Mrs. Annie. I. Griffith. 1913. State Street.

18. BURIAL, CREMATION OR REMOVAL

Morris Hill Cemetery. Date Jan. 4. 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 1-6, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1935, to 1-2, 1936.

I last saw her alive on 1-2, 1936: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal coronary thrombosis.	1-2-36
Other contributory causes of importance: Gall bladder, Chol[illegible]itis	12-30-35
Gastro-enteritis	12-30-35

Name of operation None Date of

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? ~

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. P. Hamilton M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96827

FEB 7 1936 RECEIVED

Registration District No. 2.
Primary Registration District No. 1004
Local Registrar's No. 12

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrel Boyd. Jones.

(a) Residence. No. Payette, Idaho. R.D. # 2. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 6. 1936.

7. AGE Years	Months	Days	If LESS than 1 day ../.. hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER
13. NAME Boyd D Jones.
14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER
15. MAIDEN NAME Gladys Oglesby.
16. BIRTHPLACE (city or town) Colorado.
(State or country)

17. INFORMANT Boyd. D. Jones.
(Address) R.D. # 2. Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Idaho. Date Jan. 7. 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-7, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/3/36, 193.., to 1/6/36, 193..
I last saw h[illegible] alive on 1/6, 1936: death is said to have occurred on the date stated above, at 1200 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchitis	

Other contributory causes of importance:

Name of operation Caesarean Date of 1/6/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J.C. Woodward, M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96823

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 33

FEB 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Mary L. Nash

(a) Residence. No. 1209 No. 25th. St.
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Newland Nash

6. DATE OF BIRTH (month, day, and year): February 24, 1850

7. AGE — Years: 85 | Months: 10 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mich.

FATHER

13. NAME: Steven Barden

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Eliza Thompson

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs. Dee Herron Boise.

18. BURIAL, CREMATION OR REMOVAL
Place: Meridian Date: 1/25/36 193..

19. UNDERTAKER (Address): McBratney Funeral Home Boise

20. FILED 1-25 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-23-36 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935, to Jan 23, 1936.
I last saw her alive on Jan 18 1936.: death is said to have occurred on the date stated above, at 6 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Cerebral Arteritis	1928
Abbitorum	

Other **contributory causes** of importance:

Respiratory Paralysis	1-23-36

Name of operation: None Date of:
What test confirmed diagnosis? None there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Braxton, M. D.
(Address)

Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ritzinger

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9682?

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 31

FEB 7 1936 (No. 612 No. 17th. ST)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Ada M. Johnson

(a) Residence. No. 612 No. 17th. ST St.
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

FATHER

13. NAME Eugene P. Johnson
14. BIRTHPLACE (city or town) Colorado
(State or country)

MOTHER

15. MAIDEN NAME Anna Abel
16. BIRTHPLACE (city or town) Fort Madison
(State or country) Iowa

17. INFORMANT Mrs Zettah Mathison
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/23, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-25, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934, to Jan 20, 1936
I last saw h[illegible] alive on Jan 20, 1936: death is said to have occurred on the date stated above, at 1030P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus Bladder & rectum	
Other contributory causes of importance:	
Exhaustion	

Name of operation Radium Date of Oct 1934
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A Ritzinger M. D.
(Address) Boise Idaho

Brashears

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise

FEB [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96839

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 32

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Cage

(a) Residence. No. 1715 Resseguie St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace A. Cage

6. DATE OF BIRTH (month, day, and year) Nov. 28 65

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chattanooga (State or country) Tenn.

FATHER

13. NAME W. A. W. Cage

14. BIRTHPLACE (city or town) ..... (State or country) Tenn.

MOTHER

15. MAIDEN NAME Charlotte Green

16. BIRTHPLACE (city or town) ..... (State or country) Tenn.

17. INFORMANT Dorothy O. Cage (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 1-23, 1936

19. UNDERTAKER Schroeder & McCann (Address) Boise Idaho

20. FILED 1-25, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Jan 21, 1936

I last saw him alive on Jan 21, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1915

Other contributory causes of importance:

Respiratory Paralysis	Jan 21, 1936

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Brashears, M. D.

(Address) .....

Jan 6.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9683

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 29

FEB 7 1936 RECEIVED

b. St Alphonsus Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Charles Arnold Kyle.

(a) Residence. No. 405. N. 19 th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Lina. S. Kyle.

6. DATE OF BIRTH (month, day and year) January. 26. 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11.	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho State Highway.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brockville
(State or country) Canada.

FATHER

13. NAME Edward Kyle.

14. BIRTHPLACE (city or town) Canada.
(State or country)

MOTHER

15. MAIDEN NAME Laura Alford.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Mrs. Lina. S. Kyle.
(Address) 405. N. 19 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Jan. 24. 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-23, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Jan 21, 1936
I last saw h~~im~~ alive on Jan 21, 1936: death is said to have occurred on the date stated above, at 10 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 15 1936
Other contributory causes of importance:	

Name of operation ~ Date of ~
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred M Casty, M. D.
(Address) Boise, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96833

FEB 7 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 (No.)
Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Peterson

(a) Residence. No. 1320 Hays Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Peterson

6. DATE OF BIRTH (month, day, and year) Aug. 11. 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Grocerer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vasa
(State or country) Minnesota

FATHER
13. NAME John Peterson
14. BIRTHPLACE (city or town)
(State or country) Sw eden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs Mary K. Peterson
(Address) 1320 Hays Street

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jan. 8. 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 1-8 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935 to Jan 6, 1936.
I last saw h[illegible] alive on Jan 6 1936: death is said to have occurred on the date stated above, at 5:15 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mrs Cardiac - with Secondary Anemia	Dec 26, 1935

Other **contributory causes** of importance:
Senility.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) Boise Idaho
308 E Idaho Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9683

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelbert Alonzo Atwood

(a) Residence. No. 26th & Hill road St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springhill
(State or country) Illinois

FATHER

13. NAME Christopher Atwood

14. BIRTHPLACE (city or town) Providence
(State or country) Road Island

MOTHER

15. MAIDEN NAME Hannah Fisk

16. BIRTHPLACE (city or town) Providence
(State or country) Road Island

17. INFORMANT Earnest Atwood
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Jan. 16., 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-15, 1936 R Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH Jan. 14. 36

21. DATE OF DEATH (month, day and year) Jan. 14 36

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 1-14, 1936
I last saw h[illegible] alive on 1-11, 1936: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1932
c Hypertension	
Intractible Hiccough.	12-1935
Other contributory causes of importance:	
Burn Foot	12-1935

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce Budge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9683

Registration District No. 2
Primary Registration District No. 1001
Local Registrar's No. 20

FEB 7 1936 RECEIVED

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fay Cuddy O'Leary

(a) Residence. No. Route No 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: William F. O'Leary

6. DATE OF BIRTH (month, day and year): July 30th 1887

7. AGE: Years 47 | Months 5 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: And Clerk
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Moscow Idaho

FATHER
13. NAME: Frank Cuddy
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Susan McCoy
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): William F. O'Leary Rt. 2 Boise

18. BURIAL, CREMATION OR REMOVAL: Place St. John's Date 1/13, 193 6

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 1-14, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.6, 193 6, to 1.10, 193 6
I last saw h[illegible] alive on 1.10, 193 6.: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1.5.36
Other contributory causes of importance: Mitral Disease,	?

Name of operation none Date of
What test confirmed diagnosis? [illegible] there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Bruce Budge M. D.
(Address) Boise

Boxter V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96835

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 19

FEB 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Jessie. E. Fox.

(a) Residence. No. 2111. West Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E Fox.

6. DATE OF BIRTH (month, day, and year) July. 14. 1875.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elyria, Ohio.

FATHER

13. NAME Charles Williams.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) James. E. Fox. 2211. West Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Jan. 13. 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 1-14, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to Jan 11, 1936.
last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	Years ago.
Other contributory causes of importance:	
Acute Myocarditis	Jan 9 1936

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Boynton M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

FFR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96837

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 18

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Jean Hawkins

(a) Residence. No. ..... St. Meridian, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 9 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER

13. NAME Ewell D. Hawkins

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Veta Jones

16. BIRTHPLACE (city or town) (State or country) Drexel Missouri

17. INFORMANT (Address) Ewell Hawkins Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date Jan 12 1936

19. UNDERTAKER R. W. Robinson
(Address) Meridian Ida

20. FILED 1-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 12, 1936.

I last saw her alive on Jan 12, 1936; death is said to have occurred on the date stated above, at 6 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	Jan 9-36
Other **contributory causes** of importance: Premature	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in **also** the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. E. Jewell, M. D.
(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

FEB [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96835

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Short

(a) Residence. No. 1202 North 16th. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 25, 1845

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
90	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Port Elizabeth
(State or country) So. Africa

FATHER

13. NAME Col. William Swift

14. BIRTHPLACE (city or town) So. Africa
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. L. L. Sullivan
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1-12-, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1., 1936., to Jan. 10., 1936.
I last saw h[illegible] alive on Jan 10, 1936.; death is said to have occurred on the date stated above, at 11 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Oedema of Lungs	

Other **contributory causes** of importance:

Senility	

Name of operation..... Date of.....
What test confirmed diagnosis?.— Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) John Boeck M. D.
(Address) Boise Ida

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9683

FEB 7 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred George Henson

(a) Residence. No. 1401 Willow St, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred? 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Henson

6. DATE OF BIRTH (month, day, and year): Aug. 8th, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ridgefarm Ill.

FATHER

13. NAME: Mr Henson

14. BIRTHPLACE (city or town) (State or country): U.S.A.

MOTHER

15. MAIDEN NAME: Not Obtainable

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Mrs. Ralph Lonske Seattle Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/9/ 1936

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 1-9 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/5/36, 1936, to 1/5, 1936
I last saw h.. alive on Dec 30 first attendence, 193..: death is said to have occurred on the date stated above, at 11 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute ascending paralysis (Paris green)	1/5/36

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? suspect Was there an autopsy?

23. If death was due to exter'l causes (violance) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/5 1936
Where did injury occur? Self inflicted
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Taking Poison
Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Elliott, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9684

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Florence Mills

(a) Residence. No. 1608 No. 13th, St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred: 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Mills

6. DATE OF BIRTH (month, day, and year) Dec 18 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER
13. NAME John J. Wise
14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER
15. MAIDEN NAME Mary Magdelina Strosnider
16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT (Address) Mrs. Emma L. Bailey Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/10, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 1-9, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Jan. 7, 1936
I last saw her alive on Jan 7, 1936: death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
a sequelae	
Other contributory causes of importance:	
Carcinoma of Glands	
Involving L. Breast	
Amputation	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas. L. Gemmill M. D.
(Address) Eastman Bldg Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9684

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily. A. Kipp. Steptoe.

(a) Residence. No. 1619. N. 20 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 9. 1848.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hugo, Ill.

FATHER

13. NAME Isaager Davis.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Mary Chaney.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Mrs. S.R. Waymire.
(Address) 1619. N. 20 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Independence Oregon. Date Jan. 19 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-20 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1936, to 1-16, 1936.

I last saw her alive on 1-16, 1936: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/16/36
Other contributory causes of importance:	
Hypertension & Arteriosclerosis	Doubt Same

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Bywater, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9684

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 24

FEB 7 1936 RECEIVED

(No.) St. Lukes Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara L. Sims

(a) Residence. No. Dept Sims St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Ethiopian	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Sims

6. DATE OF BIRTH (month, day, and year) 3-5-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter

10. Date deceased last worked at this occupation (mo. and yr.) 1-10-36

11. Total time (years) spent in this occupation 12 Years

12. BIRTHPLACE (city or town) (State or country) Birmingham Alabama

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable U.S.A.

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable U.S.A.

17. INFORMANT (Address) Rev. J. C. Nixon Jr. 1210 N. 18 St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1-22, 1936

19. UNDERTAKER Schreiber McCann
(Address) Boise Ida

20. FILED 1-21, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1936, to 1-18, 1936

I last saw h[illegible] alive on 1-18, 1936; death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Bilateral	1-10-36
Other contributory causes of importance: Chronic Myocarditis & Dilatation	1936?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer L. Bridge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Burdsall

DO NOT WRITE IN THIS SPACE
State File No. 9684

FEB 7 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 25

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Marie Scott.

(a) Residence. No. 1103. N. 5 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ormal. D. Scott.

6. DATE OF BIRTH (month, day, and year) February. 13. 1893.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	11.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home;
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME Augustus Pearson.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Ormal. D. Scott.
(Address) 1103. N. 5 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date January. 21. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-21, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27-35, 193..., to 1-19, 1936
I last saw h[illegible] alive on 1-19, 1936.: death is said to have occurred on the date stated above, at 5 — 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis —	1-1935
from Carcinoma	
of the Ovary	

Other contributory causes of importance:

Name of operation Pelvic Biopsy Date of 5-1935
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bruce D. Dudge M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9684

Registration District No. 2

Primary Registration District No. 1904 Local Registrar's No. 26

(No. 1 N 1st Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Peterson Norland 41

(a) Residence. No. Parma #2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Martha S. Norland

6. DATE OF BIRTH (month, day, and year): Jan 9 1876

7. AGE: Years 60 | Months 0 | Days 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stavanger Norway

FATHER

13. NAME: Peter Norland.
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Serena Strand
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Martha S. Norland Parma Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Parma Cem. Date: Jan 13 1936

19. UNDERTAKER (Address): Vale & Eggleston Caldwell Ida

20. FILED 1-21, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1936, to 1-10, 1936

I last saw h... alive on 1-10, 1936; death is said to have occurred on the date stated above, at 12-5 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Septicaemia	
following wound	
on left leg	
Abscess by Shrapnel	Dec 27, 1935
Other **contributory causes** of importance:	

Name of operation: Drainage & sutures Date of: 1/7/36

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur? Parma Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: Struck by shrapnel from bursting shell
Nature of injury: Lacerated wound left leg

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) James A. Clement, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9684[illegible]

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 27

FEB 7 1936 RECEIVED

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Heber Richards

(a) Residence. No. 1601 Harrison Blvd St.
(Usual place of abode) 45 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie H. Richards

6. DATE OF BIRTH (month, day, and year) May. 5. 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fridercktown
(State or country) Ohio

FATHER
13. NAME Daniel Richardson
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Clarissa Allen
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Fannie Richards
(Address) 1601 Harrison Blvd

18. BURIAL, CREMATION OR REMOVAL Cremation
Place Portland, Oregon Date Jan. 23 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 1-21, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1936, to 1/20, 1936
I last saw h.i.m alive on 1/20, 1936: death is said to have occurred on the date stated above, at 3 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/7-36

Other contributory causes of importance:
Carcinoma of prostate gland — some months
Name of operation Suprapubic cystotomy Date of 1/13-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ralph Todd, M. D.
(Address) Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9684

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 36

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack William Hoak

(a) Residence. No. 1115 Grove St.

(Usual place of abode)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

MOTHER/FATHER

13. NAME Jack W. Hoak

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Delia O. Bull

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Jack W. Hoak
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/26/36 93

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-28, 1936. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/24/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1936, to Jan 24, 1936

Last saw h/M alive on Jan. 24, 1936; death is said to have occurred on the date stated above, at 11.05 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
trachea.	

Other **contributory causes** of importance:

Bronchopneumonia	
trachea. Child severely asphyxiated during operation	1936

Name of operation tracheotomy Date of Jan. 24 -

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Cowles, M. D.

(Address) 107 Eastman Bldg

Cowles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9684?

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 3

FEB 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. W. Gowdy.

(a) Residence. No. 1603. N. 14. th. Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mattie Gowdy.

6. DATE OF BIRTH (month, day, and year) February. 22. 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	9.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington, Ill.

FATHER
13. NAME James Gowdy.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Mary Ann Fenton.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mattie Gowdy.
(Address) 1603. N. 14 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Jan. 3. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 1-21, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-1 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw him alive on 1-1-, 1936.; death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patient dead on arrival at home —	
Probably - died of acute Coronary obstruction from Heating	1-1-36
Other contributory causes of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? [redacted]
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. B. Shaw, M. D.
(Address) 412 Eastman Bldg.

To
Bureau of Vital Statistics,
Boise, Idaho.

State file #96847.

This is to certify that under item 2 of Certificate of Death of John W. Gowdy, the length of residence is shown as 15 years in city where death occurred.

The correct length of residence in city where death occurred should have been stated as 18 years.

Mrs Martha Agnes Gowdy
Surviving Widow.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9685

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 7

FEB 7 1936 REGISTERED

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aura McConnel

(a) Residence. No. 803 N. 19th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, and year): September 15, 1857

7. AGE: Years 78 | Months 3 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Alexander Adam

14. BIRTHPLACE (city or town) (State or country): Conn.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs. Irvin Hoff, McCall

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 1-4-36 193..

19. UNDERTAKER (Address): McBratney Funeral Home, Boise

20. FILED 1-3 ..., 193 6 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2-36 193

22. I HEREBY CERTIFY, That I attended deceased from 1-15- ..., 193 6., to 1-2- ..., 193 6.

I last saw her alive on 1-1- ..., 193 6 death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Chronic Arthritis	

Name of operation: None Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. Calloway M.D.

(Address) Boise Idaho

Calloway

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96852

PLACE OF DEATH
County of ADA
City of MERIDIAN
Registration District No. 11
Primary Registration District No. 2003
(No.)
Local Registrar's No. 1
(If death occurred in a hospital or institution, give its name instead of street and number.)

127

2. FULL NAME MELVIN ZION DAVIDSON

(a) Residence. No. MERIDIAN IDAHO St.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of XXXXXXX DAVIDSON

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	XXXX	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) XXXXXXX
(c) Name of employer XXXXXX

9. BIRTHPLACE (city or town) (State or country) SCOTT COUNTY-VIRGINIA

PARENTS

10. NAME OF FATHER HENRY DAVIDSON
11. BIRTHPLACE OF FATHER (city or town) (State or Country) SCOTT COUNTY VIRGINIA
12. MAIDEN NAME OF MOTHER MARY-B-DORTON
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) SCOTT COUNTY VIRGINIA

14. Informant W-B-DAVIDSON
(Address) R-1 -MERIDIAN IDAHO

15. Filed Jan 16, 1936 W. A. Rees Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JAN (Month) 15 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1934, 19.., to Jan. 15, 36, 19.
that I last saw h. im alive on. Jan. 15, 1936, 19.
and that death occurred, on the date stated above, at 9;30 A. m.
The CAUSE OF DEATH* was as follows:

Cholecystolithiasis

One year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Meletis
3 years. (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy

(Signed) R C Jewell, M. D.
Jan. 16, 1936 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
MERIDIAN CEMETERY	JAN-17 1936
20. Undertaker W-S-Mateer W. S. Mateer	Address MERIDIAN-ID

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FILED

PLACE OF DEATH

County of ADA

City of MERIDIAN ID

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 11

Primary Registration District No. 2003

(No. 205 a)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 96853

Local Registrar's No. 3-2

2. FULL NAME JOHN-LOUDERBOUGH

(a) Residence. No. MERIDIAN IDAHO St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) SARRAH LOUDERBOUGH

6. DATE OF BIRTH (month, day and year) AUG 1st 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CARPENTER

(b) General nature of industry, business, or establishment in which employed (or employer) CONTRACTER & BUILDER

(c) Name of employer SELF

9. BIRTHPLACE (city or town) (State or country) IOWA

PARENTS

10. NAME OF FATHER MILTON LOUDERBOUGH

11. BIRTHPLACE OF FATHER (city or town) (State or Country) INDINIA

12. MAIDEN NAME OF MOTHER ANNA CLARK

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) INDINA

14. Informant M-M-LOUDERBOUGH

(Address) MERIDIAN IDAHO

15. Filed Jan 18th, 1936 W. H. Peor Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH JAN (Month) 17 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Jan 17, 1936

that I last saw h[illegible] alive on Jan 16, 1936

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Hypertention

Undetermined (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Pressure

(Signed) A. C. Jewell, M. D.

Jan 18, 1936 (Address) Meridian, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
MERIDIAN CEMETERY	JAN 19th 1936

20. Undertaker	Address
W-S-MATEER W. S. Mateer	MERIDIAN ID

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of MERIDIAN

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96854

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 3

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHRISTOPHER-COLUMBUS-JOHNSON.

(a) Residence. No. R-3-Meridian Idaho St. .....

(Usual place of abode) " " " " (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Jan 23 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87		SEven	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 10

11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (city or town) Lexington (State or country) Kentucky

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Sadie Hearsdorf (Address) R-3-Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL Place Meridian Cem Date Feb 6, 1936

19. UNDERTAKER W B Mateer (Address) Meridian Idaho

20. FILED 2-12, 1936. W. A. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 193.., to Jan 30, 1936.

I last saw him alive on Jan 25, 1936: death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. E. Jewell, M. D.

(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ADA

City of MERIDIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96855

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 6 4

FEB 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME SARAH TURNER

(a) Residence. No. ..... St. .....

(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JAN 16 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE KEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1917

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) POWERSVILLE-MO
(State or country)

FATHER

13. NAME JESSIE STARR

14. BIRTHPLACE (city or town) BAMBRIDGE IND
(State or country)

MOTHER

15. MAIDEN NAME TRESA ELLIS

16. BIRTHPLACE (city or town) BAMBRIDGE IND
(State or country)

17. INFORMANT H-J-TURNER (SON)
(Address) MERIDIAN IDAHO

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place MERIDIAN ID Date FEB 11, 1936

19. UNDERTAKER W & W-S-Mateer W S Mateer
(Address) MERIDIAN ID

20. FILED 2-10, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) FEB 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Feb 9, 1936

I last saw h[illegible] alive on Feb 1, 1936: death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	[illegible]
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violense) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Jewell, M. D.

(Address) MERIDIAN IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9685

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie T. Wood

(a) Residence. No. 510 N. 12th. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. P. Wood

6. DATE OF BIRTH (month, day, and year)
April 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Illinois
(State or country)

FATHER

13. NAME John B. Moore

14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Lucy Sterling

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT J. P. Wood, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/26/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-28 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-23-36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22nd, 1936, to Jan. 23rd, 193 6.

I last saw h. alive on Jan 23, 1936.: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other **contributory causes** of importance:

Hypostatic congestion
Patient was anae.
Senile

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

(Address) Boise

J. Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 9685

Local Registrar's No. 35

151

2. FULL NAME Sarah Jane Platt

(a) Residence. No. 1203 No. 13th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1846

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	89	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... Iowa
(State or country)

FATHER

13. NAME Jonathon Caseheer

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Lurenda Humphreys

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Besse M. Wood
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/27/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise,

20. FILED 1-28 193 6 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/24/36 93

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 193 5 to Jan. 24, 193 6

I last saw h.. alive on Jan. 24, 193 6; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gangrene of foot and leg, had extended to knee before death	Dec 1/35

Other **contributory causes** of importance:

Raynauds disease several years.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ... 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. H. Holverson, M. D.
(Address) Boise Idaho

Holverson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

FEB 7 1936 REG. BUR. V.S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9685

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 37

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lemuel Combs

(a) Residence. No. Route 3 St.

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie

6. DATE OF BIRTH (month, day, and year): May 4, 1858

7. AGE — Years: 77 | Months: 8 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ky.

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs. Pauline Riley, Boise

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill Date: 1/26/36

19. UNDERTAKER (Address): McBratney Funeral Home, Boise

20. FILED 1-28, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-24-36

22. I HEREBY CERTIFY, That I attended deceased from 9-10-35, 193..., to 1-24-, 193.6

I last saw him alive on 1-24, 193.6 death is said to have occurred on the date stated above, at 10:45 am

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Unknown
Other **contributory causes** of importance:	
Uremia	1-20-36

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Hamilton, M. D.

(Address) Boise Ida

Falk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96859

Registration District No. 2

Primary Registration District No. 1007

Local Registrar's No. 38

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Lillian Kent

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin M. Kent

6. DATE OF BIRTH (month, day, and year) August 9, 1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	48	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Joe Loveland

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Amanda Simmons

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Martin M. Kent
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1/27/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-28 193 6 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-23-36 193

22. I HEREBY CERTIFY, That I attended deceased from 1/21 193 6, to 1/23 193 6.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7.45 ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
c. Decompensation	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. Harold C. Stone M. D.

(Address) 317 Eastman Bldg. Boise, Idaho.

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96860

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 39

FEB 7 1936 RECEIVED

(No. 1005 Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Ethel Kesgard

(a) Residence. No. Rt. 2. Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sterle Kesgard

6. DATE OF BIRTH (month, day, and year) April 3. 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairview (State or country) Scott county Ia

FATHER
13. NAME James M. Bostic
14. BIRTHPLACE (city or town) Gate City (State or country) Scott County Ia

MOTHER
15. MAIDEN NAME Dora Bell Kyle
16. BIRTHPLACE (city or town) Kyles Ford (State or country) Hawkins County Tenn

17. INFORMANT Sterle Kesgard (Address) Rt 2- Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1-26, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 1-29, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Jan 24, 1936
I last saw her alive on Jan 23, 1936: death is said to have occurred on the date stated above, at 4554 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute arsenical Poisoning self Administered (Suicide)	
Other contributory causes of importance:	
ans	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, (suicide), or homicide? suicide Date of injury Jan 23, 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. Gable, M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Registration District No. 2004

(No.)

Local Registrar's No. 21

DO NOT WRITE IN THIS SPACE

State File No. 9686

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah T. Call

(a) Residence. No. Near Fifth and Garden Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cyril

6. DATE OF BIRTH (month, day, and year): March 25, 1873

7. AGE: Years 62 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellsville, Utah

FATHER

13. NAME: Henry Thomas

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Margaret Walters

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): W. R. Cahoon, Boise

18. BURIAL, CREMATION OR REMOVAL
Place: Wellsville Utah Date: 1-8-36 193..

19. UNDERTAKER (Address): W. McBratney, Boise

20. FILED 1-6..., 1936. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-5-36 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 193 5, to Jan 5, 193 6.

I last saw her alive on Jan 4, 193 6; death is said to have occurred on the date stated above, at 2:45 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	Oct 20, 1935

Other **contributory causes** of importance: Acute pain and acute vomiting for 5 days or two weeks. Emaciation.

Name of operation: ... Date of: ...

What test confirmed diagnosis? Clinical evidence. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert E. Cochran M.D.

(Address) 320 Idaho Bldg.

Cochran

FEB 6 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9686

PLACE OF DEATH
County of Adams
City of Council

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 116

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin Groseclose

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Bailey.

6. DATE OF BIRTH (month, day, and year): May 23 1857

7. AGE — Years: 78 | Months: 7 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: common.
10. Date deceased last worked at this occupation (mo. and yr.): 1925
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Jacob Groseclose.
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Elizabeth Jones.
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): United Pion.

18. BURIAL, CREMATION OR REMOVAL
Place: Mount Cecil Cemetery Date: 1-13-, 1936.

19. UNDERTAKER (Address): County (Bill Cuny)

20. FILED 2-5-, 1936. Alan S. Hamilton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-11-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1935, to 1-11-, 1936.
I last saw him alive on 1-11-, 1936.; death is said to have occurred on the date stated above, at 1:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	5 yrs.

Other **contributory causes** of importance:

Name of operation: 0 Date of:
What test confirmed diagnosis: Clinical was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) Alan S. Hamilton M.D., M. D.
(Address) Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9685

PLACE OF DEATH

County of Adams.

City of Council

Registration District No. 21

Primary Registration District No. ..... Local Registrar's No. 117

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvara Lora Bounds

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-11-35

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fruitvale Idaho
(State or country)

MOTHER/FATHER

13. NAME Alvin Avery Bounds.

14. BIRTHPLACE (city or town) Cuis Texas
(State or country)

15. MAIDEN NAME Clarrey Fay

16. BIRTHPLACE (city or town) Prattville Ida
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Old Fellows Cemetery Date 1-9-, 1936.

19. UNDERTAKER Fairley
(Address)

20. FILED 2-5, 1936. Alvin Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1935, to 1-7-, 1936.
I last saw her alive on 1-1-, 1936.; death is said to have occurred on the date stated above, at 7 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
PATENT FORAMEN OVALE	
	BIRTH

Other **contributory causes** of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alvin Thurston M.D., M. D.
(Address) Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

Pocatello

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9686

tion District No. 28

Primary Registration District No. 216 Local Registrar's No. 567

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Mrs.) Thelma Godfrey

(a) Residence. No. 454 E. Fremont St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
f	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Godfrey

6. DATE OF BIRTH (month, day, and year) Feb 18 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dell, Montana

FATHER

13. NAME Chas Flynn

14. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

MOTHER

15. MAIDEN NAME Pearl Hungate

16. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

17. INFORMANT (Address) Edward Godfrey 454 E. Fremont

18. BURIAL, CREMATION OR REMOVAL

Place Sun. Mont. Date Jan 12, 1936

19. UNDERTAKER Byron P. Drummond (Address) Pocatello Idaho

20. FILED 1/11/1936 H. Kay Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to Jan 10, 1936

I last saw her alive on Jan 5, 1936: death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dis 10 years	
nephritis	
Metabolism suffering	

Other contributory causes of importance:

Chronic Industrial nephritis for past 10 years	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? None

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lynn, M. D.

(Address) Pocatello Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96865

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 573

FEB 10 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) No. 361 West Elm St. Pocatello, Idaho.

2. FULL NAME David E. Yeaman

(a) Residence. No. Pocatello, Idaho. St. Smoot, Wyoming.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Anna Allen Yeaman

6. DATE OF BIRTH (month, day, and year): April 15, 1861.

7. AGE: Years: 74 | Months: 9 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stock-Raising.

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs. Ada Bigham, 361 West Elm St. Poca., Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Smoot, Wyoming Date: Jan. 6, 193..

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Jan. 27, 193.6. [illegible] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 24 193 6.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8.40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Myocarditis	
Some pain in chest for an hour before death	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96866

Registration District No. 28

FEB 10 1936 RECEIVED

Primary Registration District No. 2761 Local Registrar's No. 524

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berthal Chandler Scadden

(a) Residence. No. McCammon St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of Joseph Scadden

6. DATE OF BIRTH (month, day, and year)
March 17, 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello, Ida.
(State or country)

FATHER

13. NAME William Chandler

14. BIRTHPLACE (city or town) Cambridgeshire,
(State or country) England.

MOTHER

15. MAIDEN NAME Maren Erickson

16. BIRTHPLACE (city or town) Markholdt,
(State or country) Denmark.

17. INFORMANT Chester Romriell
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Ida. Date Jan. 29 1936

19. UNDERTAKER Arthur T. Hall
(Address) Pocatello, Idaho.

20. FILED Jan. 28 1936 D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1935, to Jan. 25, 1936.

I last saw h[illegible] alive on Jan. 25, 1936.; death is said to have occurred on the date stated above, at 9:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal	Unknown.

Other contributory causes of importance:

Extraction of infected teeth followed by rheumatism	None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9686

Registration District No. 28

FEB 1 0 1936 RECEIVED

Registration District No. 2161 Local Registrar's No. 575

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Ethel Catlin Hugues 88

(a) Residence. No. St. Fort Hall, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Hugues

6. DATE OF BIRTH (month, day, and year) December 23 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field nurse Ft. Hall Ind. Res.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) Cedar Rapids (State or country) Iowa

FATHER

13. NAME Catlin

14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Hugues (Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Mountain View Date Jan. 27, 1936

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Idaho

20. FILED Jan 27, 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to Jan 25, 1936

I last saw her alive on Jan 25, 1936: death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute fractural endocarditis	Jan 3 1936
Other contributory causes of importance: Sepsis cervix Hemolytic streptococcus	Jan 5, 1936

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Hartley M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9686

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 576

FEB 10 1936 RECEIVED

Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Welch

(a) Residence. No. Lund, Idaho. St. Lund, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 11, 1913.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936.

11. Total time (years) spent in this occupation Six

12. BIRTHPLACE (city or town) (State or country) Lund, Idaho.

FATHER

13. NAME John Welch

14. BIRTHPLACE (city or town) (State or country) West Weber, Utah.

MOTHER

15. MAIDEN NAME Florence Mills

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Elsie Hutchinson
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Central, Idaho. Date Jan. 28, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Jan. 27, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936, to 1-26, 1936

I last saw him alive on 1-26, 1936; death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia, upper lobe right	1-10-36
General peritonitis	1-15-36

Other contributory causes of importance:

Name of operation Appendectomy Date of 1-18-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Hutchinson, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9687[illegible]

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 578

FEB 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Cooper

(a) Residence. No. 1036 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Alonzo

6. DATE OF BIRTH (month, day, and year) Jan. 3, 1843

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	-	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER
13. NAME Thompson
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fred H Cooper
(Address) 1036 N. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Jan. 30, 1936

19. UNDERTAKER Howard Funeral Home
(Address) Pocatello Idaho

20. FILED 1-28, 1936 D. Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936, to Jan 28, 1936
I last saw h[illegible] alive on Jan 21, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmaties of old age	
Senility	
Other contributory causes of importance:	
Infirmaties of old age	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 36871

FEB 10 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 57

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clover Kyle Kelly

(a) Residence. No. South of Pocatello City. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin F. Kelly

6. DATE OF BIRTH (month, day, and year) June 8, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCook, Nebraska.

FATHER

13. NAME John Kyle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Stella Kinney

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Edwin F. Kelly, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Chesterfield, Ida. Date Jan. 31, 1936

19. UNDERTAKER (Address) Arthur W. Hall Mortuary, Pocatello, Idaho

20. FILED Jan. 30, 1936 D. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Jan. 28, 1936. I last saw h.w alive on Jan. 28, 1936.; death is said to have occurred on the date stated above, at 4:45 P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarction, embolic, cerebral, middle left leg and later mesenteric thrombosis	
Other contributory causes of importance:	

Name of operation. None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96872

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 572

FEB 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Not in hospital) Pocatello General Hospital

2. FULL NAME Ethel Marie Smith

(a) Residence. No. 322 South Second Ave. Poca., Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Frank I. Smith

6. DATE OF BIRTH (month, day, and year) October 28, 1900.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs, Idaho.

FATHER

13. NAME Leslie Merrell Ward

14. BIRTHPLACE (city or town) (State or country) Fish Haven, Idaho.

MOTHER

15. MAIDEN NAME Ella Glauner

16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMANT (Address) Frank I. Smith Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Jan. 23, 1936

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Jan. 22, 1936. D. C. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1936, to 1-21, 1936.

I last saw her alive on 1-21, 1936: death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	
Salpingitis	
Bilateral	
Mixed Infection from old Vaginitis & Epithelioma Cervix	
Possibly Gonorrhea	

Other contributory causes of importance:

Peritonitis	
	3

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Young M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9687?

FEB 1? 1936

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 580

(No. General Hospital Pocatello, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Homer Smith

(a) Residence. No. Aberdeen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marinda C. Smith

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
35	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** P.F. E.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buffalo,
(State or country) Missouri

FATHER

13. NAME William H. Smith

14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER

15. MAIDEN NAME Margaret Watkins

16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Marinda C. Smith
(Address) Aberdeen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Ida. Date....., 193..

19. UNDERTAKER A. W. Davis.
(Address) American Falls, Ida.

20. FILED Jan. 31.., 1936. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936, to Jan 29, 1936.

I last saw h[illegible] alive on Jan 28 1936. death is said to have occurred on the date stated above, at 4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Encephalitis	About Jan 15

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible] M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 968?

Registration District No. 28

FEB 10 1936 RECEIVED

Registration District No. 2161 Local Registrar's No. 581

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Julia J. Smith 50

(a) Residence. No. 835 E. Lander St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred A

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

FATHER
13. NAME Eric Cast
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Ida Marie Sporie
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Alfred A. Smith 835 E. Lander

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Feb. 2, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED Feb 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, to Jan. 31, 1936
I last saw her alive on Jan. 31, 1936: death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	3 months or more.
Other contributory causes of importance:	
Uremia	3 days

Name of operation Hysterectomy Date of 1/27/36
What test confirmed diagnosis? clinical and pathological Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature] M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9687[illegible]

Registration District No. 28

FEB 19 1936 RECEIVED

Primary Registration District No. 2161

Local Registrar's No. 563

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

880

2. FULL NAME John B. Bernhardt

(a) Residence. No. 850 South Second Ave. Poca., Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Veterinarian

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Surgeon

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Franklin County Illinois.

FATHER

13. NAME Jacob Bernhardt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Narcissus Dew

16. BIRTHPLACE (city or town) (State or country) Franklin County, Illinois.

17. INFORMANT Mrs. Reynolds Cahoon
(Address) Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Ut. Date Jan. 10, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Jan. 6, 1936. D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 7, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7., 1936., to Jan. 7., 1936.

I last saw him alive on Jan. 5., 1936.; death is said to have occurred on the date stated above, at 1:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Many years.

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Hughart, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9687

Registration District No. 28
Registration District No. 2161 Local Registrar's No. 565
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Bertha Osborn
(a) Residence. No. Marion Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence

6. DATE OF BIRTH (month, day, and year) Aug. 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holgard (State or country) Ohio

FATHER
13. NAME Harvey Peters
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Clarence Osborn (Address) Marion Hotel

18. BURIAL, CREMATION OR REMOVAL
Place Flint, Mich Date Jan. 9, 1936

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello Idaho

20. FILED 1/9/1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 193.6., to 1-8, 193.6
I last saw had alive on 1-8, 193.6.: death is said to have occurred on the date stated above, at 4.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Bronchial asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. Evans, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96877

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 568

FEB 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Nelson Hutchinson 74

(a) Residence. No. 314 Yost Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Hogge Nelson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Betsy McDowell

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Mathew Fello (Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad, Ida. Date Jan. 14 1936

19. UNDERTAKER R. L. McClain (Address) Pocatello, Idaho

20. FILED Jan. 14, 1936 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1936, to January 13, 1936

That I last saw h[illegible] alive on 1-11, 1936; death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
hypertension	17 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. C. Ray M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9687

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 569

FEB 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Pocatello General Hospital

2. FULL NAME Gertrude Marie Gamwell

(a) Residence. No. 105 Ward St. Seattle, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gardner Gamwell

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER

13. NAME John C. Millick

14. BIRTHPLACE (city or town) (State or country) Columbus, Wisconson.

MOTHER

15. MAIDEN NAME Gertrude Clegg

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John C. Millick
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Jan. 17, 1936

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED 1-16, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1936, to 1/15, 1936
I last saw h[illegible] alive on 1/15, 1936; death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Toxic death	
Other contributory causes of importance:	
Dyspepsia,	
1/14/36 Oper. for rel.	
Obstruction	

Name of operation Hysterectomy Date of 1/14/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. Swan, M. D.
(Address) Pocatello, Idaho

FEB 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9687

PLACE OF DEATH
County of Bannock
City of Pocatello, Idaho

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 558

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary B. Loomis

(a) Residence. No. 183 Wayne Ave St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): April 20-1861

7. AGE: Years 74 | Months 8 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: lived with daughter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenville Ohio

FATHER
13. NAME: Jacob Sparrow
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Harriet Sparrow
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. W. C. Loomis 183 Wayne Ave. Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Webster City Iowa Date: Jan 4, 1936

19. UNDERTAKER (Address): H. L. McGhan Pocatello Idaho

20. FILED Jan 9, 1936 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 1, 1936 (Corrected)

22. I HEREBY CERTIFY, That I attended deceased from 1-1-34, 193..., to 1-2, 193.6
Last saw h.e alive on 1-1, 1936.: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteo Sarcoma	
Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. B. Loomis, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96880

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 359
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Fredrick Butterfield

(a) Residence. No. 1335 South Fifth Ave. St. Poca., Ida.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. 3 mos. 0 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 2, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.

FATHER

13. NAME William H. Butterfield

14. BIRTHPLACE (city or town) Oxford, (State or country) Idaho.

MOTHER

15. MAIDEN NAME Annie Quest

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT (Address) Mrs. Annie Q. Butterfield Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Jan. 5, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello Idaho.

20. FILED Jan. 4, 1936 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1935, to Jan. 2, 1936, I last saw him alive on Jan. 2, 1936.; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia with metastatic abcess	7 days.
Other contributory causes of importance:	
Acute nephritis due to toxemia	3 days.

Name of operation Opening infection Date of 12/31/35
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Partridge M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9688

FEB 10 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 561

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Phillip Wesley Harris

(a) Residence. No. North of Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50.	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R. Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolivar Missouri

FATHER

13. NAME Phillip Harris

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Sarah E. Hansen

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Mrs. J. L. Lacey Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date Jan. 6, 1936.

19. UNDERTAKER (Address) A. L. McTimmons Pocatello Idaho

20. FILED Jan. 4 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935, to Jan. 3, 1936.
I last saw h— alive on Jan. 3, 1935: death is said to have occurred on the date stated above, at 11.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	
Other contributory causes of importance:	

Name of operation Exploratory Date of 11-26-35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Powers, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock,
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9688

Registration District No. 28
Registration District No. 2161 Local Registrar's No. 562

FEB 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Frederick Willecke

(a) Residence. No. 630 So. 7th ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Christine Willecke

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pocatello Cold
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) employed at this occupation Storage Co.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Christ Willecke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Christine Willecke Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date Jan 8, 1936

19. UNDERTAKER (Address) D. L. McKay Pocatello Ida

20. FILED Jan 7, 1936 D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7-6, 193~~5~~, to 1-5, 1936
I last saw ~~him~~ alive on 1-5, 1936: death is said to have occurred on the date stated above, at 8-20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	Some Months
with gallstones	previous

Other contributory causes of importance:
Acute Suppression of urine following operation

Name of operation Cholecystectomy Date of Jan 2
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. J. Page M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 5884

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 570

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christine Wight Hawkes

(a) Residence. No. 431 South Arthur Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Joseph C. Hawkes

6. DATE OF BIRTH (month, day, and year) October 15, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

FATHER

13. NAME Lyman Wight

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Christine Olson

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT (Address) Morgan Hawkes Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date Jan. 19, 193 6

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Jan. 17, 193 6. D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 15 193 6.

22. I HEREBY CERTIFY, That I attended deceased from Nov - 3 -, 193 3, to Jan. 15, 193 6.

I last saw h[illegible] alive on Jan. 13, 193 6. death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Symptomatic Leukemia	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96885

FEB 1936 RECEIVED

Registration District No. 28
~~Primary~~ Registration District No. 2161
Local Registrar's No. 564

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Magee

(a) Residence. No. Magee, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Tyhee Idaho

FATHER

13. NAME Elijah Magee
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Martha Swan
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Elijah Magee (Address) Tyhee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moorland Date Jan 9, 1936

19. UNDERTAKER R. L. McKay (Address) Pocatello Idaho

20. FILED Jan 8 1936 R Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 8, 1936
I last saw her alive on Jan 5, 1936: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs Pneumonia	
Other contributory causes of importance: acute cold.	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) F. S. Miller, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 9688

Local Registrar's No. 1

FEB 17 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Etta Wilder Ferguson

(a) Residence. No. Paris Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Samuel S. Ferguson

6. DATE OF BIRTH (month, day, and year): Oct 26, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
60	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Ready to wear
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER
13. NAME: Julius Wilder
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Margette Lowe
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMENT (Address): Samuel S. Ferguson Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Rose Hill Cemetery Date: Jan 23, 1936

19. UNDERTAKER (Address): Thatcher Mortuary

20. FILED Feb. 3, 1936. Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to Jan 19, 1936
I last saw her alive on Jan 18, 1936 : death is said to have occurred on the date stated above, at 12:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	
Type II	
Otitis Par. Nephritis	

Other contributory causes of importance:

Pulmonary Edema	

Name of operation: Clinical findings Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. O. Mercer, M. D.
(Address) Paris Ida.

FEB 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9688

PLACE OF DEATH
County of Bear Lake
City of Paris

Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bruce Bolton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Leslie Bolton

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Cora Poulsen

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Leslie Bolton Paris Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Paris Idaho Date Feb. 2, 1936

19. UNDERTAKER F. J. Faulkner (Address) Paris Idaho

20. FILED Feb. 7, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, and year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to Jan 30, 1936
Last saw him alive on Jan 30, 1936; death is said to have occurred on the date stated above, at 2.15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar LLL	
Other contributory causes of importance:	

Name of operation Autopsy Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 .
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. O. Swore, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96890

County of Benewah
City of St. Maries

Registration District No. 22
Primary Registration District No. 2249 Local Registrar's No. 2

(No. St. Maries Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

153

2. FULL NAME Lawrence Charest

(a) Residence. No. 2433 N. Addison St. Spokane, Co.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. / mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 32 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Transient Camp
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1935
11. Total time (years) spent in this occupation: Less than 1 year

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): C. T. Holmes St. Maries Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Removal Spokane Date: Jan. 26, 1936

19. UNDERTAKER (Address): Chapin Funeral Home St. Maries Ida.

20. FILED Feb. 8, 1936 Walter Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1935, to 1-26, 1936.

I last saw him alive on 1-25, 1936: death is said to have occurred on the date stated above, at 2:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess right lung	12-6-35
Other **contributory causes** of importance:	
Broncho-Pneumonia	12-4-35
Pericarditis	1-5-36

Name of operation. None Date of —
What test confirmed diagnosis? Clinical + X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. T. Holmes M. D.
(Address) St. Maries Ida.

FEB 13 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9689

PLACE OF DEATH
County of Shoshone
City of St. Maries

Registration District No. 92
Primary Registration District No. 2049
Local Registrar's No. - 1 -

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Johnson

(a) Residence. No. 4 & 4 Main St. St. Maries Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ?
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?
6. DATE OF BIRTH (month, day, and year): 1852
7. AGE: Years 83 | Months ? | Days ? | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumbering
10. Date deceased last worked at this occupation (mo. and yr.): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ?

MOTHER FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): ?
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs. Clara Nevins St. Maries Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Burial - St. Maries Date: Jan. 21 1936
19. UNDERTAKER (Address): St. Joseph Funeral Home St. Maries Ida
20. FILED: Feb. 8, 1936 Walter Ebberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-19 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to Jany 19.., 1936.
I last saw him alive on Jany 18 1936; death is said to have occurred on the date stated above, at 4:25a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
generalized	?

Other **contributory causes** of importance:

None	

Name of operation: None Date of: No
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. A. Robinson M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9689

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 1

FEB 11 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Belle Pea

(a) Residence. No. Pingree, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Miles A. Pea

6. DATE OF BIRTH (month, day, and year) Nov 29, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	2	24	

OCCUPATION

8. Trade, profession, of particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Samuel Robb

14. BIRTHPLACE (city or town) (State or country) Warsaw Ill

MOTHER

15. MAIDEN NAME Mary Fahnestock

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Miles A Pea Pingree Ida

18. BURIAL, CREMATION OR REMOVAL
Place Thomas Rounds Date Jan 22 1936

19. UNDERTAKER (Address) E O Tolk Blackfoot

20. FILED Jan 20, 1936 Mercy Rumsey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1935, to Jan 20, 1936

I last saw her alive on Jan 16, 1936; death is said to have occurred on the date stated above, at 4 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with Metastases	6 mo
Other contributory causes of importance:	
pneumonia	2 wks ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. D. Jensen M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of Fort Hall, Idaho.

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9689[illegible]

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 15

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Sonnip

(a) Residence. No. - - - - - St. -

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. - yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Bannock Ind	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Canaweyu Sonnip

6. DATE OF BIRTH (month, day, and year) No data

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) I- 6- 36

11. Total time (years) spent in this occupation - - - -

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Fred Sonnip.
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Butte Cem. Date I-20, 1936

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall, Idaho

20. FILED Feb 3, 1936 Mrs Nellie E Foote
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1936, to Jan. 16, 1936

I last saw him alive on Jan. 16, 1936: death is said to have occurred on the date stated above, at 11:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	- - - -
Other contributory causes of importance:	
- - - - -	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. C. Matson, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9689?

FEB 6 1936 RECEIVED

Registration District No. I2I-R

Primary Registration District No. 2194-R

Local Registrar's No. 14

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Burton. 90

(a) Residence. No. - - - - - St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. -yrs. -mos. -ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. Maggie Burton.

6. DATE OF BIRTH (month, day, and year) - - - -

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	(No	record)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT F.A.Nelson,
(Address) Fort Hall, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ -
Place Butte Cem. Ft.Hall Date I-I8, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED Feb.3,1936 Wm Nelson Eastin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) I- I3-1936

22. I HEREBY CERTIFY, That I attended deceased from -v--b-, 193..., to - - - -, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at - - - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency,	5 yrs.
No M.D. attending	
Other contributory causes of importance:	
infirmities attendant on old age.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L.C. Nelson, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9689?

FEB 6 1936 RECEIVED

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 13

(No. - -V- -)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Tinno Pooengenah.

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Pooengenah

6. DATE OF BIRTH (month, day, and year) 5- I5- I9II

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) I- 6, 36

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Norman Tinno

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

MOTHER

15. MAIDEN NAME Lucy Negitsaw

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

17. INFORMANT Norman Tinno
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Butte C. Ft. Hall, Date I- 9-, 1936

19. UNDERTAKER Agency Carpenter.
(Address) Fort Hall, Idaho.

20. FILED Feb. 3, 1936 Mrs Helen E Fawcett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) I- 7- 1936

22. I HEREBY CERTIFY, That I attended deceased from April I7, 1935, to May 7, 1935

I last saw her alive on May 7, 1935: death is said to have occurred on the date stated above, at 4: A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
No M.D. attending.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. C. Pinkerton, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of Fort Hall Idaho.

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9689[illegible]

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 12

(No. - - - - -)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abe Davis

(a) Residence. No. Fort Hall Reservation. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Davis

6. DATE OF BIRTH (month, day, and year) 4- 3- 1898.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) I- 1-36

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

FATHER

13. NAME David Davis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daisy Davis
(Address) Fort Hall, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presby.Mission Date I- 9-, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED Feb.3,1936 Mrs Valentine Tabbee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) I- 5- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936 to Jan. 4, 1936

I last saw him alive on Jan. 4, 1936: death is said to have occurred on the date stated above, at 9: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho. Sarcoma,	Feb. 1935
Right side of neck	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Nelson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot,

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96900

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Baird Young

(a) Residence. No. Eccles Building St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. I. Young

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 4 months

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Mink Creek, Idaho

FATHER

13. NAME Peter Baird

14. BIRTHPLACE (city or town) (State or country) Brigham City, Utah

MOTHER

15. MAIDEN NAME Hannah Peterson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT J. I. Young
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Logan Utah Date Feb 3, 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Feb. 1, 1936 Mrs. Ladies Valance
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, 193..., to Jan 30, 193 6

I last saw her alive on Jan. 29, 1936: death is said to have occurred on the date stated above, at 700 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Overdose of Chorlal Hydrat	
self administered	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably accidental Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Young M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9690

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Louis Simpson

(a) Residence. No. Blackfoot Dist #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Merkley Simpson

6. DATE OF BIRTH (month, day, and year) March 2, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (mo. and yr.) ~~Feb~~ 1935

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Bingham Co. Idaho

FATHER

13. NAME Lewis R. Simpson.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Joan Litton

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Son.) E R Simpson
(Address)

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Ross Cemetery Date Jan 31, 1936

19. UNDERTAKER E T Pickett
(Address) Blackfoot Idaho

20. FILED Jan 28, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1936 to Jan 27, 1936
I last saw him alive on Jan 25, 1936 death is said to have occurred on the date stated above, at 2.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	30 days.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. O. Davis M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

FEB 6 1935 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9690

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 7

(No. Beck Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Williams Flint

(a) Residence. No. Blackfoot RFD 3 St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13 1831

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME William C Flint

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME — Shinn

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Henry Flint

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Lay Lomita Date Jan 14, 193 5

19. UNDERTAKER (Address) E J Fleck Blackfoot

20. FILED Jan. 14, 193 5 Mrs Ralph Paine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 13 193 5

22. I HEREBY CERTIFY, That I attended deceased from 12 - 10, 193 5, to 1 - 13, 193 5

I last saw h... alive on 1 - 12, 193 5: death is said to have occurred on the date stated above, at 2:20 A. m.

The **principal cause of death** and related **causes of importance** were as follows:

	Date of onset
Thrombotic cardiac-tus with uremia - sclerosis.	2 mos
	15 years

Other **contributory causes of importance:**

Amputated leg at middle third right	

Name of operation Amputation Date of 1-10-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193...

Where did injury occur? ~
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) J. S. Harrell M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9690

Registration District No. 121
Primary Registration District No. ~~2104~~ 1007 Local Registrar's No. 6

FEB 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Christensen Eskelsen.

(a) Residence. No. 508 N. University. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. 9 mos. ~~X~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eskel Eskelsen

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	I	I6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -

10. Date deceased last worked at this occupation (mo. and yr.) ~~Dec 1935~~

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Nels Christensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Karen M. Hodfaldt.

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Ray J. Eskelsen
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ -
Place Blackfoot, Idaho. Date Jan. I6 1936

19. UNDERTAKER John C Lambert
(Address) Blackfoot, Idaho

20. FILED Jan. I4, 1936 Mrs Nelson E Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. I3, 1936

22. I HEREBY CERTIFY, That I attended deceased from I-I2-, 1936, to I- I3-, 1936
I last saw her alive on I- I3-, 1936: death is said to have occurred on the date stated above, at 4:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 Yrs.
& Gall Stone Colic	2 days
Other contributory causes of importance:	
Diabetes	2 years.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? - - - -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. - - -
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Stevenson M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9690

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 5
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Joseph Victor Hofer.

(a) Residence. No. Blackfoot, Idaho, Route 3. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackfoot High school

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER

13. NAME August Hofer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah L. Barnard

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Blackfoot, Idaho, R. 3

18. BURIAL, CREMATION OR REMOVAL—
Place Blackfoot, Idaho Date Jan. 13, 1936

19. UNDERTAKER John E. Lambert
(Address) Blackfoot, Idaho

20. FILED Jan. 13, 1936 Wm Waters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to Jan 11, 1936

I last saw him alive on Jan. 8, 1936: death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease,	
Mitral Insufficiency	1930
Other contributory causes of importance:	
Acute Articular Rheumatism	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9690

FEB 6 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 4

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN WILSON STEVENS

(a) Residence. No. ____ St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): May 1st, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ----------
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ----

12. BIRTHPLACE (city or town) (State or country): ---------- Indiana

FATHER
13. NAME: Absolum Stevens
14. BIRTHPLACE (city or town) (State or country): ---------- Wisconsin

MOTHER
15. MAIDEN NAME: Margaret Eads
16. BIRTHPLACE (city or town) (State or country): -------- Indiana

17. INFORMANT (Address): Records of State Hospital South, Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: State Hospital South cem. Date: Jan. 11 1936

19. UNDERTAKER: Marion Clark
(Address): Blackfoot

20. FILED: Jan. 11, 1936 Mrs. Nelson E. Tolen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14th, 1935, to January 10th, 1936
I last saw h. im alive on January 9, 1936: death is said to have occurred on the date stated above, at 3:05 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of the Heart. Chronic Mitral Insufficiency.	Feb. 1935

Other contributory causes of importance: ----------

Name of operation: None — Date of: ----
What test confirmed diagnosis: Clinical symptoms — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No data If so, specify ----------

(Signed) Wm. A. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham.

City of Blackfoot

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96905

Registration District No. 131

Primary Registration District No. 2194

Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Robert Nelson Parsons

(a) Residence. No. Blackfoot (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Henrietta L Parsons

6. DATE OF BIRTH (month, day, and year) Jan 14 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lamoni Iowa (State or country) Decatur Co

FATHER

13. NAME James Parsons

14. BIRTHPLACE (city or town) Ill (State or country)

MOTHER

15. MAIDEN NAME Mary Amanda Phipps

16. BIRTHPLACE (city or town) York (State or country) North Carolina

17. INFORMANT Catherine Parsons (Address) Blackfoot Ida Rt #2

18. BURIAL, CREMATION OR REMOVAL Place Thomas Ida Date Jan 12, 1936

19. UNDERTAKER E J Peck (Address) Blackfoot Idaho

20. FILED Jan 7, 1936 Wm Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1—8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 8, 1936

I last saw him alive on Jan 8, 1936. death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary retention	Dec 10, 35

Other contributory causes of importance:

Enlarged prostate for several years

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 193~

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G W Beck, M. D.

(Address) Blackfoot Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham.

City of Blackfoot, Idaho R

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9690?

FEB 6 1936 RECEIVED

Registration District No. I2I

Primary Registration District No. 2194. Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Rhodes Dayley,

(a) Residence. No. Riverside, P.O. Blackfoot, Idaho, No. 2. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 34 (34) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakley, Idaho. (State or country)

FATHER

13. NAME George Owen Dayley

14. BIRTHPLACE (city or town) Richmond, Utah. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Bailey.

16. BIRTHPLACE (city or town) Grantsville, Utah (State or country)

17. INFORMANT Mrs Margaret Hansen (Address) Blackfoot, Idaho, R.2

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Riverside-Thos. Cem. Date Jan. 10, 1936

19. UNDERTAKER E. Peck (Address) Blackfoot, Idaho.

20. FILED Jan. 9, 1936 Wm. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1935, to Jan. 7, 1936

I last saw him alive on Dec. 26, 1935: death is said to have occurred on the date stated above, at 6:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation, (Sudden.)	6 Months
Other contributory causes of importance: Pneumonia, lobar,	
Double,- both upper lobes.	14 days.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ....., 193..

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. - - - -

Manner of injury None

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. O. Davis, M. D.

(Address) Blackfoot, Idaho.

FEB 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9691[illegible]

PLACE OF DEATH

County of Blaine

City of Bellevue

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Clark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 3 - 1863

7. AGE: Years 72 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.): Early

11. Total time (years) spent in this occupation: 13 yrs.

12. BIRTHPLACE (city or town) (State or country): Jackson Co. Iowa

MOTHER FATHER

13. NAME: Frank Clark

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Jane Elder

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Anna Clark

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place: St. John Cemetery Date: Jan 29. 1936

19. UNDERTAKER (Address): L. Hamm Hailey - Ida.

20. FILED: 2-1-, 1936 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June -, 1935, to Jan 24, 1936.

I last saw h. alive on Jan 24 1936.: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hemiplegia and dibilitg	June 1935

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. Fox M. D.

(Address) Hailey Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 4 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
9691
State File No.

Registration District No. 57

Primary Registration District No. 2025

Local Registrar's No. #2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Jane Meacham

(a) Residence. No. 6 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 18 1934

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** -

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carey
(State or country) Idaho

MOTHER FATHER

13. NAME Wallace Meacham

14. BIRTHPLACE (city or town) Morgan
(State or country) Utah

15. MAIDEN NAME Emma Flounce Young

16. BIRTHPLACE (city or town) Morgan
(State or country)

17. INFORMANT Wallace Meacham
(Address) Carey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Carey Ida. Date Jan. 5, 1936

19. UNDERTAKER R. ... Starrett
(Address) Carey Idaho

20. FILED 1-21, 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 4, 1936

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 3:25 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	1-2-36
Croup -	1-1-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) W. D. Price M. D.

(Address) Carey, Idaho

FEB 4 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of PRIEST RIVER IDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96912

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 3-36

(No. Priest River Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Earnest G. Rowley

(a) Residence. No. Newport St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 30 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years 80 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

Abt

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Priest River Idaho Date: Jan 29 1936

19. UNDERTAKER (Address): L. G. Mock PRIEST RIVER IDA

20. FILED Jan 29 1936 Ben L. Ross Registrar.

PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1936, to Jan. 26, 1936

I last saw him alive on Jan. 26, 1936: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1 traumatic shock due	
to compound comminuted	
fracture of left leg below	
the knee sustained	
when struck by	
Other **contributory causes** of importance:	
automobile on public	
highway	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan 26 1936

Where did injury occur? Newport Bonner County, Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place

Manner of injury Struck by automobile

Nature of injury Compound comminuted fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) ..... M. D.

(Address) Priest River Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9691

PLACE OF DEATH

County of Bonner

City of Newport

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 2-36

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addie Libby Keiser

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertram L. Keiser

6. DATE OF BIRTH (month, day, and year): Dec. 25, 1873

7. AGE: Years 62 | Months 0 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home
10. Date deceased last worked at this occupation (mo and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Danforth, Maine

FATHER

13. NAME: Jacob Palmer
14. BIRTHPLACE (city or town) (State or country): Danforth, Maine

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr. Bert Keizer, Newport, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Pinecrest
Place Sandpoint, Idaho Date Jan 14 1936

19. UNDERTAKER (Address): Lawrence G. Moon, Sandpoint, Idaho.

20. FILED Jan 14 1936 Bertha Platt Registrar.

PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan. 11, 1936.
I last saw h[illegible] alive on Nov. 6, 1935; death is said to have occurred on the date stated above, at 9:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other **contributory causes** of importance:	
Arteriosclerosis	
with extreme hypertension	1932
240 +	

Name of operation: .... Date of: ....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9691

PLACE OF DEATH

County of Bonner
City of Priest River

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 1-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Lamain Shank

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 8, 1912

7. AGE: Years 23 | Months 2 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Dec, 1935
11. Total time (years) spent in this occupation: Several Years

12. BIRTHPLACE (city or town): Clarks
(State or country): Nebraska

FATHER

13. NAME: Charles L. Shank
14. BIRTHPLACE (city or town):
(State or country): Unknown

MOTHER

15. MAIDEN NAME: Rose Erickson.
16. BIRTHPLACE (city or town):
(State or country): Pa.

17. INFORMANT: Mrs. Rose Shank
(Address): Priest River, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Priest River, Ida. Date: 1/4, 1936

19. UNDERTAKER: L. G. Moon
(Address): Sandpoint, Idaho.

20. FILED: Jan 4, 1936 Ben A. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 1, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1935, to Jan 1, 1936.
I last saw him alive on Jan. 1, 1936.: death is said to have occurred on the date stated above, at 3 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-29-35
Other contributory causes of importance:	
Influenza	

Name of operation..... Date of.....
What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) Harold L. Soucey, M. D.
(Address) Priest River, Idaho

PRIEST RIVER IDA

FEB 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96915

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 113

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 35

2. FULL NAME Rosie Pangallo

(a) Residence. No. ..... St. Granite, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1920

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
15	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenacres, Wash.

MOTHER FATHER

13. NAME Bruno Pangallo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Elizabeth Parize

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Bruno Pangallo Granite, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Ida. Date Jan. 22, 36

19. UNDERTAKER (Address) Lawrence G. Moon Sandpoint, Idaho

20. FILED Feb. 14, 1936 Wm. T. B. Evans Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 19 36

22. I HEREBY CERTIFY, That I attended deceased from January 16th 1936 to January 19, 1936.
I last saw her alive on January 19, 1936.: death is said to have occurred on the date stated above, at 8 ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis of Right Renal Joint	1936
Chronic Endocarditis	1933
Chronic Nephritis	1934

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Evans M. D.
(Address) Sandpoint, Idaho

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9691

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 212
(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard William Phillips

(a) Residence. No. St. Ponderay, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos ds. How long in U. S., if of foreign birth 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Phillips
6. DATE OF BIRTH (month, day and year) April 20, 1876
7. AGE: Years 59 | Months 8 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining Mills
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation about 30 yr.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Phillip Erickson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Jessie Phillips Ponderay, Idaho.
18. BURIAL, CREMATION OR REMOVAL Removal Place Helena, Mont. Date Jan. 12 1936.
19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint, Idaho
20. FILED Feb. 1, 1936. Mrs. L. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1935, to Jan. 11, 1936.
I last saw him alive on Jan. 10, 1936.; death is said to have occurred on the date stated above, at 11 o'clock A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of	
Metastasis	1934

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Cl. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) C C Mendle M. D.
(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 1 1936

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96918

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 21

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME Florence Maizie Swanson

(a) Residence. No. 707 Cedar St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1907

7. AGE — Years: 28 | Months: 11 | Days: 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Frazee (State or country) Minnesota

MOTHER FATHER

13. NAME William E. Murphy

14. BIRTHPLACE (city or town) Ringold Co., (State or country) Iowa

15. MAIDEN NAME Mary Peterson

16. BIRTHPLACE (city or town) Sioux Center (State or country) Minnesota.

17. INFORMANT W.E. Murphy, (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest, Place Sandpoint, Idaho Date Jan. 6, 1936

19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint, Idaho

20. FILED Feb. 1, 1936. Dr. F. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 1935.., to Jan. ....3...., 1936.. I last saw her alive on Dec. ....., 1935.: death is said to have occurred on the date stated above, at 3:00 A m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	Jan. 1. 36
Other **contributory causes** of importance:	
Malarial Fever	Jan '36

Name of operation..... Date of.....

What test confirmed diagnosis? Cl. Was there an autopsy? Yes

23. If death was due to exter'l causes (**violence**) fill in also the following.
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C.C. Rundle M. D.
(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9691

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 210

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mable Roney

(a) Residence. No. Caneywood Dr St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Roney

6. DATE OF BIRTH (month, day, and year): May 22 1879

7. AGE: Years 56 | Months 7 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Short Shuler

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): John Roney Caneywood

18. BURIAL, CREMATION OR REMOVAL
Place Rutzville Wash Date 1/5, 1936

19. UNDERTAKER (Address): Tomlinson Co Sandpoint Idaho

20. FILED Feb 1, 1936. Dr. F. B. Evans M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/3 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1 1935, to January 3 1936.

I last saw her alive on Oct 1st 1935: death is said to have occurred on the date stated above, at 2 p. ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malignant tumor of Brain	1932

Other **contributory causes** of importance:

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) F. B. Evans M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96925

PLACE OF DEATH

County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 114
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Deloris Pangallo

(a) Residence. No. ..... St. Granite, Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ponderay, Idaho

PARENTS

10. NAME OF FATHER Rocky Pangallo

11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia

12. MAIDEN NAME OF MOTHER Belle Hollister

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Seattle, Wash.

14. Informant Rocky Pangallo
(Address) Granite, Idaho

15. Filed Feb 1, 1936 Wm. L. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 27 (Month) (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Natural Causes
Probable Brain [illegible]

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? n Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....
(Signed) L. G. Moon Coroner M. D.
Jan 30, 1936 (Address) Sandpoint Idaho

19. Place of Burial, Cremation, or Removal: Pinecrest Cemetery — Date of Burial: Jan. 30 1936
20. Undertaker: L. G. Moon, Sandpoint, Ida. — Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692

FEB 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21-5 Local Registrar's No. 12

(No. 225, 3rd Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara L Berggren

(a) Residence. No. 225, 3rd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Eric Berggren

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11-31-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Nordell

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna L. Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Eric Berggren Ida. Falls Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Jan. 15, 1936

19. UNDERTAKER A.L. Buck
(Address) Ida. Falls, Ida.

20. FILED 1/15, 1936 Guy Summerfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1935, to 1/13, 1936.
I last saw her alive on 1/13, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Cardritis	
Pneumonia.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A.P. Sudzynski, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692

FEB 8 1936 RECEIVED

Registration District No. 13
Registration District No. 2145 Local Registrar's No. 11
(No. Ida. Falls L.D.S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mitsushiro Sato

(a) Residence. No. 49 St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state) unknown
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Japanese	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 31, 36
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT S. Hagai
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Spokane, Wash. Date Jan. 15, 1936

19. UNDERTAKER O. L. Buck
(Address) Idaho Falls, Ida.

20. FILED 1/14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1935, to Jan. 12, 1936
I last saw him alive on Jan. 11, 1936; death is said to have occurred on the date stated above, at 7 15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung - Liver pancreas & Mesentery also involved	Not known

Other contributory causes of importance:

Myocarditis	Unknown

Name of operation None Date of
What test confirmed diagnosis? X-ray and autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harry L. Williams M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bo neville

City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96923

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 10

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Spencer Hosp.

2. FULL NAME Clara Lavaun Snyder.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced (or) WIFE of Amos Mortell Snyder.

6. DATE OF BIRTH (month, day, and year) March 14, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 12/35

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Irwin, Ida.

FATHER

13. NAME Henry Edwin Hill.

14. BIRTHPLACE (city or town) (State or country) Millville, Ut.

MOTHER

15. MAIDEN NAME Mary Ellen Sayer.

16. BIRTHPLACE (city or town) (State or country) Clarkston, Ut.

17. INFORMANT Amos M. Snyder (Address) Irwin, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Rigby, Ida. Date 1/3, 1936

19. UNDERTAKER A B Eckersell. (Address) Rigby, Idaho.

20. FILED 1/13, 1936 Compissinard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935, to Jan 1, 1936

I last saw her alive on Jan 1, 1936: death is said to have occurred on the date stated above, at 10:40A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miscarriage of 5 month pregnancy	Dec 25 1936.
Other contributory causes of importance: Puerperal Septicemia	Dec 25, 1936.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Gibbs M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692

FEB 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2150 Local Registrar's No. 8
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Maud Anderson. 50

(a) Residence. No. ..... St. Rigby, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of James C. Anderson.

6. DATE OF BIRTH (month, day, and year) July 18, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 1/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Perry, Utah.

FATHER
13. NAME Henry M. Perry.
14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER
15. MAIDEN NAME Fanny Young.
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT J. C. Anderson
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 1/13, 1936

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 1/14, 1936 W. Hemmaris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1935, to Jan 9, 1936
I last saw h[illegible] alive on Jan 9, 1936: death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock and hemorrhage following Operation for removal cecum	
Other contributory causes of importance:	
Rapid growing tumor involving cecum	

Name of operation Cecectomy Date of 1/8/36
What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Ray Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96925

Registration District No. 73
Subdistrict or Registration District No. 2 1 V-0
Local Registrar's No. 7

RECEIVED FEB 8 1936

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dillie Leon Colby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME George Colby
14. BIRTHPLACE (city or town) (State or country) Gooding Idaho

MOTHER
15. MAIDEN NAME Mary Glendora Hipps
16. BIRTHPLACE (city or town) (State or country) Basalt Idaho

17. INFORMANT George Colby
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Jan 13, 1936

19. UNDERTAKER Jack A Wood
(Address) Idaho Falls Idaho

20. FILED 1/13, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12" 1936, to Jan 12" 1936
last saw h alive on Jan 12" 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) T E Egbert, M. D.
(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692[illegible]

Registration District No. 73

FEB 8 1936 RECEIVED

Primary Registration District No. 21-0 Local Registrar's No. 6

No. 1 D. S. Hospital 135
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Reid

(a) Residence. No. 1 Springfield St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13-th 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs ago

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Providence, R. I.

FATHER

13. NAME James Miller

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Reid

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Katie E. Reid (Blair) Firth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Cem. Date Jan 15, 193 6

19. UNDERTAKER E. J. Reed (Address) Blackfoot Ida

20. FILED 1/13, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 11 - 193 6

22. I HEREBY CERTIFY, That I attended deceased from 1 - 3 -, 193 6, to 1 - 11 -, 193 6

I last saw him alive on 1 - 11 -, 193 6; death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	
Shock following	
Partial Pelectal	
Septicemia - post-	
Lapidopsy	

Other contributory causes of importance:

Chronic Prostatitis	
and obstruction	
of Urinary tract	

Name of operation Electro-Coagulation Date of 1-10 36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Box 66 Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692[illegible]

[redacted] District No. 73
Primary Registration District No. 2150 Local Registrar's No. 5
(No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Helm
(a) Residence. No. 255 E. 14th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Helm

6. DATE OF BIRTH (month, day, and year) March 26, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bath (State or country) England

FATHER
13. NAME Thomas Bull
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Louisa Butterfield
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Grant Engals
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Jan 11, 1936

19. UNDERTAKER Jack G. Ward
(Address) Idaho Falls, Idaho

20. FILED Jan 11, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936 to Jan. 9, 1936
I last saw her alive on Jan. 8, 1936; death is said to have occurred on the date stated above, at 4-20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown
Other contributory causes of importance: Bronchial Asthma	about 1885

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry R. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9692[illegible]

Registration District No. 13
Primary Registration District No. 2150 Local Registrar's No. 21
(No. I. F. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irene Nuttall
(a) Residence. No. Idaho Falls Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
			6 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME James V. Nuttall
14. BIRTHPLACE (city or town) Wallsburg
(State or country) Utah

MOTHER
15. MAIDEN NAME Ina V. Anderson
16. BIRTHPLACE (city or town) Provo
(State or country) Utah

17. INFORMANT James V. Nuttall
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Jan 31, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls Idaho

20. FILED Jan 31 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1936, to 1/30, 1936
I last saw him alive on 1/30, 1936; death is said to have occurred on the date stated above, at 6 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	1/30/36
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H B Woolley, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96935
State File No.

Registration District No. 23
FEB 8 1936
Primary Registration District No. 21-6 Local Registrar's No. 20
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene A. Monson

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Monson
6. DATE OF BIRTH (month, day, and year): Jan 16, 1908
7. AGE: Years 28 | Months | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmington Utah

FATHER
13. NAME: Nels Monson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Wealthy Hayes
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Mrs. Myrtle Monson Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucon Idaho Date Jan 30, 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED Jan 3 p., 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Jan 27, 1936
I last saw h[im] alive on Jan 27, 1936: death is said to have occurred on the date stated above, at 4-50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis with cardiac decompensation	15 mo.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9693

FEB 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2150 Local Registrar's No. 19
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Ann Louise Howard

(a) Residence. No. Shelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 15, 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

FATHER
13. NAME Walter L. Howard
14. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

MOTHER
15. MAIDEN NAME Elizabeth Williams
16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMANT Walter L. Howard
(Address) Idaho Falls R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Idaho Date Jan 31, 1936

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls Idaho

20. FILED Jan 31, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1935, to Jan 28, 1936
I last saw her alive on Jan 28, 1936: death is said to have occurred on the date stated above, at 12-55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis with Cardiac decompensation	8 mo.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Gibbs, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9693

Registration District No. 13

FEB 8 1936 RECEIVED

Registration District No. 2150 Local Registrar's No. 18

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Dora Ferber

(a) Residence. No. St. Canova, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	x	x	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper + School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Merchandise

10. Date deceased last worked at this occupation (mo. and yr.) Unk.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Spencer Hospital
(Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Removal
Place Meridian, Ida. Date Jan 26, 1936

19. UNDERTAKER A. Buck
(Address) Idaho Falls

20. FILED Jan. 27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 25, 1936
I last saw her alive on Jan 25, 1936: death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	Jan 8, 1936
Cholelithiasis	
Mitral Stenosis	
Other contributory causes of importance: Bronchopneumonia	Jan 23, 1936

Name of operation Cholecystotomy Date of Jan 10-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96935

FEB 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 215 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli Clark

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

181

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 3, 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylor (State or country) Idaho

FATHER
13. NAME Henry Clark
14. BIRTHPLACE (city or town) Mt. Green (State or country) Utah

MOTHER
15. MAIDEN NAME Liddie Wadsworth
16. BIRTHPLACE (city or town) Hooper (State or country) Utah

17. INFORMANT Henry Clark (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Jan 27, 1936

19. UNDERTAKER Jack G. Ward (Address) Idaho Falls, Idaho

20. FILED Feb 3, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193...; death is said to have occurred on the date stated above, at about Midnight m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Decerebrated	
Asphyxia - Carbon Monoxide	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 18 1936
Where did injury occur? Idaho Falls Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gas from stove
Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Dunn Bowers M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96931
State File No.

Registration District No. 13

[redacted] RECEIVED [redacted] Registration District No. 2-13-0 Local Registrar's No. 16

(No. 243 W. 1st St. or Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Heber Eugene Haddon

(a) Residence. No. 243 West 1st St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ---
6. DATE OF BIRTH (month, day, and year): December 21, 1930
7. AGE: Years: 5 | Months: 1 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Red Bluff California

FATHER
13. NAME: Robert Vernon Haddon
14. BIRTHPLACE (city or town) (State or country): Rigby Idaho

MOTHER
15. MAIDEN NAME: Edell Lucile West
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Robert V. Haddon Idaho Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place: Idaho Falls Date: Jan 27, 1936
19. UNDERTAKER (Address): Earl A. Woodall Idaho Falls Idaho
20. FILED Jan 24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 23 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Jan 23, 1936
I last saw him alive on Jan 23, 1936: death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 18, 1936
Other contributory causes of importance:	
Acute Appendicitis	Jan 19, 1936

Name of operation: Appendectomy Date of: Jan 20-36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. B. Woolley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96935

Registration District No. 23
[redacted] Registration District No. 2150 Local Registrar's No. 15
[redacted] (No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Omer Ellsworth Price

49

(a) Residence. No. 1457 Idaho Avenue St.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1901

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	34	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cold storage plant
10. Date deceased last worked at this occupation (mo. and yr.) 4/5/35
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Shibley's Point
(State or country) Missouri

FATHER
13. NAME E.E.Price
14. BIRTHPLACE (city or town) Milan
(State or country) Missouri

MOTHER
15. MAIDEN NAME Ella Greenstreet
16. BIRTHPLACE (city or town) Macon Co.
(State or country) Missouri

17. INFORMANT E.E.Price
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date 1/27, 1936

19. UNDERTAKER A.L.Buck
(Address) Idaho Falls, Idaho

20. FILED Jan 27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to Jan 25, 1936
I last saw him alive on Jan 25, 1936; death is said to have occurred on the date stated above, at 3:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the retro-peritoneal cavity in region of lumbar vertebrae	about May 1935
Other contributory causes of importance:	
Anemia	June 35
Hypostatic pneumonia	Jan 24-1936

Name of operation Laparotomy Date of May 11, 1935
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H.B.Weekley, M. D.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9693

Registration District No. 73

Primary Registration District No. 215 D

Local Registrar's No. 14

FEB 8 1936 REC'D

(If death occurred in a hospital or institution, give its name instead of street and number) Eastern Idaho Hospital

2. FULL NAME Heber Denison

(a) Residence. No. 302 - 12 St. (Usual place of abode) Idaho Falls St. Idaho

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 22, 1936

7. AGE: Years | Months | Days | If LESS than 1 day hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

MOTHER

13. NAME Mrs. Heber Denison

14. BIRTHPLACE (city or town) Manti (State or country) Utah

FATHER

15. MAIDEN NAME Helen Whiting

16. BIRTHPLACE (city or town) Shelley (State or country) Idaho

17. INFORMANT (Address) Mrs. Heber Denison

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Ida. Date Jan. 23, 1936

19. UNDERTAKER (Address) Jack A Wood Idaho Falls Ida

20. FILED Jan. 23, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 22 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1936 to Jan 22, 1936.

I last saw him alive on Jan 22, 1936; death is said to have occurred on the date stated above, at 7.55 Pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Preeclamptic toxaemia of mother	Dec 18
	5 wks

Other **contributory causes** of importance:

Premature Breech Jan 22
Placental Infection

Name of operation ..... Date of operation

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96937

Registration District No. 73
FEB 8 1936 RECEIVED
Primary Registration District No. 1-1-0 Local Registrar's No. 13
(No. Idaho Falls, L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernice Metcalf Betzina

117

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Betzina, Jr.

6. DATE OF BIRTH (month, day, and year) Sept 20, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restraunt&Hotel
10. Date deceased last worked at this occupation (mo. and yr.) 1-4-36
11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) Ucon (State or country) Idaho

FATHER
13. NAME George Metcalf
14. BIRTHPLACE (city or town) Ucon (State or country) Idaho

MOTHER
15. MAIDEN NAME Groom
16. BIRTHPLACE (city or town) Murray (State or country) Utah

17. INFORMANT George Metcalf
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ucon, Ida. Date Jan. 16, 1936

19. UNDERTAKER [signature]
(Address) Idaho Falls, Idaho

20. FILED 1/17, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 12, 1936.
I last saw her alive on Jan 12, 1936; death is said to have occurred on the date stated above, at 9:31 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	Jan 6-1936
Other contributory causes of importance:	
Generalized Peritonitis	Jan 9, 1936
Bowel Obstruction	Jan 11, 1936

Name of operation Appendectomy Date of Jan 9, 1936
What test confirmed diagnosis? Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H B Wheeler M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Choke Cherry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96938

FEB 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 215 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Florence Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clark-Jeff. Co
(State or country) Idaho.

FATHER
13. NAME Nels Johnson
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Margaret Marquette
16. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

17. INFORMANT Nels Johnson
(Address) Shelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date Feb. 4, 1936

19. UNDERTAKER R. S. Wilson
(Address) Rigby Idaho

20. FILED Feb 3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1935 to Feb 2, 1936, and last saw h[illegible] alive on Feb 2, 1936: death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia -	2-1-36
Did not attend deceased but believes that	
Disease was fatal and	
cause of death	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96939

FEB 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 4
(No. Ida. Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Joseph A. Jacoby
(a) Residence. No. St. Dubois, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jacoby

6. DATE OF BIRTH (month, day, and year) Mar 17 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Livestock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ranch
10. Date deceased last worked at this occupation (mo. and yr.) 1-2-36
11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) Arlington (State or country) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Elizabeth Jacoby
(Address) Dubois, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Dubois, Ida. Date Jan 12, 1936

19. UNDERTAKER O. Buck
(Address) Idaho Falls Ida

20. FILED 1/10, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1936, to 1-9, 1936
I last saw him alive on 1-9, 1936; death is said to have occurred on the date stated above, at 12 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
following grip bacillus infection	1-3-36
Lobar Sept Lung	

Other contributory causes of importance:

Operation performed for the relief of the above stated condition?
Name of operation Multiple incisions Date of 1-7-36
What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9694[illegible]

FEB 8 1936 REGISTERED

Registration District No. 9/3
Primary Registration District No. 215 Local Registrar's No. 9
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delray Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 6 mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) May 19, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Cedar City, Utah

FATHER

13. NAME Young

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Pearl Barney

16. BIRTHPLACE (city or town) (State or country) Mt. Carmel Utah

17. INFORMANT Dave M. Gentle
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Jan 11, 193 6

19. UNDERTAKER C. Ryer
(Address) Idaho Falls, Ida.

20. FILED 1/10, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 193 5, to Jan 8, 193 5
I last saw h[illegible] alive on Jan 8 4.5 P.M. 193 5: death is said to have occurred on the date stated above, at 3:100 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1/8/36
Other contributory causes of importance:	
Acute dilated	1/3/36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9694

FEB 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-4 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward B. Riches

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Riches

6. DATE OF BIRTH (month, day, and year) March 6 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nephi, Utah

FATHER
13. NAME Benjamin Riches
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Bloomfield
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. E. B. Riches
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Jan 6, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Feb 8, 1936 O. M. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 2-5 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Subject to Heart attack	
Age & Illness	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Idaho Falls Idaho
Manner of injury.....
Nature of injury Probable Heart attack

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Dale Crapo
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96942

Registration District No. 13
Primary Registration District No. 2 1 V-D
Local Registrar's No. 1

FEB 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Eliza Owen

(a) Residence. No. 393 Eastern Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William T Owen

6. DATE OF BIRTH (month, day, and year) May 9 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nottinghamshire
(State or country) England

FATHER

13. NAME W. F. Mors

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Clarence Owen
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 1-6 193 6

19. UNDERTAKER W. F. McVan
(Address) Idaho Falls Ida.

20. FILED Jan 4 193 6 Wm Finnemore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 193 4 to Jan 3 193 6
I last saw her alive on Jan 2 193 6: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	10/1/35

Other contributory causes of importance:

None	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H C Leggett, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96943

FEB 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2147
Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johann Mateleda Holm

(a) Residence. No. Idaho Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrews Peter Holm

6. DATE OF BIRTH (month, day, and year) October 1, 1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Gorn Peter Finst
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Steina Jonesdaughter
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT P. O. Holm
(Address) Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date Feb 2 193 6

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Feb 3, 193 6 C. J. Truman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 193 6, to Jan 29, 193 6
I last saw h[illegible] alive on Jan 24, 193 6: death is said to have occurred on the date stated above, at 6-30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. C. Bodenquist M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9694

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 24

FEB 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Flake

(a) Residence. No. 321 Lomax St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ann Flake

6. DATE OF BIRTH (month, day, and year) July 16 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (mo. and yr.) 1925
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) Murray
(State or country) Utah

FATHER
13. NAME Abraham Green Flake
14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Martha Ann Morris
16. BIRTHPLACE (city or town)
(State or country) Mississippi

17. INFORMANT L. Blanche Hegsrom
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date Feb 2, 1936

19. UNDERTAKER O. B. Geer
(Address) Idaho Falls

20. FILED Jan. 31, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 193[illegible] to Jan 28, 1936
I last saw him alive on Jan 28, 1936; death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96945

FEB 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grant Wallace Pendleton

(a) Residence. No. 461 Shoupe Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Olive E. Pendleton

6. DATE OF BIRTH (month, day, and year) June 3, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Practice

10. Date deceased last worked at this occupation (mo. and yr.) 5/1/34

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Black Hawk
(State or country) Colorado

FATHER

13. NAME James Howard Pendleton

14. BIRTHPLACE (city or town) Eastport
(State or country) Maine

MOTHER

15. MAIDEN NAME Susan E. Eggleston

16. BIRTHPLACE (city or town) Simcoe, Ont., Can.
(State or country)

17. INFORMANT Olive E. Pendleton
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date Feb. 2, 1936

19. UNDERTAKER [signature]
(Address) Idaho Falls, Idaho

20. FILED Jan 31, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Jan 30, 1936
I last saw him alive on Jan 30, 1936: death is said to have occurred on the date stated above, at 10:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

FEB 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9694

District No. 73

Primary Registration District No. 2150 Local Registrar's No. 22

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Nuttall

(a) Residence. No. Idaho Falls St. #3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME James V. Nuttall

14. BIRTHPLACE (city or town) (State or country) Wallsburg Utah

MOTHER

15. MAIDEN NAME Iris Sanderson

16. BIRTHPLACE (city or town) (State or country) Provo Utah

17. INFORMANT James V. Nuttall (Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Jan 31, 1936

19. UNDERTAKER Jack Hill Woolley (Address) Idaho Falls Idaho

20. FILED Jan 31, 1936 Wm Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1936, to 1/30, 1936. I last saw him alive on 1/30, 1936: death is said to have occurred on the date stated above, at 6 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	1/30/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. B. Woolley, M. D.

(Address) Idaho Falls Idaho

FEB 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9695

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Clarence Gutches (Gutches)

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17 1896

7. AGE — Years 39 Months 6 Days 28 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

MOTHER

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME John Evans

14. BIRTHPLACE (city or town) .....
(State or country) New York

15. MAIDEN NAME Bertha Evans

16. BIRTHPLACE (city or town) .....
(State or country) Iowa

17. INFORMANT Don Goyen
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 1-18, 1936

19. UNDERTAKER F. K. Bohnman
(Address) Nampa Idaho

20. FILED Feb. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1929, to 1-15-, 1936.

I last saw h... alive on 1-15-1936; death is said to have occurred on the date stated above, at 11.45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Don Goyen, M. D.

(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 8 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 11
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tressa Leona Turnbull

(a) Residence. No. Homedale Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-17-1896

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
39	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10 Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Thomas Celia

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT D. E. Turnbull
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Walden Ida Date Jan. 17, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Feb. 3..., 1936. Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1935, to Jan. 14, 1936.
I last saw her alive on Jan. 14, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
with Nephritis	
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. S. Holt, M. D.
(Address) Nampa Idaho

7

FEB 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695?

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 10
(No. Samaritan Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Lucinda Daniel 740

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 9/30/57
7. AGE: Years 78 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Jos. Pilkington
14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER
15. MAIDEN NAME: Polly Crider
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Mrs. Ida Phillips Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 1-14-36

19. UNDERTAKER (Address): E.K. Robinson Nampa Ida

20. FILED Feb. 3, 1936. Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-12-36

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to 1-12-, 1936.
I last saw h... alive on 1-3-, 1936.: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Brain Cerebral Hemorrhage	July 34

Other **contributory causes** of importance:

Senile debility Years

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) C.S. Bullington M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

VC

FEB 8 1936 RECEIVED

Ticker –

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 8
(No. 76)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Louise Hennis

(a) Residence. No. Route # 4 St. Nampa Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 28 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hermosa Beach Calif.

FATHER
13. NAME Walter Delmar Hennis
14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER
15. MAIDEN NAME Lucile Irene Bond
16. BIRTHPLACE (city or town) (State or country) Teton Idaho

17. INFORMENT (Address) Nampa Cemetery Nampa Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Nampa Cemetery Date Jan 27, 1936
19. UNDERTAKER (Address) Keith Caldwell Nampa Ida
20. FILED Feb. 3, 1936 Lydell Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 24 1936
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to Jan 22, 1936
I last saw her alive on Jan 22, 1936: death is said to have occurred on the date stated above, at 1.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jan 22 1936	
Epilepsy & pulmonary edema not sure as I did not see patient last 2 days.	Epilepsy for 10 years. Pulm. Edema began Jan 22 & 2 days again
Other contributory causes of importance: Epilepsy convulsion	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hana H Tribker, M.D.
(Address) 712 Main St. Caldwell Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 16

FEB 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs. Manue L. Dalgas

(a) Residence. No. 411 - 10th Ave. So. St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. John E. Dalgas

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Nebraska

FATHER

13. NAME Luther C. Pounds

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lena Hymler

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cem. Date Feb. 3, 1936

19. UNDERTAKER (Address) Rest-Haven Nampa, Ida.

20. FILED Feb. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1935, to Jan 31 -, 1936.

I last saw her alive on Jan. 16, 1936: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast with secondary involvement of lung, liver & stomach.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Swango, M. D.

(Address) Nampa, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9695

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 14

FEB 8 1936 RECEIVED

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Prescott Pass

(a) Residence. No. 323-12 Ave S St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Claudia Ross

6. DATE OF BIRTH (month, day, and year): March 9 — 1880

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: & Surgeon

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER

13. NAME: D. A. Ross

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME

FATHER

16. BIRTHPLACE (city or town) (State or country): Boston Mass

17. INFORMANT (Address): Mrs. H. P. Ross Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 1-19-36

19. UNDERTAKER (Address): F. R. Robinson

20. FILED Feb. 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1935, to Jan. 17th, 1936.

I last saw him alive on 1-17-36: death is said to have occurred on the date stated above, at 5:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure and hypostatic infiltration of lungs.	1-17-36

Other **contributory causes** of importance:

Acute Broncho-pneumonia	11-21-35

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. D. A. Kreon, M. D.
(Address) Nampa, Idaho.

15

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
9695
State File No.....

Registration District No. 7
Primary Registration District No. 1906 Local Registrar's No. 9

FEB 8 1936

(If death occurred in hospital or institution, give its name instead of street and number) Samaritan Hospital

2. FULL NAME Robert Charles Erickson

(a) Residence. No. 107 Ivy St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 24 - 1911
7. AGE: Years 24 | Months 2 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Jan
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER
13. NAME: Wm Erickson
14. BIRTHPLACE (city or town) (State or country): Minn

MOTHER
15. MAIDEN NAME: Custer
16. BIRTHPLACE (city or town) (State or country): Little Rock Iowa

17. INFORMANT (Address): Wm Erickson Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 1-15 193 6

19. UNDERTAKER (Address): F. K. Robinson Nampa Ida

20. FILED Feb. 3 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 193 6 to Jan. 12 1936.
I last saw him alive on Jan 12 193 6: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Wolfe M. D., M. D.
(Address) Nampa Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 1
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Esther Bruck.

(a) Residence. No. Caldwell #3 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Jan 8 - 1936
7. AGE: Years | Months | Days | If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: — —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: — —
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER
13. NAME: A. H. Bruck
14. BIRTHPLACE (city or town) (State or country): Jasper Co. Illinois

MOTHER
15. MAIDEN NAME: Louise Britton
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): A. H. Bruck

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 1-10-, 193..

19. UNDERTAKER (Address): E. V. Packham Caldwell Ida

20. FILED ....., 193.. Wm. Gramm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 9, 1936.
I last saw him alive on Jan 9, 1936: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 8-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Wm. B. Sandford M. D.
(Address) Caldwell, Ida.

FEB 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9695

County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1005 Local Registrar's No. 5
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Allen Talbert

(a) Residence. No. Caldwell Idaho S. 18th St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 6 1907
7. AGE: Years 28 | Months 5 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Tobacco.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Huntsville Utah

FATHER
13. NAME: Jasper A. Talbert
14. BIRTHPLACE (city or town) (State or country): Huntsville Utah

MOTHER
15. MAIDEN NAME: Lavenia Cox
16. BIRTHPLACE (city or town) (State or country): Huntsville

17. INFORMANT (Address): Ralph Talbert Caldwell 904 Blvd
18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date ..., 193..
19. UNDERTAKER (Address): Pierce Bros Caldwell Ida
20. FILED 2-11, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/12 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 193.., to Jan 12, 193..
I last saw him alive on Dec 4, 193..; death is said to have occurred on the date stated above, at 12:30 M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	2
Tuberculosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) A. G. Reeberg M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

12/1/35

FEB 11 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 6
(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edward Moreland. 135

(a) Residence. No. 515 Fillmore St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jenna L Moreland
6. DATE OF BIRTH (month, day, and year): July 17 1838
7. AGE: Years 78 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Ranching
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Columbus Ohio
FATHER
13. NAME: William Moreland
14. BIRTHPLACE (city or town) (State or country):
MOTHER
15. MAIDEN NAME: Mary Wonderlin
16. BIRTHPLACE (city or town) (State or country):
17. INFORMANT (Address): Maybelle E. Trivett Caldwell Ida
18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Cem. Date 1-15-, 1936
19. UNDERTAKER (Address): C. V. Pickinpaugh Caldwell Ida
20. FILED 1-21, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/15 1936
28. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1935 to Jan. 15, 1936.
I last saw h[illegible] alive on Jan 15 1936: death is said to have occurred on the date stated above, at 7-16 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	Dec 7-
Cystitis	Dec 7
Cystitis	Dec. 15
Uremia	Jan. 8

Other **contributory causes** of importance:

Name of operation Vasectomy Date of Jan 1-36
What test confirmed diagnosis? -. Was there an autopsy? no
23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? no If so, state how.....
(Signed) W. M. Staley M.D.
(Address) Caldwell Ida

1/1/36

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 9
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Marlo Allen
(a) Residence. No. Caldwell, (Albany & RR)
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. If married, Widowed, Divorced (write the word) married
If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Anna M. Allen
6. DATE OF BIRTH (month, day, and year) July 21 1872
7. AGE Years 63 Months 5 Days 28 If LESS than 1 day.... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date when last worked at this occupation (day and yr)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER'S MAIDEN NAME
13. NAME Perry Allen
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Emma Small

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Otis R. Allen
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Canyon Hill Cem. Date 1-21, 1936.

19. UNDERTAKER Peckham
(Address) Caldwell Ida

20. FILED 1-22, 1936 Thos. Montgomery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day and year) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 18, 1936.
I last saw him alive on Jan 18, 1936, death is said to have occurred on the date stated above, at 1-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	1930
Coronary thrombosis	Jan 19-36

Other contributory causes of importance:

Name of operation.. Date of.....
Was it test confirmed diagnosis? Was there an autopsy?..
23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide?..... Date of injury..,193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Wm B Standford M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DV Montgomery

FEB 11 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96962

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 3

(No. Memorial Park Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Joyce S. Taylor

(a) Residence. No. ..... St. Homedale, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Chas. S. Taylor

6. DATE OF BIRTH (month, day, and year): Aug 16 - 1909

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
26	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: housewife
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hay Springs Nebr

FATHER

13. NAME: Chas. Schubert
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Elizabeth Stockdale
16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): C. S. Taylor Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Wilder Ida Date: ..... 193..

19. UNDERTAKER (Address): Paul L. Lace Caldwell Idaho

20. FILED 1-27-..., 193.. C. M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): January 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Jan 23, 1936.
I last saw her alive on Jan 23, 1936.; death is said to have occurred on the date stated above, at 4a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchitis	
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. M. Montgomery M. D.
(Address) Caldwell Idaho

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 13
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard R Bower

(a) Residence. No. Huston Rt # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Bower
6. DATE OF BIRTH (month, day, and year): Aug 8 — 1881
7. AGE: Years 54 | Months 5 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Paul Nebraska

FATHER
13. NAME: Samuel Bower
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Mary Arnold
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs Richard R. Bower Huston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 1-17, 193..

19. UNDERTAKER (Address): E. K. Robinson Nampa Ida

20. FILED 1/15, 193.. W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, to Jan 15, 1936.
I last saw him alive on Jan 15, 1936; death is said to have occurred on the date stated above, at 2.05 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic diffuse nephritis	?
Broncho Pneumonia	Jan 11-1936
Uraemia	Jan 13-1936
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. B. Sanford M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

PLACE OF DEATH

County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1005 Local Registrar's No. 11
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Charlton Lytle 44

(a) Residence. No. Parma #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. Color or Race white
5. If married, widowed, or divorced (write the word) married
6. HUSBAND of (or) WIFE of May Lytle
7. DATE OF BIRTH (month, day and year) Aug 2 - 1880
8. AGE Years 55 Months 5 Days 23 If LESS than 1 day, ... hrs or ..... min.
9. Trade, profession, or particular kind of work done as a nurse, sawyer, bookkeeper, etc. Ranching
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Orleans Nebraska
13. NAME OF FATHER William Eza Lytle
14. BIRTHPLACE (city or town) (State or country) New York
15. MAIDEN NAME OF MOTHER Phoebe Miller
16. BIRTHPLACE (city or town) (State or country) New York
17. INFORMANT (Address) Wm. Geo Lytle Parma #1
18. BURIAL, CREMATION, OR REMOVAL Roswell Cem Date 1-27- 1936
19. UNDERTAKER (Address) Caldwell Ida
20. FILED 1-28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Jan 25 1936
I last saw h alive on Jan 25 1936.: death is said to have occurred on the date stated above, at 2-15 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 4
Stomach	Jan 4
Heart Trouble	Jan 4

Other **contributory causes** of importance:

Name of operation None Date of
Was there confirmed diagnosis? ... Was there an autopsy?..
23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?. ..... Date of injury...193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury .....
24. Was death or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) W. M. Lam M. D.
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

County of Canyon
City of Huston

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Williams Finley

(a) Residence. No. Huston # 2 St.
(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. If married, widowed, or divorced (write the word): married
HUSBAND of (or WIFE of): Eloise Finley
6. DATE OF BIRTH (month, day, and year): Aug 9 1877
7. AGE: Years 61 Months 5 Days 18 If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) employed in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stoutland Missouri

MOTHER
13. NAME: Richard Finley
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Mary Lovel
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Eloise Finley Huston Idaho
18. BURIAL, CREMATION OR REMOVAL: Canyon Hill Date 1-30 1936
19. UNDERTAKER (Address): V. Peckham Caldwell Ida
20. FILED 1-29 1936 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 27 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Jan 27 1936
I last saw h... alive on Jan 27 1936. death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Pectoris	Jan 19
Old Age	
Contributory causes of importance:	

Name of operation: No Date of:
What test confirmed diagnosis: Clinical Was there an autopsy?:

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) V. Peckham M. D.
(Address) Caldwell Ida

FEB 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96960

PLACE OF DEATH
County of Canyon
City of Caldwell

Registration District No.
Primary Registration District No. 7 0 5
Local Registrar's No. 8

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hack

(a) Residence. No. % County Farm St. Caldwell, Idaho
(If nonresident give city or town and state)

Length of [illegible] How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race white
5. If married, widowed, or divorced (write the word) Single
If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) May 17 1861
7. AGE Years 74 Months 8 Days — If LESS than 1 day, ... hrs or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as a farmer, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. If deceased last worked at this occupation (mo. and yr)
11. Total time (years) employed at this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

OTHER PERSONS
13. NAME Chris Hack
14. BIRTHPLACE (city or town)
(State or country)
15. MAIDEN NAME —
16. BIRTHPLACE (city or town)
(State or country)
17. INFORMANT Mrs. LeRoy Sanders
(Address) Caldwell Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Jan 18, 1936
19. UNDERTAKER E. Peckham
(Address) Caldwell, Idaho
20. FILED 1-22-36 W. Montgomery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Jan 17 1936
I last saw him alive on Jan 11 1936; death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Carcinoma of Stomach	2 Y.
Other contributory causes of importance:	

Name of operation ..... Date of.....
What test confirmed diagnosis? .. Was there an autopsy? .
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.
(Signed) A. A. Newberry M. D.
(Address) Caldwell Ida.

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 4
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucky Burch Olsen

(a) Residence. No. Caldwell #4 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
6a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: M. L. Olsen
6. DATE OF BIRTH (month, day, and year): Nov. 28 1889
7. AGE — Years: 46 — Months: 1 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housekeeping
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo and yr.): ....
11. Total time (years) spent in this occupation: ....

FATHER
12. BIRTHPLACE (city or town) (State or country): Buckhart, Missouri
13. NAME: William Wheeler

MOTHER
14. BIRTHPLACE (city or town) (State or country): Buckhart, Missouri
15. MAIDEN NAME: Mary Jane Wheat
16. BIRTHPLACE (city or town) (State or country): Buckhart, Missouri

17. INFORMANT: M. L. Olsen
(Address): Caldwell # 4

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: Jan 14 1936

19. UNDERTAKER: V. Peckham
(Address): Caldwell Ida

20. FILED ....., 193.. Registrar: M. Montgomery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 11, 1936
I last saw h alive on Jan 11, 1936; death is said to have occurred on the date stated above, at 8:25 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia — Fx skull impacted in cystic duct	4 days
Other **contributory causes** of importance:	
Gall Stones	Several years

Name of operation: Removal Stone Cystic duct Date of 1-9-36
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. M. Cole
(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96962

PLACE OF DEATH
County of Canyon
City of ~~Caldwell~~ Wilder

Registration District No. 1
Primary Registration District No. 2 0 0 5
Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Chalmers Brown

(a) Residence. No. R-1 Wilder St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 d

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb 6 - 1853
7. AGE: Years 82 | Months 11 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Conant Ill

MOTHER FATHER
13. NAME: James Brown
14. BIRTHPLACE (city or town) (State or country): Illinois
15. MAIDEN NAME: Jeanette Brown
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Bessie Brown Wilder Idaho
18. BURIAL, CREMATION OR REMOVAL Place Wilder Date 1-9-, 1936
19. UNDERTAKER (Address): C. V. Peckham Caldwell Idaho
20. FILED ....., 193 ... Montgomery ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 7 1936
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to January 7 1936.
I last saw h~~im~~ alive on July 2/1935. Death is said to have occurred on the date stated above, at 5:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Impaired Nutrition	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Carl Warner, ~~M.~~ D.O.
(Address) Caldwell Idaho

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9696

PLACE OF DEATH
County of Canyon
City of Caldwell Ida.
Registration District No. 1
Primary Registration District No. 1 902 Local, Registrar's No. 1 15

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean McGrath

(a) Residence. No. East of Star St. Star, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. Color or Race W.
5. Single, Married, Widowed or Divorced (write the word) S.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) March 8-1932
7. AGE Years 3 Months 10 Days 14 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country)

FATHER
13. NAME Frank McGrath
14. BIRTHPLACE (city or town) Idaho (State or country)

MOTHER
15. MAIDEN NAME Effie Sayre
16. BIRTHPLACE (city or town) Idaho (State or country)

17. INFORMANT John McGrath (Address) Eagle

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Boise Date 1-23, 1936

19. UNDERTAKER McGratney Funeral (Address) Home - Boise

20. FILED 1-22, 1936 W. H. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Jan 22, 1936.
I last saw her alive on Jan 22 1936. death is said to have occurred on the date stated above, at 11:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 14 36

Other **contributory causes** of importance:

Empyema	Jan 21-36

Name of operation Aspiration Ply & Xray Date of 1-22-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. H. Mc Gratney M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 8 1936 RECEIVED

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PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96970

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 3

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Madalene Brownson

(a) Residence. No. Homedale St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of J. C. Brownson

6. DATE OF BIRTH (month, day, and year) 10-20-1901

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
34	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Evanston Wyo

MOTHER

13. NAME: Geo. D. Kirby

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Jarmin

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): J. C. Brownson Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Ida. Date: 1-9-, 1936

19. UNDERTAKER (Address): T. K. Robinson Nampa Idaho

20. FILED Feb 1, 1936 Lydia O. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to 1-7, 1936.

I last saw h alive on 1-7, 1936; death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Eclampsia	
Convulsions	
Other **contributory causes** of importance; Puerperal Toxemia	9 Months

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. E. Bellman M. D.

(Address) Emmett

FEB 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9697

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 4

(No. 1½ mi. So. Side Blvd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma Laura Sprong

(a) Residence. No. 1½ mi. So. Side Blvd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert G. Sprong

6. DATE OF BIRTH (month, day, and year) January 29 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muncie
(State or country) Indiana

FATHER

13. NAME Wm Moore

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMENT John C. Sprong
(Address) Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date Feb 6, 1936

19. UNDERTAKER Mrs. Minnie M. Talley
(Address) Nampa, Ida.

20. FILED Feb. 3, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935, to Jan 5, 1936

I last saw h alive on Jan 5, 1936; death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest pneumonia	
(Bronchopneumonia)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas Richards M.D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9697?

County of Canyon

City of Nampa Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 5

(No. 6½ mi. west on Karcher Rd.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159

2. FULL NAME Barbara Jean McPheeters

(a) Residence. No. 6½ mi. West Karcher Rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 31 35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho.

FATHER

13. NAME Dalton McPheeters

14. BIRTHPLACE (city or town) (State or country) Nampa Idaho

MOTHER

15. MAIDEN NAME Dorothy Smith

16. BIRTHPLACE (city or town) (State or country) Boise Idaho

17. INFORMENT (Address) Dalton McPheeters Huston, Ida. Rt. 2.

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Ida. Date 1-12, 1936 Kohlerlawn

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa, Idaho

20. FILED Feb 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1935, to 1-8, 1936

I last saw her alive on 1-6, 1936: death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paint. Foramen	12-31-35
Coma	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Horton, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 8 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9697

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number) (No. State School + Colony)

2. FULL NAME Coy B Wohlsein

(a) Residence. No. State School & Colony St. Nampa Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Kate Sue Wohlsein
6. DATE OF BIRTH (month, day, and year): Aug 12 1903
7. AGE: Years 32 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gifford Ida.

FATHER
13. NAME: Hubert Wohlsein
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Dorothy [illegible] Wohlsein
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Dr. Dorsey Nampa Ida
18. BURIAL, CREMATION OR REMOVAL: Rohrerlawn
Place Nampa, Ida Date 1-17-1936
19. UNDERTAKER (Address): Keith Talley Nampa Idaho
20. FILED Feb. 3, 1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day and year) 1-15- 1936
22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to 1-15-, 1936.
I last saw him alive on 1-15-1936.; death is said to have occurred on the date stated above, at 4:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Status Epilepticus	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so specify ...

(Signed) Don Dorsey, M. D.
(Address) Nampa Idaho

FEB 8 1936 RECEIVED

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96975
State File No.

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 15

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Tatsuhei Hirano

(a) Residence. No. Nampa, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Japanese	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Japan
(State or country)

FATHER

13. NAME Kenji Hirano

14. BIRTHPLACE (city or town) Japan
(State or country)

MOTHER

15. MAIDEN NAME Kato Hirano

16. BIRTHPLACE (city or town) Jap.n
(State or country)

17. INFORMANT Mrs Hirano
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 1-29, 1936

19. UNDERTAKER F.K.Robinson
(Address) Nampa, Ida.

20. FILED Feb. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Jan 27, 1936.
I last saw him alive on Jan 27, 1936.: death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tuberculosis pneumonia	
Acute.	
Other contributory causes of importance:	
Myocarditis since	
Sept 1935.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace Bellamy, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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FEB 1 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9697

County of Canyon
City of Caldwell, Ida
Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Deitrick

(a) Residence. No. 223 Belmont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 4 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of 0

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell, Ida
(State or country)

FATHER

13. NAME (Baby) Deitrick

14. BIRTHPLACE (city or town) Caldwell, Ida
(State or country)

MOTHER

15. MAIDEN NAME Mildred Fay Garner

16. BIRTHPLACE (city or town) Caldwell, Ida
(State or country)

17. INFORMENT Dr. C. R. Whittenburger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 223 Belmont Date Jan 29. 1936

19. UNDERTAKER Yount-Bell Co
(Address) Caldwell, Ida

20. FILED 2-7, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936 to Jan 28, 1936
I last saw h alive on Jan 28, 1936 death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	Jan 28

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. R. Whittenburger D. O., M. D.
(Address) Caldwell, Ida

FEB 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9697

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho.

Registration District No. 12

Primary Registration District No. 2159 Local Registrar's No. 1

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME George W. Bennett

(a) Residence. No. Soda Springs, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Dec. 10th, 1869.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin, Ida.

FATHER

13. NAME ALFRED BENNETT

14. BIRTHPLACE (city or town) (State or country) Knoxville Tenn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm Bennett

(Address) Montpelier, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Soda Springs Idaho Date 1/6/, 1936

19. UNDERTAKER E. B. Whitmore

(Address) Soda Springs, Idaho

20. FILED 1/6/, 1936 Dr. Russell Tyson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 1/4/36....., 193....

I last saw him alive on 1/4/36 193...: death is said to have occurred on the date stated above, at 3. A. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of the Stomach	

Other **contributory causes** of importance:

0	

Name of operation 0 Date of.....

What test confirmed diagnosis? Physical Ex. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ellis Rackley M. D.

(Address) Soda Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 12 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96978

County of Caribou

City of Soda Springs, Idaho.

Registration District No. 84

Primary Registration District No. 2159 Local Registrar's No. 6

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

134

2. FULL NAME John Swanson

(a) Residence. No. Route Seven Idaho Falls, Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hilma Swanson

6. DATE OF BIRTH (month, day, and year) October 17th, 1868

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Sven Swanson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hannah Isackson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Hilma Swanson (Address) Route 7 Idaho Falls, Ida.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place. Idaho Falls Date. 2/8/.., 193.6

19. UNDERTAKER E. L. Thatcher (Address) Soda Springs, Idaho.

20. FILED 2/5/.., 193.6 Russell Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/26 ....., 193.6.., to 2/4/.36 ....., 193....

I last saw h. alive on ..2/4/..., 1936.: death is said to have occurred on the date stated above, at .3.. P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gastric Dilatation	
Other **contributory causes** of importance:	
Organic Urethreal Stricture	

Name of operation Gradual Dilatation of Stricture Date of.....

What test confirmed diagnosis? Urethreal Sound Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Chas. K. Cannon, M. D.

(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of Soda Springs, Idaho.

FEB 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96979

Registration District No. 82

Registration District No. 2159 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FANNIE M. SARGENT

(a) Residence. No. Soda Springs, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of David T. Sargent

6. DATE OF BIRTH (month, day, and year) July 16th, 1847 1847

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
88	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Liverpool (State or country) England

FATHER

13. NAME William Reed

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Dyer

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Agnes Tipton (Address) Soda Springs, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place... Payson, Utah Date... 2/6..., 193.6

19. UNDERTAKER O. D. Thatcher (Address) Soda Springs, Idaho.

20. FILED 2/4/36, 193... Russell Tipton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/3/36, 193..., to 2/3/, 193.6.
I last saw her alive on 2/3/, 1936.; death is said to have occurred on the date stated above, at 4.30 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~	
Pneumonia, Bronchial	1-23-36
Double	
Other **contributory causes** of importance:	
0	

Name of operation 0 P.E. Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 ..... If so, specify .....

(Signed) Ellis Lackley M. D.
(Address) Soda Springs, Idaho.

FEB 12 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
96981
State File No.

County of Caribou
City of Soda Springs, Ida.
Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 2
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159 C

2. FULL NAME Maria Jane Thomsen

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) Jany. 11th, 1936

7. AGE Years	Months	Days	If LESS than 1 day, 20. hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho.

FATHER

13. NAME Peter Thomsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Harriet Skinner

16. BIRTHPLACE (city or town) (State or country) Nounan Idaho.

17. INFORMANT Peter Thomsen.
(Address) Soda Springs, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Eight Mile Cem. Date 1/14/1936

19. UNDERTAKER C. D. Whitman
(Address) Soda Springs, Idaho.

20. FILED 1/14/36 193.. Dr. Russell Tingle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/12 193 6

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36, 193.., to 1/12/36, 193.. I last saw her alive on 1/12/36 193..: death is said to have occurred on the date stated above, at 3 P. m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Debility	1-11-36
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Russell Tingle, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 12

DO NOT WRITE IN THIS SPACE

State File No. 9698

FEB 12 1936 RECEIVED

Registration District No. 2159

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kamelia luella Buckland

(a) Residence. No. Archer, aIdaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec, 17th 1855

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
80	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

MOTHER FATHER

13. NAME John Pack

14. BIRTHPLACE (city or town) N. K
(State or country)

MOTHER

15. MAIDEN NAME Kamelia Luella Pack

16. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

17. INFORMANT John Buckland
(Address) Thornton, Idaho R F D

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place. Archer, Idaho Date. Feb, 4th 1936

19. UNDERTAKER Mrs. J. Kuckler
(Address) Pinehurst Idaho

20. FILED 2-6, 1936. E. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/31/36 193

22. I HEREBY CERTIFY, That I attended deceased from Past ten years 193..., to 1/31/36, 193...
I last saw her alive on 1/31/36, 193... death is said to have occurred on the date stated above, at 10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	
Other **contributory causes** of importance: Hyperthyroidism	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify.
(Signed) Ellis Kuckler M. D.
(Address) Soda Sprigs, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Coeur d'Alene

City of Coeur d'Alene

FEB 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96983

Registration District No. 8-2

Registration District No. 2159 Local Registrar's No. 4

No. Carlson Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene J. Goode

(a) Residence. No. 1345 So. Lyons St. Coeur d'Alene Kootenay Co. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 6 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.W.A.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Raymond (State or country) Washington

MOTHER FATHER

13. NAME Eugene J. Goode

14. BIRTHPLACE (city or town) (State or country) N. D.

15. MAIDEN NAME Katherine Scheckner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Estelle Goode (Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION, OR REMOVAL Cremation Date Jan 13 1936

19. UNDERTAKER L. L. Mc Vay (Address) Coeur d'Alene Idaho

20. FILED Jan 13 1936 Bernice Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8/36, 193..., to 1/12/36, 193...

I last saw him alive on 1/12/36, 193...: death is said to have occurred on the date stated above, at 4:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: 0

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) [illegible], M. D.

(Address) [illegible], Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9698

Registration District No. 117

FEB 11 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 8

(No. 1010)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Gabriel Nordstrom

(a) Residence. No. Burley, Idaho. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Jane Blake Nordstrom

6. DATE OF BIRTH (month, day, and year): Dec. I, 1865

7. AGE: Years 60 | Months I | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 1/24/36
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Heber City Utah

FATHER
13. NAME: John Nordstrom
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Charlotte Halvum
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mary Jane Nordstrom Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley, Idaho Date: 2/2/36, 193..

19. UNDERTAKER (Address): D E Johnson Burley, Idaho

20. FILED 1/31/36 193 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 193.., to Jan 27, 1936..
I last saw him alive on Jan 27, 1936.: death is said to have occurred on the date stated above, at 7 A. ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 25
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis: Clinical as there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Hugh E. Olsen, M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96987

Registration District No. 117
Registration District No. 2196
Local Registrar's No. 7

FEB 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nephi Nicholas Hoff

(a) Residence. No. north Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ina M. Hill

6. DATE OF BIRTH (month, day, and year) Jan 13 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mendon Ut
(State or country)

FATHER
13. NAME Jas. Wood Hoff
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Christena Sorensen
16. BIRTHPLACE (city or town) Salt Lake City
(State or country)

17. INFORMANT Mrs N. N. Hoff
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 1-19 1936

19. UNDERTAKER Jas. L. Tuppen
(Address) Burley Ida

20. FILED 1-17 1936 Laura G. Boucher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1936, to 1-15-1936
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. Hoffe, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96988

Registration District No. 117

FEB 11 1936 RECEIVED

Registration District No. 2196 Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Wilson Jolley

(a) Residence. No. 336 North Normal Ave St. Burley
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Huber Jolley

6. DATE OF BIRTH (month, day and year): Dec. 23 1880

7. AGE: Years 55 | Months | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc.: General Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: County & City
10. Date deceased last worked at this occupation (mo. and yr.): 1st. Nov.
11. Total time (years) spent in this occupation: Five yrs.

12. BIRTHPLACE (city or town) (State or country): Mt. Carmel Utah

FATHER
13. NAME: Nephi Jolley
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Mary Minerva Dailey
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mary Ann Huber Jolley 336 North Normal Ave.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley, Idaho. Date: I/18, 193[illegible]

19. UNDERTAKER (Address): P. E. Johnson Burley, Idaho.

20. FILED: I/17, 193[illegible] Laura G. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): I/15/36

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 1-15, 1936.
I last saw h[illegible] alive on 1-14, 1936.: death is said to have occurred on the date stated above, at 8:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1935
Other **contributory causes** of importance: Auricular fibrillation	July 1935

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. M. Kelly M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Parkley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9698

FEB 1 1936 RECEIVED

Registration District No. 117
Registration District No. 2196 Local Registrar's No. 6
(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orson P. Bales

(a) Residence. No. ..... Parkley St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emaly V. Tuttle

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 60 years

12. BIRTHPLACE (city or town) Tamworth N.H.
(State or country)

FATHER
13. NAME Orson P Bales
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Elizabeth A Brewer
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs O P Bales
(Address) Parkley

18. BURIAL, CREMATION OR REMOVAL
Place Parkley Date 1-8, 193 6

19. UNDERTAKER .....
(Address) Parkley

20. FILED 1-5, 193 6 Laura D Splechen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 193 5, to Jan 3rd, 193 6
I last saw him alive on Jan 3rd, 193 6: death is said to have occurred on the date stated above, at 7.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	2 yrs
Other contributory causes of importance:	
hypocarditis	2 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Schreiber, M. D.
(Address) Oakley, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

Registration District No. 90

FEB 6 1936 RECEIVED Primary Registration District No. 2107 Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number) (No. State Hospital North)

2. FULL NAME Winnifred E. Spencer

(a) Residence. No. ..... St. Ahsahka, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Spencer

6. DATE OF BIRTH (month, day, and year) October 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lebanon, New Hampshire

FATHER
13. NAME Charles Emerson
14. BIRTHPLACE (city or town) (State or country) Chelsea, Vermont

MOTHER
15. MAIDEN NAME Melinda Stearns
16. BIRTHPLACE (city or town) (State or country) West Lebanon New Hampshire

17. INFORMANT (Address) Records: State Hospital North, Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 1-29, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 1-29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan'y 27 1936

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1935, to January 27, 1936
I last saw her alive on January 27, 1936; death is said to have occurred on the date stated above, at 7.50 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	

Other **contributory causes** of importance:
Manic-depressive psychosis (manic type)

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

Registration District No. 90
Primary Registration District No. 3187
Local Registrar's No. 8

FEB 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) State Hospital North

2. FULL NAME Fritz Borchart

(a) Residence. No. ..... St. Wallace, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North, Orofino - Idaho -

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Jan. 27, 1936

19. UNDERTAKER F. A. Billberg, Hospital Staff
(Address) Orofino - Idaho

20. FILED 1-27, 1936 W. D. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to Janvery 25, 1936
I last saw him alive on Janvery 25, 1936: death is said to have occurred on the date stated above, at 11.20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other **contributory causes** of importance: Alcoholic psychosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 7
(No.)

FEB 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William M. Hardy

(a) Residence. No. (Usual place of abode) St. Orofino — Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs 2 mos 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7th. 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Wiley Hardy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash. Date 1-29, 1936

19. UNDERTAKER H. R. Merchant (Address) Clarkston Wash

20. FILED 1-27, 1936 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1934, to January 26, 1936.

I last saw him alive on January 26, 1936: death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Senile psychosis	

Name of operation None Date of

What test confirmed diagnosis? Pres. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McElway, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

FEB 6 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 2187
Local Registrar's No. 6
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premus Doffner

(a) Residence. No. ..... St. Harvard, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? 63 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1850

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	85	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baden, Germany

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records, State Hospital North Orofino - Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Worcester Date 1-28, 1936

19. UNDERTAKER W. R. Elliott
(Address) Worcester Idaho

20. FILED 1-31-36, 1936 H. A. Thain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1935, to January 25, 1936
I last saw h. in alive on January 25, 1936: death is said to have occurred on the date stated above, at 5:05 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance: Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Physic. Signs. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 6 1936 RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9699

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 5

(No. State Hospital North.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. S. Shearer

(a) Residence. No. ..... St. Lewiston, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JANUARY 16 - 1870.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Orchardist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wayne Co. Kentucky

FATHER

13. NAME Daniel Shearer

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mattie Taylor

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Records: State Hospital North. Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Jan. 22 1936

19. UNDERTAKER (Address) Brewer Mann Company Lewiston, Idaho.

20. FILED 1-24, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from December 28 1935, to Jenvery 22, 1936.
I last saw him alive on Janvery 21 1936; death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	
Senile psychosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ... 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Spruce McKelway M. D.

(Address) Orofino - Idaho.

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvia Snyder

(a) Residence. No. ..... St. Weippe Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar 23 1897
7. AGE: Years 38 | Months 10 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weippe Idaho

MOTHER
13. NAME: William Tedd
14. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
15. MAIDEN NAME: Lillian Tedd
16. BIRTHPLACE (city or town) (State or country): Weippe Ida

17. INFORMANT (Address): Robert Snyder Weippe Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Ida Date Jan 25 1936

19. UNDERTAKER (Address): H. A. Olsen Orofino

20. FILED 1-24, 1936. H. A. Olsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1936, to 1-23, 1936.
I last saw her alive on 1-22, 1936; death is said to have occurred on the date stated above, at 10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy —	1-23-36
— on way to Hospital —	
Other **contributory causes** of importance:	
Paroxysmal ?	about 10 days ago
Oophoritis	
Hypertension (Kidney)	

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury —, 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. J. Robertson, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9699

PLACE OF DEATH

County of Clearwater
City of Lenore R.F.D

Registration District No. 40
Primary Registration District No. 2157 Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Meng Ora Lesson

(a) Residence. No. Lenore Ida R.F.D St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lesson

6. DATE OF BIRTH (month, day, and year) Feb 20 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME William C. Boyce

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Ada Frazier

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Lesson Lenore Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 1-18, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 1-15, 1936 W. J. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936, to Jan. 16, 1936.
I last saw her alive on Jan 16, 1936; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	Jan 5 1936
Other **contributory causes** of importance: Jaundice	Jan 9 1936

Name of operation none Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harland P. Kahler M. D.
(Address) Orofino, Idaho

FEB 5 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 96999

PLACE OF DEATH

County of Clearwater
City of Orofino

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 2

Burns Hospital
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada Holemberg

(a) Residence. No. St. Orofino
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 W

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 1 1865
7. AGE: Years 70 | Months 3 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Owned and run
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Millinery store
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 20 years

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: Manley
14. BIRTHPLACE (city or town) (State or country): ←

MOTHER
15. MAIDEN NAME: ←
16. BIRTHPLACE (city or town) (State or country): ←

17. INFORMANT (Address): Myrtle Rhode Orofino

18. BURIAL, CREMATION OR REMOVAL
Place: Orofino Date: Jan 14 1936

19. UNDERTAKER (Address): W.A. Shaw Orofino

20. FILED 1-13, 1936. W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1935, to 1-10, 1936
I last saw h. alive on 1-10, 1936.: death is said to have occurred on the date stated above, at 1.55 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	1-5-36
Other **contributory causes** of importance:	
Hypertension - Enlarged Heart	Unknown

Name of operation: ← Date of: ←
What test confirmed diagnosis?: ← Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?: No. Date of injury: ← 193.
Where did injury occur?: ←
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury: ←
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?: No. If so, specify: ←
(Signed) W.T. Robertson M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9700 96

Registration District No. 90

FEB 1 1936 RECEIVED

Primary Registration District No. 2187 Local Registrar's No. 13

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doris Marie Brown. Pierce Idaho 100

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 5 1934

7. AGE: Years: one | Months: 1. | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pierce Ida

FATHER

13. NAME: William Lyle Brown

14. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER

15. MAIDEN NAME: Doris Lee McCaskey

16. BIRTHPLACE (city or town) (State or country): South Dakota

17. INFORMANT (Address): W. E. Brown Pierce

18. BURIAL, CREMATION OR REMOVAL
Place: Pierce Idaho Date: Jan 26 1936

19. UNDERTAKER (Address): W. E. Brown a.c.t. Pierce

20. FILED: 1-31-, 1936. H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1936, to Jan. 24, 1936.

I last saw h[illegible] alive on Jan 24, 1936; death is said to have occurred on the date stated above, at 9:45 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-36

Other **contributory causes** of importance:

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. S. Pappenhagen M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9700

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 14

FEB 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) (Not Orofino Hosp.)

2. FULL NAME John H Kight

(a) Residence. No. ____ St. Greer Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marva Kight

6. DATE OF BIRTH (month, day, and year) Jan 5-1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dick Idaho

FATHER

13. NAME John Kight

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mattie Faust

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) John Kight Orofino

18. BURIAL, CREMATION, OR REMOVAL Place Orofino Ida Date 2/3, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida.

20. FILED 2/3, 1936 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936, to 1-31, 1936

I last saw him alive on 1-31, 1936: death is said to have occurred on the date stated above, at 9 3/4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of R. frontal sinus with erosion to meninges and meningitis	
Other contributory causes of importance: Septic sore throat	

Name of operation Drainage of frontal sinus Date of 1-24-36

What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 193

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A.B. Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9700

FEB 6 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 15
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Smith

(a) Residence. No. St. Orofino - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 14, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneapolis (State or country) Kansas

FATHER
13. NAME W. H. Smith
14. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER
15. MAIDEN NAME Mary Ruggles
16. BIRTHPLACE (city or town) Indiana (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Feby 1, 1936

19. UNDERTAKER F. H. Billberg, Hosp. Attdt. (Address) Orofino - Idaho.

20. FILED 2/3, 1936 W. A. Place Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to Janvary 30, 1936
I last saw him alive on Janvary 30, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebro-Spinal Syphilis	
Other **contributory causes** of importance: Psychosis with Cerebro-spinal Syphilis	

Name of operation None Date of
What test confirmed diagnosis? W & Wassermann Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Lorne McElwain, M. D.
(Address) Orofino - Idaho

36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9700

FEB 6 1936 RECEIVED

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 12
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Yeager

(a) Residence. No. 1728 - 14th Avenue St. Lewiston - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER
13. NAME William J. Yeager
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Sidney Ann Yeager
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 1/30, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED 1-31, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935, to Jan. 30, 1936
I last saw him alive on January 29, 1936: death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other **contributory causes** of importance:	
Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Pres. Signs. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9700

FEB 11 1936 RECEIVED

PLACE OF DEATH

County of Custer

City of Challis

Registration District No. 108

Primary Registration District No. 2186 Local Registrar's No. 204

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David Howell

(a) Residence. No. St.

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Emmett Donahue (Address) Challis Idaho.

15. Filed Jan 10, 1936 Edna M. Kenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 3 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1936, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
was sent to poor house
and lived 2 (duration) days mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. L. Ridley, M. D.
2/9, 1936 (Address) Challis Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Idaho	Jan. 5 1936

20. Undertaker	Address
Emmett Donahue	Challis Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97009

PLACE OF DEATH

County of Franklin
City of Weston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

FEB 12 1936 RECEIVED

2. FULL NAME Edgar Leroy Morgan

(a) Residence. No. ..... Weston, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Winn

6. DATE OF BIRTH (month, day, and year) December 21, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	x	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan,
(State or country) Utah

FATHER

13. NAME Ezra Morgan

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Christine Peterson

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMENT (Address) E. B. Morgan Weston

18. BURIAL, CREMATION, OR REMOVAL Place Weston Date 1/7/1936 193

19. UNDERTAKER Lindquist & sons
(Address) Logan, Utah

20. FILED Feb 8, 1936 G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/4/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 4, 1936
I last saw h... alive on Jan 3, 1936; death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	in 1/1/1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

FEB 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97010

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Matilda Hansen Larsen

1095

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lars P. Larsen

6. DATE OF BIRTH (month, day, and year) Apr. 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Paris
(State or country) Idaho

FATHER

13. NAME Hans C. Nielsen

14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Hansine Wife

16. BIRTHPLACE (city or town) .....
(State or country) Denmark

17. INFORMANT .....
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Jan 5, 1936

19. UNDERTAKER Wm. W. Hamilton
(Address) Preston Idaho

20. FILED Feb 6, 1936 Gad Stake
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935 to Jan 1, 1936

I last saw her alive on Jan 1 1936: death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronaritis	
Cervical adenitis	Dec 29/35
Otitis Media	
Infection of superficial layers of face	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson J. Haines M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9701

Registration District No. 27
Primary Registration District No. 2169
Local Registrar's No. 3

FEB 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Seamons

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 5 1874
7. AGE — Years: 56 — Months: 8 — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hyde Park Utah

FATHER
13. NAME: Geo Seamons
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Fannie Royce Russell
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Barbara Seamons Preston Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Preston Date: Jan 12 1936
19. UNDERTAKER (Address): M. M. Hendricks Preston Idaho
20. FILED Feb 8, 1936. G. W. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 8 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936 to Jan 8, 1936.
I last saw h... alive on Jan 8, 1936: death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 3 1936

Other **contributory causes** of importance: Chronic Myocarditis

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. Wolf Rawlings M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9701

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 4

FEB

(No.) General Memorial Hospital Preston
(If death occurred in a hospital or institution, give its name instead of street and number.)

4

2. FULL NAME Charles Joel Ilsley

(a) Residence. No. Parma Idaho St. Hyde Park Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farm

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Springville Utah

FATHER

13. NAME Charles Horatio Ilsley

14. BIRTHPLACE (city or town) Wendell (State or country) Franklin Co. Mass.

MOTHER

15. MAIDEN NAME Julia Ann Zimmerman

16. BIRTHPLACE (city or town) Greencastle (State or country) Franklin Co. Penna.

17. INFORMENT (Address) Mrs. Alloy Ilsley Parma Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Parma Cem. Date 1-20, 1936

19. UNDERTAKER L. L. Johnson
(Address) Preston Idaho

20. FILED Feb 8, 1936 G. W. Stoke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Jan 17, 1936

I last saw him alive on Jan 17, 1936: death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Hypertrophy of Prostate	1932
Ulcerative Cystitis	1934

Other contributory causes of importance:

Name of operation Hypogastric Colotomy Date of Jan 15, 1936

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. J. Kemmer, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9701

Registration District No. 27
Primary Registration District No. 3119
Local Registrar's No. 5

FEB 1 5 1936 REGISTERED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME John H. Cole

(a) Residence. No. Preston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 Years How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Cole

6. DATE OF BIRTH (month, day, and year): Mar 18 1857

7. AGE — Years: 78 | Months: 10 | Days: 4 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None For
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: 10 Years
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): American Fork Utah

FATHER

13. NAME: John Cole
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sharlotte Cole
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Earnest Cole Preston

18. BURIAL, CREMATION OR REMOVAL
Place: Preston Idaho Date: Jan 26 36

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED Feb 8, 1936 G. W. Stalz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193 3, to Jan 22, 1936
I last saw h[illegible]live on Dec ....., 193 5; death is said to have occurred on the date stated above, at 4:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	1916

Other **contributory causes** of importance:

Name of operation: PX Date of:
What test confirmed diagnosis? PX Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. O. Cutler M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT.

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 97015

Local Registrar's No.

FEB 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME JAY I. CUNNINGHAM.

(a) Residence. No. ASHTON IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE.	SINGLE.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) AUGUST 23rd. 1924

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	11	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** AT HOME.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ASHTON. IDAHO.

FATHER

13. NAME LELAAND CUNNINGHAM.

14. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO.

MOTHER

15. MAIDEN NAME VEDA. STAKER

16. BIRTHPLACE (city or town) (State or country) TETON. IDAHO.

17. INFORMANT (Address) LELAND CUNNINGHAM. ASHTON, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place. BURIAL. Date. 1/3/36 193..

19. UNDERTAKER LEWIS KISER
(Address) ASHTON IDAHO

20. FILED 1/2/36, 193 Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2-1936

22. I HEREBY CERTIFY, That I attended deceased from January, 193.. to January 2, 1936.

I last saw h.. alive on January 2, 1936: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died without apparent symptoms	
Apparent apoplexy	
Hemorrhage	

Other **contributory causes** of importance:

Name of operation tonsillectomy Date of Jan 1932

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. V. Thomas, M. D.

(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97016

FEB 13 1936 RECEIVED

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME DREW. S WHITTMORE.

(a) Residence. No. ASHTON IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MRS DREW.S WHITTEMORE

6. DATE OF BIRTH (month, day, and year) JULY 8th 1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74.	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Livermore Me.

FATHER

13. NAME Agustus Whittemore

14. BIRTHPLACE (city or town) (State or country) Livermore Me.

MOTHER

15. MAIDEN NAME Hannah.A. Stevens.

16. BIRTHPLACE (city or town) (State or country) Anson. Me.

17. INFORMANT (Address) Mrs. Drew.S. Whittemore. Sr Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 1/12/1936

19. UNDERTAKER (Address) Lewis Kiser Ashton Idaho.

20. FILED 1/10/36 1936 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 9, 1936.

I last saw him alive on Jan 10., 1936.: death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Angina.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. L. Langer, M. D.

(Address) .....

FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9701

PLACE OF DEATH
County of Ada
City of Emmett

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Danielson

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Danielson

6. DATE OF BIRTH (month, day, and year) June 22 - 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 3 mo

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Sweeden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT John Danielson
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date 1/29, 1936

19. UNDERTAKER O. D. Buckmaster
(Address) Emmett Idaho

20. FILED 1/29, 1936 J. E. Rynearson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1936, to Jan 27, 1936
I last saw him alive on Jan 27, 1936: death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Jan 26, 1936
Other contributory causes of importance:	
Acute Bronchitis	Jan 3rd, 1936

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. Power M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9701

Registration District No. 2

Primary Registration District No. 4 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Wayne Hall

(a) Residence. No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 30 - 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Ida

FATHER

13. NAME Benj Wroet Hall

14. BIRTHPLACE (city or town) (State or country) Wyo

MOTHER

15. MAIDEN NAME Ollie Carrie Slate

16. BIRTHPLACE (city or town) (State or country) New Plymouth Idaho

17. INFORMANT B A Hale
(Address) New Plymouth Ida

18. BURIAL, CREMATION OR REMOVAL
Place Tranwell Ida Date 2/3, 1936

19. UNDERTAKER C O Buckmaster
(Address) Emmett Idaho

20. FILED 1/31, 1936 J K Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to Jan 30, 1936
I last saw him alive on Jan 30, 1936: death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	?
Sequel to Measles	Jan 19/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C O Faulkenmus, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97020

FEB 7 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 5-1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thurza A. Ridenour

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ridenour

6. DATE OF BIRTH (month, day, and year) Feb 1 — 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) D
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Virgil A. Ridenour (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Boise Ida Date Jan 8, 1936

19. UNDERTAKER C. O. Buckmeun (Address) Emmett Idaho

20. FILED 1/6, 1936 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Jan. 5, 1936.
[Last saw him alive on June 5, 1935: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Melitus	

Other contributory causes of importance:
Gangrene of legs and feet
Legs were opened and drained in several places
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) J. R. Reynolds, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 9702

Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald C. Keyes

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 6 - 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	0	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Power Plant Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Reclamation Service
10. Date deceased last worked at this occupation (mo. and yr.) 2/3/36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eu Claire Wis

FATHER
13. NAME Julius Keyes
14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER
15. MAIDEN NAME Martha C Church
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Dorothy Keyes Myers
(Address) Sonnenberg Ore

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Feb 6, 1936

19. UNDERTAKER Idaho Undertaking Company
(Address) Emmett Idaho

20. FILED Feb 5, 1936 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1936, to 2/4, 1936.
I last saw him alive on 2/4, 1936: death is said to have occurred on the date stated above, at 1.45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2/4/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. D. [illegible], M. D.
(Address) Emmett Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9702

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 651

PLACE OF DEATH

County of Gooding

City of ____ (If not in city give township) R.F.D.

FEB 1 1936

(No.) ____ (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marvin D Ray Reed

(a) Residence. No. R.F.D. Gooding St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-15-36

7. AGE: Years | Months | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gooding Ida

FATHER

13. NAME: Lionel Roy Reed

14. BIRTHPLACE (city or town) (State or country): Mo

MOTHER

15. MAIDEN NAME: Beatrice A Haught

16. BIRTHPLACE (city or town) (State or country): Colorado

17. INFORMENT (Address): L. R. Reed Gooding

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place ____ Date 1-29, 1936

19. UNDERTAKER: None (Address)

20. FILED 1-31, 1936 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1936, to ____, 193..

I last saw ~~alive~~ on 1-28-36, 193..: death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1-21

Other contributory causes of importance:

Malnutrition	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cromwell, M. D.

(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 9702

Local Registrar's No. 650

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Blazer

(a) Residence. No. Gooding Co Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margret Blazer

6. DATE OF BIRTH (month, day, and year): April 12, 1858

7. AGE — Years: 77 — Months: 3 — Days: 14 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: well driller

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Paris (State or country) France

FATHER

13. NAME: Jacob Blazer

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) New York City (State or country)

17. INFORMANT: Ed Hughes (Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Gooding Date 1-28, 1936

19. UNDERTAKER: A. E. Thompson (Address) per

20. FILED 1-30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1936, to 1-28, 1936

I last saw him alive on 1-28, 1936; death is said to have occurred on the date stated above, at 2.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis Chronic	?
Decompensation	1930

Other **contributory causes** of importance:

[illegible]

Name of operation [illegible]

What test confirmed diagnosis? Was there [illegible] autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Gooding Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of ....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE
State File No. 9702

Local Registrar's No. 649

FEB 10 1936 REGD

(No. ....
If death occurred in a hospital or institution, give its name instead of street and number.)

1595

2. FULL NAME Mae Lorraine Ryan

(a) Residence. No. .... Gooding St. Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-22-35

7. AGE: Years | Months: 1 | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Gooding Ida

FATHER

13. NAME Golden D Ryan

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Minnie E. Wright

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMENT (Address) G D Ryan

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place .... Date 1-28, 1936

19. UNDERTAKER Thompsons (Address) ....

20. FILED 1-30, 1936 J H Crammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27-1936

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to 1-27, 1936
I last saw h... alive on 1-26, 1936: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	Birth
" Blue baby "	

Other contributory causes of importance:

Name of operation None Date of ....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J H Crammond, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 10 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 970

County of Gooding

City of Gooding

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 646

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Wm. Scanlan

(a) Residence. No. ..... Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

95

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 1. 1856

7. AGE — Years: 79 — Months: 2 — Days: 4 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer — Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Wm. Scanlan

14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER

15. MAIDEN NAME: Adams

16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMANT (Address): R C Scanlan

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Ida. Date ....., 193..

19. UNDERTAKER (Address): A. Thompson Gooding Ida.

20. FILED 1-30, 1936. J. A. Cornwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1935, to 1-5, 1936.
I last saw him alive on 12-27, 1935: death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	2 30 yrs ago or longer
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Jas. A. Cornwell, M. D.

(Address) Gooding

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No. ..... Local Registrar's No. 648

DO NOT WRITE IN THIS SPACE
97031
State File No. .....

FEB 10 1936 RECEIVED

(If outside corporate limits, write RURAL)

(No. .....)
(If in hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Hampton Green

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. ... mos ... ds How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Lillie M. Green
6. DATE OF BIRTH (month, day, and year): March 2 1864
7. AGE: Years 71 | Months 10 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Physician
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Agriculture
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Fanning Co. Mo.

MOTHER FATHER

13. NAME: Francis M. Green
14. BIRTHPLACE (city or town) (State or country): Ky.
15. MAIDEN NAME: Susan S. Golding
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Mrs. A. H. Green Hagerman

18. BURIAL, CREMATION OR REMOVAL
Place: Evans Date: 1/23, 1936

19. UNDERTAKER (Address): Evans & Chamberlain Twin Falls

20. FILED 1-30, 1936 J. A. Cornwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193....
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 11 P ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	?
	1
	Agitans

Other **contributory causes** of importance:

Name of operation.... ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury... ... .

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) James A. Cornwell, M. D.
(Address) Gooding Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97033

Registration District No. 103
Primary Registration District No. 2001 Local Registrar's No. 3

FEB 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Wesley Wyatt

(a) Residence. No. White Bird Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary

6. DATE OF BIRTH (month, day, and year) June 22-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Land owner

10. Date deceased last worked at this occupation (mo. and yr.) June 1934

11. Total time (years) spent in this occupation 43 years

12. BIRTHPLACE (city or town) (State or country) not obt. Ill.

FATHER

13. NAME Thomas Wyatt

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Anchiann Disney

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT (Address) Mrs. Nellie Wyatt White Bird Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place White Bird Ida. Date Jan 20, 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED 2-1, 1936 P. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to ....., 193..
I last saw h..... alive on....., 193..: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 years ago
Hypostatic Pneumonia	
Myocarditis	
Other contributory causes of importance:	

Name of operation ~~None~~ Date of .....
What test confirmed diagnosis? ~~None~~ Was there an autopsy? ~~No~~

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify .....

(Signed) L. E. Weber, M. D.
(Address) Grangeville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9703

Registration District No. 103

FEB 4 1936 RECEIVED

Primary Registration District No. 1001 Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Royal Ross Arnold

(a) Residence. No. 1 Grangeville Ida, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elta M.

6. DATE OF BIRTH (month, day, and year) Aug - 20 - 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Author

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) 3 mo. ago

11. Total time (years) spent in this occupation 38 years

12. BIRTHPLACE (city or town) (State or country) Nicholasville Mich

FATHER

13. NAME Lewis Arnold

14. BIRTHPLACE (city or town) (State or country) Marcellus Mich

MOTHER

15. MAIDEN NAME Margaret Carter Beck

16. BIRTHPLACE (city or town) (State or country) Wheeling West Virginia

17. INFORMANT Wife Elta M. Arnold
(Address) Grangeville Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Ida Date Jan 30, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Feb 1, 1936 P. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to Jan 28, 1936
I last saw him alive on Jan 28, 1936: death is said to have occurred on the date stated above, at 12:00 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	about
left hemisphere	year
	1935

Other contributory causes of importance:

Low blood pressure	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Sherman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9703

FEB 4 1936 RECEIVED

Registration District No. 103
Registration District No. 1001 Local Registrar's No. 1
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evan Winfield Owens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Ann

6. DATE OF BIRTH (month, day, and year) 3/7/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1919
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Waukesha

FATHER
13. NAME Henry Owens
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Mary Morgan
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Wife Sarah Ann Owens
(Address) Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Ida Date Jan 9, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Feb 1, 1936 P Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/6/1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Jan 6, 1936
I last saw him alive on Dec 20, 1935: death is said to have occurred on the date stated above, at 10-15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L Crawford Wright M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson.

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97037

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 8

FEB 12 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Priest

(a) Residence. No. Taylorville, Bonneville St. Co. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Priest

6. DATE OF BIRTH (month, day, and year) Feb. 17 1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	84	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pinnerol
(State or country) Italy

FATHER

13. NAME Micheal Bues

14. BIRTHPLACE (city or town)
(State or country) Italy

MOTHER

15. MAIDEN NAME Marion Combe

16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMANT W. E. Priest
(Address) Shelley Idaho R.F.D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Taylor, Ida. Date Feb 10, 1936

19. UNDERTAKER R. G. Wenser
(Address) Rigby, Ida.

20. FILED 2/10, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Feb 6, 1936

I last saw her alive on Feb 2nd, 1936; death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
No definite disease discovered	
Other contributory causes of importance:	
Old age	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Anderson M. D., M. D.

(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97033

Registration District No. 98

FEB 1 1936 RECEIVED

Registration District No. 2176

Local Registrar's No. 7

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arch Ballantyne Call.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17, 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME Archie Glenn Call.

14. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

MOTHER

15. MAIDEN NAME Vilate B. Ballantyne.

16. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

17. INFORMANT Rigby Call
(Address) Rigby, Idaho. R. 1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 1/31, 1936

19. UNDERTAKER C. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 1-30, 1936. C. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Jan. 29, 1936.

I last saw him alive on Jan. 29, 1936: death is said to have occurred on the date stated above, at 4:00A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 28, '36
Meningeal Complications	Jan. 29, '36

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Lafferty, M. D.

(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Clark

FEB 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 97039

Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Mary McKinney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of George W. McKinney

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 1/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Seymour, Mo.
(State or country)

FATHER

13. NAME Thomas Hunt.

14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Kerren Goss.

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Etta Muxfeldt
(Address) Rigby, Idaho. R. #3

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Ida. Date 1/24, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1 — 23 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from did not know, 193 at any time, 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia and dilatation	

Other contributory causes of importance:

Old age	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Anderson M. D.
(Address) Health Officer, Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson

City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

DO NOT WRITE IN THIS SPACE

State File No. 97049

FEB 1 1936 RECEIVED

Registration District No. 2176

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emelie Roxie Keele.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of Charles Keele.

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 1/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Union, Utah.

FATHER

13. NAME James M. Cole.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Emelie J. Griffin.

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Edna McCullough (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 1-25, 1936

19. UNDERTAKER C. B. Eckersell (Address) Rigby, Idaho.

20. FILED 1-22, 1936 C. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935, to 1-20, 1936
I last saw h[illegible] alive on 1-20, 1936: death is said to have occurred on the date stated above, at 6:15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
pernicious Valvular Lesion	
Other contributory causes of importance:	
Asthma -	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. C. Price, M. D.
(Address) Rigby Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson.
City of Lorenzo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704

FEB 12 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 3

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira John Krupp.

50

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 14, 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1/36

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Lorenzo, Idaho.

FATHER

13. NAME Ezra Roy Krupp.

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Inez Blanch Hall.

16. BIRTHPLACE (city or town) (State or country) Annis, Ida.

17. INFORMANT Ezra R. Krupp
(Address) Lorenzo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 1/20, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1-18, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tumour of brain	
(Cerebral Sarcoma)	1930
Other contributory causes of importance:	

Name of operation — Date of.....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) J. Harper Cowley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Lorenzo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704?

FEB 1? 1936 RECEIVED

Registration District No. 68
Primary Registration District No. 2176 Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Goldman Jr. 101 N

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Mary Goldman

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 12-31-35
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Perry Co.
(State or country) Illinois

FATHER

13. NAME Andrew Goldman
14. BIRTHPLACE (city or town) Perry Co.
(State or country) Illinois

MOTHER

15. MAIDEN NAME Bernard Keller
16. BIRTHPLACE (city or town) Perry Co.
(State or country) Illinois

17. INFORMANT Elmer G. Goldman
(Address) Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Ida. Falls, Ida. Date Jan. 7, 1936

19. UNDERTAKER O. K. Beck
(Address) Idaho Falls, Ida.

20. FILED Jan. 7, 1936 C. A. Eckersall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1936, to Jan. 7, 1936.
I last saw him alive on Jan. 7, 1936: death is said to have occurred on the date stated above, at 1:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 1, 1936

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) J. Harlan Coughlan, M. D.
(Address) Ryburg, Idaho

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704

PLACE OF DEATH

County of Jerome

City of Jerome

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roger Smith

(a) Residence. No. St. Tulsa Oklahoma
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Smith

6. DATE OF BIRTH (month, day, and year): July 25 1879

7. AGE — Years: 56 | Months: 6 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Neosa Mo

MOTHER FATHER

13. NAME: Coleman Smith

14. BIRTHPLACE (city or town) (State or country): Kentucky

15. MAIDEN NAME: Esther Nichols

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT (Address): Mrs. F.E. Eckert Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Jerome Cem. Date: Feb 5, 1936

19. UNDERTAKER (Address): J.R. Wiley Jerome Idaho

20. FILED 2/4, 193. C.B. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193.6, to Feb 1, 193.6.
Last saw h[illegible] alive on Feb 1, 193.6; death is said to have occurred on the date stated above, at 6:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C.B. Zeller M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704

Feb 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Corrigan

(a) Residence. No. Wendell Hospital St. Jerome, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 30, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago Ill.
(State or country)

FATHER

13. NAME John Corrigan

14. BIRTHPLACE (city or town) Cork
(State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Patterson

16. BIRTHPLACE (city or town) Hartford
(State or country) Conn.

17. INFORMANT Hospital Information
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Jan 22 1936

19. UNDERTAKER Dg. L'Heureux
(Address) Jerome, Ida.

20. FILED Jan 22 1936 C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Jan 21, 1936
I last saw him alive on Jan 20, 1936: death is said to have occurred on the date stated above, at 8:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Caecum	1930
Other contributory causes of importance:	

Name of operation No Date of —
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben E. Mattson M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704

Registration District No.
FEB 11 1936 RECEIVED
Registrar's Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Gaile ~~Olkeberry~~ Okleberry

(a) Residence. No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Norman Olkeberry
14. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

MOTHER

15. MAIDEN NAME Dorothy Craig
16. BIRTHPLACE (city or town) Murtaugh, Idaho
(State or country)

17. INFORMANT Norman Okleberry
(Address) Eden, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Twin Falls, Ida Date 1-23, 1936

19. UNDERTAKER White Mortuary Inc.,
(Address) Twin Falls, Idaho

20. FILED 2-1, 193 6 S Hopper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 193 6, to Jan 24, 193 6
I last saw h~~im~~ alive on Jan 24, 193 6: death is said to have occurred on the date stated above, at 5:45 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dig 1-20-36

Other **contributory causes** of importance:

Crupe	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) S Hopper, M. D.
(Address) Hazelton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9704

Registration District No. 30

FEB 6 1936 RECEIVED

Registration District No. 1050 Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Gunderson

(a) Residence. No. [illegible] St. Lakeside Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-19-1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	17 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho.

FATHER

13. NAME Alex Gunderson

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Barbara Christine Knutson

16. BIRTHPLACE (city or town) (State or country) Norway Norway

17. INFORMANT (Address) Christ Knutson

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Date 1- , 193 6

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Idaho,

20. FILED Jan 22, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Jan 20, 1936
I last saw her alive on Jan 20, 1936; death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause undetermined possible Thymus	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold J. Stringe, M. D.
(Address) Coeur d'Alene

Dr. Wood.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9704

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 23

FEB 6 1936 RECEIVED

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Priscilla Jane Sinfield

(a) Residence. No. 732 - Mullan Drive St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced (or) WIFE of George Sinfield

6. DATE OF BIRTH (month, day, and year) 4-21-1867

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
68	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

MOTHER FATHER

13. NAME David Phillips

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jane Emmerson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Percil Sinfield C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place C.D.A. Date 2/1, 1936

Forest Lawn

19. UNDERTAKER (Address) Mooney Mortuary C.D.A.

20. FILED Jan 29, 1936. E. L. Spokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1920 to Jan. 28, 1936.

I last saw h.w. alive on Jan 26 1936.; death is said to have occurred on the date stated above, at 10:25 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial degeneration	1920
Other **contributory causes** of importance:	
Pulmonary Edema	1934
2 attacks	1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Allwood M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9704

PLACE OF DEATH

County of Kootenai

City of Worley Idaho

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beryl Burbank Garrett.

(a) Residence. No. ..... Worley Idaho. St. .....
(Usual place of abode) 14 years. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3rd 1932.

7. AGE 14 Years 2 Months 16 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) At School 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worley Idaho

FATHER

13. NAME M. C. Garrett.

14. BIRTHPLACE (city or town) (State or country) Kansas. South Kansas Town

MOTHER

15. MAIDEN NAME Katie Burbank Crank.

16. BIRTHPLACE (city or town) (State or country) Tolbertson Washington

17. INFORMANT (Address) Mrs. Katie B. Reed Worley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Worley Idaho. Date 1/22, 1936

19. UNDERTAKER (Address) Jaeger Funeral Home Coeur d'Alene Idaho

20. FILED Jan 24, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 19 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to June 19th, 1936.
I last saw h.. alive on Jan 19th, 1936.: death is said to have occurred on the date stated above, at 2.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis -	
Other **contributory causes** of importance:	
Anemia	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Worley Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 6 19[illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97055

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1980 Local Registrar's No. 7

(No. C.D.A. Home for the Aged)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sabina Westerlund

(a) Residence. No. C.D.A. Home for the Aged St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos ds. How long in U. S., if of foreign birth 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6. DATE OF BIRTH (month, day, and year): 3-1-1859

7. AGE — Years: 76 | Months: 10 | Days: 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER

13. NAME: Carl Carlson

14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Mrs. Ida Westerlund C.D.A.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place: Forest C.D.A. Date: 1-14-, 1936

19. UNDERTAKER (Address): Mowry Mortuary C.D.A.

20. FILED Jan. 14 1936 E. D. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935, to Jan. 12, 1936.

I last saw her alive on Jan 10., 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-8-36
Acute decompensation of the heart	1-11-36

Other **contributory causes** of importance:

Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Hamilton F. Greenwood M.D.

(Address) Coeur d'Alene, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9705

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest A. King

(a) Residence. No. 719 E 7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Clara King
6. DATE OF BIRTH (month, day, and year): 1875 - 4 - 15

7. AGE: Years 60 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Druggist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1-7-1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario

MOTHER FATHER
13. NAME Chas. King
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME Sarah Holmes
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Clara King 719 - 7th
18. BURIAL, CREMATION OR REMOVAL: Ida Forest Place Coeur d'Alene Date 1-10 1936
19. UNDERTAKER (Address): Carrey Funeral Home Coeur d'Alene Ida
20. FILED Jan. 10 1936 E. L. Spahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-8 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935, to Jan. 8, 1936.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Gastritis	
and Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) C. H. Steele, M. D.
(Address) Coeur d'Alene Ida

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Stuges.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9705

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 9

(No. Lakeside Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl August Swanson

(a) Residence. No. Bellgrove Idaho St. Bellgrove Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs mos 2 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, and year) 3-19-1881

7. AGE | Years: 54 | Months: 9 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER FATHER

13. NAME John Swanson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Lucill Allman
(Address) Cda

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place. Rockford Wn. Date 1-28 1936

19. UNDERTAKER Mowery Mortuary
(Address) Coeur d'Alene

20. FILED Jan 31 1936 C. A. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1936, to Jan. 28, 1936.

I last saw him alive on Jan 28, 1936; death is said to have occurred on the date stated above, at 10:10 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Stange, M. D.

(Address) Cda Idaho

Duplicate

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97053

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 10

FEB 6 1936 RECEIVED

(No.) (if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Lucier

(a) Residence. No. 1902 N. Fourth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 15 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Peter Lucier

6. DATE OF BIRTH (month, day, and year) 1869 - 11 - 22

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario

FATHER

13. NAME Samuel Botrell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary McIntyre

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Mary Scarbrough Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene, Idaho Date 1-21, 1936

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene, Idaho

20. FILED Jan 22, 1936. E. L. Sholar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27., 193.5. to Jan. 18., 193.6.

I last saw he alive on Jan. 18 193.6.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 27 1936
Other **contributory causes** of importance:	

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9705

FEB 6 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Ross

(a) Residence. No. Locust + 5th St.
(Usual place of abode) 33 — — (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Daniel Ross.

6. DATE OF BIRTH (month, day, and year) 1859-7-31

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. H.

FATHER
13. NAME Perkins
14. BIRTHPLACE (city or town) (State or country) Dont-Know

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Dan Ross (Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 1-19, 1936

19. UNDERTAKER Garrett Funeral Home (Address) Coeur d' Alene. Ida

20. FILED Jan 17, 1936 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-16 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Jan 16, 1936.
I last saw her alive on Jan 16, 1936; death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928
Pneumonia	Jan 6, 1936

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Leo A Hanson M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97055

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 12

(No. 1705 Govt Way)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ameene Rochefort

(a) Residence. No. 1705 Govt Way St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jose Lhine Rochefort

6. DATE OF BIRTH (month, day, and year) -2-14

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10-27-34
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME — Rochefort
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Mrs Florence Magnuss
(Address) 1705 Govt Way.

18. BURIAL, CREMATION OR REMOVAL Thomas
Place Coeur d'Alene Idaho Date 1-20 193 6

19. UNDERTAKER Cassed Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Jan 18, 193 6 E. L. Strahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-17 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 193 4, to 1-17 193 6
I last saw h~~e~~ alive on 1-16, 193 6. death is said to have occurred on the date stated above, at 9:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Hasel, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97053

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 13

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter P. Odegard

(a) Residence. No. 101 - Coeur d'Alene Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Tina Odegard.

6. DATE OF BIRTH (month, day and year) 1869 - 11 - 21

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Laborer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Elida L. Schauerhamel
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest
Place Coeur d'Alene Date 1 - 17, 1936

19. UNDERTAKER Gassert Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Jan. 17, 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936, to Jan. 15, 1936
I last saw him alive on Jan. 9, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Inguinal Pain began	Dec 20-35
Other contributory causes of importance:	
Arteria Sclerosis	Gradual

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. M. Husted, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9705

FEB 6 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 14
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Farran

(a) Residence. No. Coeur d'Alene Home for the Aged St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1842-4-25

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME J. W. Thompson
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Edgar B Norris E4043 - Hatch Spokane Wn

18. BURIAL, CREMATION OR REMOVAL
Forest Place Coeur d'Alene Ida Date 1-16, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Jan 18, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936 to Jan 14, 1936
I last saw h[illegible] alive on Jan 12, 1936; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 8-1936
Senility	
Exanitions	
Other contributory causes of importance:	

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hamilton H. Driscoll M.D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97053

FEB 6 1936 RECEIVED

Registration District No. 3
Primary Registration District No. 1050
Local Registrar's No. 1 D

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude E. Sherm

(a) Residence. No. 308 Foster Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of O. R. Sherm

6. DATE OF BIRTH (month, day, and year) 1879 - 3 - 22

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eau Claire (State or country) Wis.

FATHER
13. NAME La Forest-Jacobs
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Jennie Spalding
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT O. R. Sherm (Address) 308 Foster Ave

18. BURIAL, CREMATION OR REMOVAL Forest-Place Cocur d'Alene Date 1-15, 1936

19. UNDERTAKER Cassett Funeral Home (Address) Coeur d'Alene, Idaho

20. FILED Jan 15, 1936 E. J. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Jan, 1936
I last saw her alive on Jan 12, 1936: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Stringer, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97063

Registration District No. 30
Primary Registration District No. 1051 Local Registrar's No. 21

FEB 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren S. Calkins

(a) Residence. No. N. 4th St.
(Usual place of abode)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Maude Calkins

6. DATE OF BIRTH (month, day, and year) 3-5-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posey Corners Ont.

FATHER
13. NAME Sidney Calkins
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Emeralla Williams
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Murf Calkins (Address)

18. BURIAL, CREMATION OR REMOVAL Forest Lawn
Place Coeur d'Alene Date 1-28, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Idaho

20. FILED Jan 27, 1936 C. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1935, to Jan., 1936
I last saw h~~im~~ alive on Jan 25, 1936; death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypostatic Congestion	
& Cerebral Embolism	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Hunger, M. D.
(Address) CDA Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9706

Registration District No. 30

FEB 6 1936 RECEIVED

Primary Registration District No. 105 c

Local Registrar's No. 22

(No. Home Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula May Givans

(a) Residence. No. Dessert Hotel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of T. W. Givans

6. DATE OF BIRTH (month, day, and year) 5-22-1869

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Instructor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Shorthand School

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1935

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John T. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary A. Wallace

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. L. S. Hart, Spokane, Wn.

18. ~~BURIAL~~, CREMATION OR REMOVAL Place Spokane, Wn. Date 1-29-, 1936

Smith & Co. Spokane

19. UNDERTAKER (Address) Mooney Mortuary

20. FILED Jan 30, 1936 E. S. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935, to Jan. 27, 1936.

I last saw he alive on Jan. 27, 1936; death is said to have occurred on the date stated above, at 1:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia -	Jan 22 '36
Other **contributory causes** of importance:	
Chronic Myocarditis	Gradual
Chronic Arthritis -	Since age 30

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. B. Crosfield M. D.

(Address) Coeur d'Alene, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9706

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 1

FEB 14 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Doyle Dee Phillips

(a) Residence. No. 1 St. 161a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Glenn Phillips~~
6. DATE OF BIRTH (month, day, and year): 1-5-1936
7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spirit Lake, Ida.

MOTHER/FATHER
13. NAME: Glenn Phillips
14. BIRTHPLACE (city or town) (State or country): Ok.
15. MAIDEN NAME: Avis Doe
16. BIRTHPLACE (city or town) (State or country): Gospelle Mont.

17. INFORMANT (Address): Glenn Phillips Spirit Lake.
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Green Wood Cemetery Spirit Lake Ida Date: 1-5, 1936
19. UNDERTAKER (Address): Cassady Funeral Home Rathdrum Ida.
20. FILED 1-5, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 5 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1936, to Jan. 5, 1936.
I last saw him alive on Jan. 5, 1936.; death is said to have occurred on the date stated above, at 7½ A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity and Mal development	
7½ Months	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) O.M. Schmidt M. D.
(Address) Spirit Lake, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF [redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97065

County of Kootenai
City of Coeur d'Alene

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1050
Local Registrar's No. 19

FEB 6 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Angeline Wing Smith.

(a) Residence. No. 1125 - 4th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced. ~~HUSBAND~~ of (or) WIFE of: J. Smith
6. DATE OF BIRTH (month, day, and year): 10-8-1852
7. AGE: Years 83 | Months 2 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.): 1-30-1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Born Huron Mich.

MOTHER/FATHER
13. NAME: Levi S. Wing
14. BIRTHPLACE (city or town) (State or country): ?
15. MAIDEN NAME: Isbell Forbes
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Miles Forbes Spokane Wash
18. BURIAL, CREMATION OR REMOVAL: Forest - Place Coeur d'Alene Ida Date 1-, 1936
19. UNDERTAKER (Address): Carey Funeral Home Coeur d'Alene Idaho
20. FILED Jan 4., 1936 E. L. Strahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4 1936
22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Jan 1936
Last saw her alive on Jan 4., 1936 death is said to have occurred on the date stated above, at 12 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold J. Stringer, M. D.
(Address) Coeur d'Alene Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9706

FEB 6 1936 RECEIVED

Registrar's District No. 30
Primary Registration District No. 1050
Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vera Mae Reber

(a) Residence. No. ..... St. Hayden Lake
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: Fred Reber

6. DATE OF BIRTH (month, day, and year): 1904 - Don't Know

7. AGE: Years: 31 | Months: — | Days: — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1-4-1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Palmyra Neb.

MOTHER FATHER
13. NAME: J. Volar
14. BIRTHPLACE (city or town) (State or country): Don't Know
15. MAIDEN NAME: — Dugal
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): Fred P. Reber

18. BURIAL, CREMATION OR REMOVAL: Forest Place Coeur d'Alene Date 1-12, 1936

19. UNDERTAKER: Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Jan 31, 1936 E. L. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936 to Jan 8, 1936
I last saw her alive on Jan 8, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other **contributory causes** of importance:	

Name of operation Appendectomy Date of 1/6/36
What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Selinger, M. D.
(Address) Coeur d'Alene Idaho

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97065

FEB 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. Juliaetta Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William K.S.Gregory

(a) Residence. No. Juliaetta, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Gregory

6. DATE OF BIRTH (month, day, and year) Sept 5.1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat

10. Date deceased last worked at this occupation (mo. and yr.) 1/17/36

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Wroscester England

FATHER

13. NAME William F.Gregory

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jessie Harriet Vernon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Vernon W. Gregory
(Address) Juliaetta, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 1/20/36, 193..

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Feb 1 193.6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/18/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936 to Jan 18, 1936.
I last saw him alive on Jan 18 1936: death is said to have occurred on the date stated above, at 5.35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of right coronary artery	Jan 17,36 10:30 PM

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation Date of
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) D.E. Christensen M. D.
(Address) Kendrick, Idaho

FEB 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97066

PLACE OF DEATH

County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No. 110)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Erich Sandstrom

(a) Residence. No. St. Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 29, 1921

7. AGE — Years: 14 | Months: 2 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: High School
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 1936
11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town): Tulso
(State or country): Sweden

FATHER

13. NAME: Ernst Hugo Sandstrom
14. BIRTHPLACE (city or town): Tulso
(State or country): Sweden

MOTHER

15. MAIDEN NAME: Tyrö Marie Asplund
16. BIRTHPLACE (city or town):
(State or country): Sweden

17. INFORMANT: Ernst H. Sandstrom
(Address): Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Potlatch Idaho Date: 1-14, 1936

19. UNDERTAKER: D. D. Kimball
(Address): Palouse Wash.

20. FILED: Jan 12th, 1936 W. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1936, to Jan 11th, 1936
I last saw him alive on Jan. 11, 1936; death is said to have occurred on the date stated above, at 1:00 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenzal pneumonia	Jan 6th 1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. C. Gibson, M. D.
(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 10 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9706?

County of Latah
City of Near Farmington

Registration District No. 6 1
Primary Registration District No. 1 0 1 1
Local Registrar's No. 8 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

197

2. FULL NAME Donald McIntosh Hopper

(a) Residence. No. Farmington, Wash. R.F.D. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Elizabeth Hopper

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1886

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Farmington Wash.

FATHER

13. NAME Andrew J. Hopper

14. BIRTHPLACE (city or town) (State or country) Not known Wis.

MOTHER

15. MAIDEN NAME Emma L. Turner

16. BIRTHPLACE (city or town) (State or country) Not known Wis.

17. INFORMANT Rex Hopper
(Address) Praire City, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Farmington Date 1/11, 193.6

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 1/10, 1936. J. Henry Linhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shot through the heart	.....
with a hi-power rifle	.....
.....	.....
Homicide	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
(Signed) H.R. Short, Coroner, M. D.
(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97068

PLACE OF DEATH
County of Latah
City of Near Farmington Wash.

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

197

2. FULL NAME Edna Elizabeth Hopper

(a) Residence. No. Farmington, Wash. R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Donald McIntosh Hopper

6. DATE OF BIRTH (month, day, and year) April 21, 1890

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	45	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Farmington Wash.

FATHER

13. NAME Clarence S. Bennett

14. BIRTHPLACE (city or town) (State or country) Not known Ohio

MOTHER

15. MAIDEN NAME Ellen M. Morton

16. BIRTHPLACE (city or town) (State or country) Not known Iowa

17. INFORMANT C. S. Bennett
(Address) Farmington, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Farmington, Wash. Date 1/11, 193.6

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED 1/10, 1936. Gateway Tindall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shot through the head	
with hi-power rifle	
Homicide	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Whether accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) H. R. Short Coroner M. D.
(Address) Moscow Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97069

PLACE OF DEATH

County of Latah
City of Troy Rural

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Elvira May

(a) Residence. No. American Ridge St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank May

6. DATE OF BIRTH (month, day, and year) Oct 27- 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Mark Hobart

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Geer

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Warney May
(Address) Kendrick, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Cem. Date Jan 23 1936

19. UNDERTAKER Price
(Address) Moscow

20. FILED Jan 23, 1936. P. A. Kearsley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/7/33, 193..., to 1/20/36 193...
I last saw her alive on 1/20, 1936; death is said to have occurred on the date stated above, at 1:35 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1/13/36
Bronchial Pneumonia	1/18/36

Other **contributory causes** of importance:
Marked Cardiac disease for 20 years

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Doyle M. Evelyn, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9707[illegible]

Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lola Mary Fry 50

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 23 1922

7. AGE: Years 13 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Southwick Idaho

FATHER
13. NAME: C. N Fry
14. BIRTHPLACE (city or town) (State or country): Cal

MOTHER
15. MAIDEN NAME: Francis Vaughn
16. BIRTHPLACE (city or town) (State or country): Wisc

17. INFORMANT (Address): C. N Fry Kendrick Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Gold Hill Date: Jan 9 1936

19. UNDERTAKER (Address): John J Hackett Troy Idaho

20. FILED Jan 8 1936 B. F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1935, to Jan. 7, 1936.
I last saw her alive on Jan. 6, 1935: death is said to have occurred on the date stated above, at 8:50 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Osteogenic sarcoma	Sept 1935
of spine with	
Metastasis	
Other **contributory causes** of importance:	

Name of operation Laminectomy Date of Oct 1935
What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D A Chmelik M. D.
(Address) Kendrick, Idaho

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9707

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No.
(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Brown

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Joseph Brown

6. DATE OF BIRTH (month, day and year): Sept 28 1862

7. AGE — Years: 73 — Months: 4 — Days: 3 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: George Peter Dufty
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Margaret Lawrence
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs Maud Dufty Crowley Kendrick Ida

18. BURIAL, CREMATION OR REMOVAL
Cemetery: American Ridge Date: Jan 26 1937

19. UNDERTAKER (Address): John J Perkins Troy Idaho

20. FILED Jan 26 1937 Pete Pappas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1933, to Jan. 24, 1936.
I last saw her alive on Jan. 24, 1936: death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart disease	10 yrs.

Other **contributory causes** of importance:

Hypertension	20 yrs.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E A Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Near Farmington Wash.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 97072

Local Registrar's No. 83

FEB 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Harry E. Bacon

(a) Residence. No. Farmington, Wash. R.F.D. 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1904

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
31		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bottineau
(State or country) N. Dak.

FATHER

13. NAME Dave Bacon

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Maria Bacon

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Mrs. Ace Balum
(Address) Elberton, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 1/23, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 1/9, 1936 Harry Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound in head	
Suicide	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following: [redacted] suicide, or [redacted]..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H.R. Short Coroner

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9707

FEB 10 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 84

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Emil Ringsage

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 27, 1899

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	36	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction equip.
10. Date deceased last worked at this occupation (mo. and yr.) Sept 35
11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) Peck,
(State or country) Idaho

FATHER

13. NAME Swen I. Ringsage
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER

15. MAIDEN NAME Cline Helleand
16. BIRTHPLACE (city or town) Minn.
(State or country)

17. INFORMANT Mrs. Helmer Ringsage
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Central Ridge Date 1/12, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 1/11, 1936 Harry Linhart
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Patient was to clear when [illegible] last saw him Dec 31st, 1935, 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Do not know.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Doyle M Loehr, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97074
State File No.

Registration District No. 6-1

FEB 10 1936 RECEIVED

Primary Registration District No. 1011

Local Registrar's No. 85

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Enfred Dagman

(a) Residence. No. 117 S. Jackson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Dagman

6. DATE OF BIRTH (month, day, and year): Feb. 18, 1876

7. AGE — Years: 59 — Months: 10 — Days: 23 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U. of I. Shops.

10. Date deceased last worked at this occupation (mo. and yr.): 12/15/35

11. Total time (years) spent in this occupation: 18yr.

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Alfred Dagman

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Not KLOWN

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Elmer Dagman, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Moscow Date: 1/14, 1936

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 1/14, 1936 — Harry Eustace, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1935, to 1-11-, 1936

I last saw him alive on 1-11-, 1936; death is said to have occurred on the date stated above, at 3:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other **contributory causes** of importance:

Anemia	
Leukemia	
Coronary disease	

Name of operation: ..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...

(Signed) Joseph G. Wilson, M. D.

(Address) Moscow, Idaho

FEB 10 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97075

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 86

(No. Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvis Alene Sumner 180

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs 5 mos 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Ida.

FATHER

13. NAME Jack Sumner

14. BIRTHPLACE (city or town) (State or country) Watertown S. Dak.

MOTHER

15. MAIDEN NAME Claudine Wakefield

16. BIRTHPLACE (city or town) (State or country) Ft Loyal Okla.

17. INFORMANT Jack Sumner
(Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 1/15, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 1/14, 193 6 Harvey Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/13 193 6

22. I HEREBY CERTIFY, That I attended deceased from night of Jan 12, 193 6, to night of Jan 12, 193 6.
I last saw her alive on Jan 12, 193 6; death is said to have occurred on the date stated above, at midnight
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suffocation - Trachea	Jan 12
Blockedy popcorn	
Other **contributory causes** of importance:	
Edema of Lungs	Soon
Cardiac failure	after his

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury .., 193.
Where did injury occur? .... Moscow
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury Foreign body given by Mother
Nature of injury Foreign Body in Trachea

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. F. Magill, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97076

FEB 10 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 87

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miranda Vogel

(a) Residence. No. Gritman Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Vogel

6. DATE OF BIRTH (month, day, and year) Nov. 12/ 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millersburg
(State or country) Ohio

FATHER

13. NAME Benj. Shatzel

14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Susan Uhl

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Miss. Julia Vogel
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Freeze Cemetery Date 1/30, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 1/29, 1936 Henry Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1936, to 1-28, 1936

I last saw her alive on 1/27, 1936: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Senile infirmities	
Nephritis.	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Thornbury M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9707

Registration District No. 6 1

Primary Registration District No. 1 0 1 1

Local Registrar's No. 98

FEB 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 204

2. FULL NAME Virginia Estes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James K. Estes

6. DATE OF BIRTH (month, day, and year) Mar. 21, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewisburg,
(State or country) Tenn.

FATHER

13. NAME P.G.W. Goodwin

14. BIRTHPLACE (city or town) .....
(State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT Mrs. C. C. Cargsow
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Feb. 1, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 1/31/ 1936 Nancy Eudaly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac death	
Probable Myocardial failure	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97073

FEB 10 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 89

No. Gritland Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Johansson

(a) Residence. No. E. Lash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT C.A. Anderson
(Address) Moscow

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 2/3, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 2/1, 1936 Harry Erickson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Jan 30, 1936
I last saw her alive on Jan 30, 1936: death is said to have occurred on the date stated above, at 3 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (R)	Before 26th
Other contributory causes of importance:	
Injury to R. Thorax	Oct 24 to 26th
Pleural effusion (R) Tract R. Lung	

Name of operation Aspiration of pleura Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Between 4-26 1936
Where did injury occur? Said to have fallen at her residence
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In her residence
Manner of injury Said to be fall
Nature of injury As indicated above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Magill, M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97075

Registration District No. 41
FEB 17 1936 RECEIVED
Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN HENRY PADGHAM

(a) Residence. No. Salmon St.
(Usual place of abode)
Length of residence in city or town where death occurred about 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Widower

5a. If married, widowed, or divorced
X HUSBAND of NELLIE S STAFFORD AND
(or) WIFE of LILLIAN CLARK

6. DATE OF BIRTH (month, day, and year) DECEMBER 12TH 1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan-1936
11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) NEW YORK STATE

FATHER
13. NAME JOHN PADGHAM
14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER
15. MAIDEN NAME MARY NEWARK
16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMANT Fred S Padgham Permanent address 800 Fifth St Hillsboro Ills
Informant (Address) 5724 NE 2nd Ave, Miami Fla

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cemetery Date Feb 2, 1936

19. UNDERTAKER Jno C Dacheler
(Address) Salmon Idaho

20. FILED Feb 10, 1936 Chas E Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to Jan 31, 1936
I last saw him alive on Jan 30, 1936: death is said to have occurred on the date stated above, at 12-27 A. m.
The principal cause of death and related causes of importance were as follows:

Duration
Jan 31
Feb. 1935
June 1936

Other contributory causes of importance:

Name of operation Supra pubic Date of Jan 26
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Yes or no
(Signed) C. E. Fullam M. D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97080

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbra Joan Poulsen

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? X yrs. X mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Dec. 27 - 1934

7. AGE Years	Months	Days	If LESS than 1 day — hrs. or — min.
1	=	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baker Idaho
(State or country)

FATHER
13. NAME Clifford Reed Poulsen
14. BIRTHPLACE (city or town) Soda Springs
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Melvina Shepard
16. BIRTHPLACE (city or town) Leadore
(State or country) Idaho.

17. INFORMANT C. R. Poulsen
(Address) Salmon Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 1/22, 1936

19. UNDERTAKER McCubbin
(Address) Salmon Idaho

20. FILED Feb 10, 1936 Clio C. Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936, to Jan 21, 1936
I last saw him alive on Jan 21, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Lesion	
Other contributory causes of importance:	
Croup.	

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193...
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. H. McFarland M.D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97081

County of Madison
City of Sugar
Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merrill James Wasden

(a) Residence. No. Salem St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Idaho

FATHER

13. NAME Ray Ernest Wasden

14. BIRTHPLACE (city or town) Gunnison
(State or country) Utah

MOTHER

15. MAIDEN NAME Emmit James

16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMENT (Address) Ray Ernest Wasden Rexburg R 2

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Date 2/10, 1936

19. UNDERTAKER Russell Clawson
(Address) Rexburg Idaho

20. FILED 2-8, 1936 Merle Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Feb 7, 1936

I last saw him alive on January, 1936, and death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Premature birth	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

2/10/36 (Signed) Lorin A. Rich, M. D.
(Address) Rexburg Idaho

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9708?

PLACE OF DEATH

County of Madison

City of Rexburg
20-East Main St

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Williams

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
		1-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg Idaho
(State or country) 20-E-Main St

FATHER

13. NAME Raymond Williams

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Lula Davis

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT (Father) Raymond Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Idaho Date Feb 7, 1936

19. UNDERTAKER .....
(Address)

20. FILED 2-7-, 1936 Mrs. H. E. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936, to Feb 6, 1936
I last saw her alive on Feb 6, 1936; death is said to have occurred on the date stated above, at 1145 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus Neonatorum	
Other contributory causes of importance: Premature birth	

Name of operation none Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
2/7/36 (Signed) Louis T Rich, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Sugar, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9708

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 7

(No.) 1010

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin LeRoy Weaver Jr.

(a) Residence. No. Sugar Idaho St.
(Usual place of abode) " "
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 30-1917

7. AGE: Years 18 | Months 7 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Student High School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sugar Ida.

FATHER

13. NAME: Austin LeRoy Weaver Sr.

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Florence Kidd

16. BIRTHPLACE (city or town) (State or country): Fillmore Utah

17. INFORMANT (Address): Austin LeRoy Weaver Jr. Sugar City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar Ida. Date Jan. 31, 1936

19. UNDERTAKER (Address): Thos. J. Kelly Rexburg, Idaho

20. FILED 2-8, 1936 Mrs. M. E. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1936, to 1-28, 1936.

I last saw him alive on 1-28, 1936: death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-26-36

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Sutherland M. D.
(Address) Rexburg, Idaho

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Sugar Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9708

Registration District No. 10

Primary Registration District No. 2178 Local Registrar's No. 6

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles S. Bidmore

(a) Residence. No. Sugar Ida. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ora Virgin Bidmore

6. DATE OF BIRTH (month, day, and year): Aug 1st 1873.

7. AGE: Years 62 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sheep-Feeder
10. Date deceased last worked at this occupation (mo and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Millcreek Utah

MOTHER FATHER

13. NAME: Henry Britz Bidmore
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Sarah Ann Elliott
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Mrs. Ora V. Bidmore Sugar Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar, Idaho Date Feb. 7, 1936

19. UNDERTAKER (Address): Wood & Keller Rexburg Idaho

20. FILED 2-8, 1936. Mrs. V. E. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 5- 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1935 to November, 1935

I last saw him alive on November 1935; death is said to have occurred on the date stated above, at 5-20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other **contributory causes** of importance:	

Name of operation: none Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....

2/9/36 (Signed) Lorin F. Tice M. D.
(Address) Rexburg Idaho

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97085

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Heinz

(a) Residence. No. ..... St. Rexburg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Haffle

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Whittenburg
(State or country) Germany

MOTHER FATHER

13. NAME Mickle Heinz

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT ..... Wm. Heinz
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Date 2/3 193..

19. UNDERTAKER Russell R. Hammon
(Address) Rexburg, Idaho

20. FILED 2-7-, 1936 Mrs. N. E. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from July ....., 193.., to Sept ....., 1935.
I last saw h/m alive on Sept ..., 1935.; death is said to have occurred on the date stated above, at 1 P ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
myocarditis	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) ..... Rexburg Idaho

36,

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97086

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Parley Pratt Parker

(a) Residence. No..... St. Ribard, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rhoda Lee Parker

6. DATE OF BIRTH (month, day, and year): Aug. 19, 1857

7. AGE: Years 78 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1-36

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Joshaua Parker

14. BIRTHPLACE (city or town) (State or country): New York City N. Y.

MOTHER

15. MAIDEN NAME: Driscilla Hartley

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Fred Muir
(Address): Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg Date: 1/23 1936

19. UNDERTAKER: Russel Adamson
(Address): Rexburg, Idaho

20. FILED 2-7-, 1936. Mrs. N. E. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936 to Jan. 21, 1936.

I last saw h[redacted] alive on Jan. 20 1936.: death is said to have occurred on the date stated above, at 6 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
[redacted]	
Cerebral Haemorrhage	12-1-36
Old age (Senility)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. E. Young, M. D.

(Address) Rexburg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FILED 1936 STATE OF IDAHO

PLACE OF DEATH

County of Madison

City of Hibbard

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9708

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Willmore

(a) Residence. No. ..... St. Hiblard Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Widdison

6. DATE OF BIRTH (month, day, and year)
April 21, 1868

7. AGE: Years 67 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) [illegible]

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Burmingham
(State or country) England

MOTHER'S MAIDEN

13. NAME George Willmore

14. BIRTHPLACE (city or town) Burmingham
(State or country) England

15. MAIDEN NAME Elizibeth James

16. BIRTHPLACE (city or town) Sharpshire
(State or country) England

17. INFORMANT George Willmore
(Address) Hibbard, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Date 1/30, 1936

19. UNDERTAKER Russell R. Hulaman
(Address) Rexburg, Idaho

20. FILED 2-7-, 1936 Mrs. N. E. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 27, 1936

I last saw him alive on Jan 27, 1936; death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Labar Pneumonia,	
Right Lower Lobe	Jan. 16th.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9708

Registration District No. 19

FEB 8 1936

Primary Registration District No. 2015 Local Registrar's No. 3

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elisebeth M Peterson

(a) Residence. No. Circle Dell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widdowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23rd 1838

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Leki Wales

MOTHER FATHER

13. NAME Thomas James

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Blanche Peterson Rupert Ida

18. BURIAL, CREMATION OR REMOVAL Place Circle Dell Ida Date 2-4 1936

19. UNDERTAKER (Address) Wm. P. Pumpe

20. FILED 2-4, 1936 E. N. Edmonds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1936, to Jan. 18, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a	
Coronary occlusion (?)	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. H. Kenyon, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97099

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 2

FEB 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada C. Welsh

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Edwin Lindsay
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Earl Welsh
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burial Idaho Date , 193

19. UNDERTAKER W. P. Goodyman
(Address) Rupert Idaho

20. FILED 2-10, 1936 E. E. Ehman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Jan 9, 1936.
I last saw her alive on Jan 8, 1936; death is said to have occurred on the date stated above, at 5:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy left Supraclavicular gland with empha Generalized metastasis	Unknown.
Other contributory causes of importance: Dehydration	12-31-35

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Ehman M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9709

Registration District No. 19

Primary Registration District No. 215 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Wilhelmina Baumbach 91 5

(a) Residence. No. Burley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day and year) Feb. 14 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pennsylvania

FATHER

13. NAME Lenhart Baumbach

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pennsylvania

MOTHER

15. MAIDEN NAME Wilhelmina Van Der Veer

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pennsylvania

17. INFORMANT (Address) Adam Baumbach Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 1—....., 193..

19. UNDERTAKER Jesse T. Joyce
(Address) Burley

20. FILED 2/4 ....., 193 6 E. E. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 ....., 193 6 to Jan 28 ....., 193 6.

I last saw h alive on Jan 28 ....., 193 6.; death is said to have occurred on the date stated above, at 4:35 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart disease	

Other **contributory causes** of importance:

nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. D. Livingston, M. D.

(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Johnson

DO NOT WRITE IN THIS SPACE
State File No. 9709?

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 1610

2. FULL NAME Mary Catherine Martinson

(a) Residence. No. St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 22 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Ed Martinson
14. BIRTHPLACE (city or town) Elk Rivers
(State or country) Idaho

MOTHER

15. MAIDEN NAME Geraldine Rose
16. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

17. INFORMANT Ed Martinson
(Address) Clarkston

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Jan 24, 1936

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Feb /, 1936 J. M. Lyle
Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936, to Jan 23, 1936
I last saw her alive on Jan 22, 1936; death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 months)	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Paul A. Johnson; M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Johnson

PLACE OF DEATH

County of Nez Perce

City of Lewiston

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 97094

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Eugene Rose

(a) Residence. No. Elk City Idaho. St. Elk City, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lebanon, Indiana
(State or country)

FATHER

13. NAME Kenneth Rose

14. BIRTHPLACE (city or town) Lebanon,
(State or country) Indiana

MOTHER

15. MAIDEN NAME May Pils

16. BIRTHPLACE (city or town)
(State or country) Nevada

17. INFORMANT Kenneth Rose
(Address) Elk City, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Grangeville, Ida Date 1-13-36 193

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Feb 1 193 6 Jan Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-12-36

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 193 6, to 1-12-36, 193

I last saw him alive on 1-12, 193 6: death is said to have occurred on the date stated above, at 9:15 p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection meningitis	1/4/36
Influenza type of Bacillus Pfeiffer in Spinal Fluid	

Other contributory causes of importance:

Otitis media Dec-35

Name of operation Exam spinal fluid Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul O Johnson, M. D.
(Address) Lewiston Idaho.

Dr [illegible]rssow,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9709

Registration District No. 1009

FEB 1 1936 RECEIVED

Registrar's Registration District No. 96 Local Registrar's No.

(No.) 623 Prospect Ave

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Primus

(a) Residence. No. 623 Prospect Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Wido wed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee
(State or country) Wisconsin

FATHER

13. NAME John Weber

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs Bradley McCabe
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Jan 8/36

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Feb 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5/36

22. I HEREBY CERTIFY, That I attended deceased from Mon 1, 193[illegible], to Jan 5, 1936
I last saw her alive on Jan 5, 193[illegible]: death is said to have occurred on the date stated above, at 10.15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	to Ago

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify
(Signed) O. B. Vassar, M. D.
(Address) Lewiston Ida

Dr. Rouse

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9709

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

FEB 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. White's Hospital

31

2. FULL NAME Clephane Goff

(a) Residence. No. St. San Diego, Calif.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not obtainable

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nto obtainable (State or country)

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT A. R. Johnson
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Ida. Date 1/24, 1936

19. UNDERTAKER Vass-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Feb 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-11-36

22. I HEREBY CERTIFY, That I attended deceased from 12/30-1935, 193..., to 1-11-36, 193...
I last saw her alive on 1-11, 1936; death is said to have occurred on the date stated above, at 8:05 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
	1

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? ~~Wassermann~~ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9709?

Registration District No. 1009

FEB 1 1936 REGISTERED

Primary Registration District No. 96 Local Registrar's No.

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph C. Hafer

(a) Residence. No. RFD #7 St. Chillicothe, Ohio
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4, 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
19	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Civilian Conservation Corps.

10. Date deceased last worked at this occupation (mo. and yr.) 1/3/36

11. Total time (years) spent in this occupation 3/12

12. BIRTHPLACE (city or town) (State or country) Chillicothe Ohio

FATHER

13. NAME Albert Hafer

14. BIRTHPLACE (city or town) (State or country) Chillicothe Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Official Records CCC Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Chillicothe, Ohio Date 1/7/, 1936

19. UNDERTAKER Brower-Mann Co.
(Address) Lewiston, Idaho.

20. FILED Jan. 7, 1936 O. M. Lysle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1936, to January 4, 1936.
I last saw him alive on January 4 1936. death is said to have occurred on the date stated above, at 5:55 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Menigitis, Cerebro-spinal	
(Epidemic)	Jan. 4,1936
Other **contributory causes** of importance:	
Pericarditis, fibrinous	Jan. 4.1936

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? Yes

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury —, 193—
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Wallace Douglas Capt Med M. D.
(Address) Hq. CCC, Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Form

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9765

FEB 1 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. N Lites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard W. Wisdom

(a) Residence. No. Asotin Wash St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28, 1902

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
33	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER FATHER

13. NAME Richard M Wisdom

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Laura Dammerall

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Leslie Cole
(Address) Lewiston Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Asotin Wash Date 1/4, 1936

19. UNDERTAKER N. P. Merchant
(Address) Clarkston Wash

20. FILED Jan 7, 1936 J. M. Pyle Registrar.
By L. O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1935, to 1-1-1936, 193...

I last saw him alive on 1-1-1936 193...: death is said to have occurred on the date stated above, at 9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bi lateral lobar pneumonia	
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? signs + symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Tanner M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Brabant G

DO NOT WRITE IN THIS SPACE
State File No. 97699

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

FEB 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Thompson

(a) Residence. No. 1826 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 7th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83.	1.	2.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ripley
(State or country) Ohio

FATHER
13. NAME Smith Salesbury
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Martin
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Frank Thompson
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/9, 1936

19. UNDERTAKER Bonner-Wamsley Co.
(Address) Lewiston Idaho

20. FILED Feb 1 1936 Jno Lysle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7th 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1935, to Jan 7, 1936
I last saw her alive on Jan 7, 1936: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardeo hepatitis	1935
Hypertension	1934
arteria sclerosis	1934

Other contributory causes of importance:

Name of operation None Date of—
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. Broadbent, M. D.
(Address) Lewiston Idaho

Dr Hable.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 971

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 1012

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Edna Ghormley

(a) Residence. No. 1602 G-Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vrigil F. Ghormley

6. DATE OF BIRTH (month, day, and year) Feb.5.1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olympia Wash.

FATHER
13. NAME Silas Myers
14. BIRTHPLACE (city or town) (State or country) ~~Kansas~~

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT V.F.Ghormley
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/10/36 193

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston Idaho

20. FILED Feb 1 193 6 J.M. Boyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/7/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 6, to Jan 7 193 6
I last saw her alive on Jan 7.1936, 193: death is said to have occurred on the date stated above, at 2.P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
So far pneumonia	
Other contributory causes of importance:	
Previous Influenza.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
(Signed) W.P. Hable M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9710

Registration District No. 1009

FEB 13 1936 RECEIVED

Registration District No. 96

Local Registrar's No.

(No. 839 F street.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William Burton Bryson.

(a) Residence. No. St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Bryson.

6. DATE OF BIRTH (month, day and year) June 21st, 1885.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50.	6.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouseman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Star Dray Company.

10. Date deceased last worked at this occupation (mo. and yr.) 1/16/36.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME H. J. Bryson.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Not known.

17. INFORMANT Mrs. W. B. Bryson.
(Address) Clarkston, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date 1/18/36., 193

19. UNDERTAKER Brower-Wann Company.
(Address) Clarkston, Washington.

20. FILED Jan! 193 6 J. M. Lytle
Registrar.
By L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16/36. 193

22. I HEREBY CERTIFY, That I attended deceased from January, 16 193 6 to Jan, 16 193 6

I last saw h/m alive on 1/6/36. 193 : death is said to have occurred on the date stated above, at 8.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	1/16/36

Other contributory causes of importance:

Unknown	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. E. Carrasco, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

Braddock

DO NOT WRITE IN THIS SPACE
State File No. 97103

FEB 13 1936 RECEIVED

1000

2. FULL NAME Kenneth McIntosh

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zelpha E. Harmon

6. DATE OF BIRTH (month, day, and year) June 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer and landowner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Lancaster (State or country) Ontario, Canada

FATHER

13. NAME Alexander McIntosh
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isobel McClellanon
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Kenneth McIntosh (Address) Lewiston, Orchards, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Jan. 25, 1936

19. UNDERTAKER Brower Hamm company (Address) Lewiston, Idaho

20. FILED Feb 1, 1936 J. M. Ryle Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 23, 1936
I last saw h[illegible] alive on Jan 22, 1936: death is said to have occurred on the date stated above, at 2304 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 18 1936
Other contributory causes of importance:	
Chronic Endocarditis	1928

Name of operation None Date of
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Broadcock, M. D.
(Address) Lewiston, Idaho

Braddock

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97104

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 1322 - Eleventh Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Luce

(a) Residence. No. 1508 Snake River Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer E. Luce

6. DATE OF BIRTH (month, day, and year) January 26, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wabash Co.
(State or country) Indiana

FATHER
13. NAME Rev. Perry Longfellow
14. BIRTHPLACE (city or town) Wabash Co.
(State or country) Indiana

MOTHER
15. MAIDEN NAME Matilda Pordyce
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Elmer E. Luce
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Jan 27, 1936

19. UNDERTAKER Brauer Mann Company
(Address) Lewiston Idaho

20. FILED Feb 1, 1936 F M Lyle
Registrar.
By K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Jan 23, 1936
I last saw h.. alive on Jan 23, 1936: death is said to have occurred on the date stated above, at 5:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	Sept 1935
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E E Braddock, M. D.
(Address) Lewiston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Caresson

DO NOT WRITE IN THIS SPACE
State File No. 9710

Registration District No. 1009

FEB 1 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (Not) St. Joseph's Hospital

44

2. FULL NAME Jessie Kight

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Kight

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Used to help pin others Own home

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Fred Lehman

14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Rose Ridgle

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Samuel Kight
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Jan 22, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston Idaho

20. FILED Feb 1, 1936 J M Ryle Registrar.
By K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Jan 21, 1936
I last saw h[e]r alive on Jan 20th, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mycosis Membranae	
Hemmorhages	1 week
Anemia	4 months
Other contributory causes of importance:	
Cancer of liver	4 months

Name of operation June Date of
What test confirmed diagnosis? Physician Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. E. Carlsson, M. D.
(Address) Lewiston, Idaho

Canada

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97109

FEB 13 1936 RECEIVED

Registration District No. 1809
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Edward Sommer

(a) Residence. No. St. Cottonwood, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 22nd 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Illinois

FATHER
13. NAME Elmond Sommer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Beste
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edw. Sommer
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Immanuel Cem. Date 1/11, 1936

19. UNDERTAKER Brown Wagner Co
(Address) Lewiston Idaho

20. FILED Feb 1, 1936 J. M. Kyle
Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936, to Jan 9, 1936
I last saw h alive on Jan 9, 1936: death is said to have occurred on the date stated above, at 7:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	Jan 9 36

Other contributory causes of importance:

Mitral regurgitation + pro with Stenosis and dilatation	

Name of operation None Date of
What test confirmed diagnosis? Autopsy findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. Pat Carpenter, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Carssow.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9711

Registration District No. 1009
Primary Registration District No. 46
Local Registrar's No.

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Martin

(a) Residence. No. 708 3rd St Clarkston Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweetwater
(State or country) Wyoming

FATHER

13. NAME Alex Pavlick

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Julia Voday

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Robert Simpson
(Address) Clarkston Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Portland Oregon Date 1/24/36 193

19. UNDERTAKER Vassar- Shaughnessy Co.
(Address) Lewiston Idaho

20. FILED Feb 1 193 6 Jan Lytle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/22/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1/16 193 6 to 1/22 193 6

I last saw her alive on 1/22/36 193 : death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	about 1/14/36

Other contributory causes of importance:

unknown	

Name of operation Drainage Date of 1/20/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O. B. Carssow M. D.
(Address) Lewiston Idaho

Dr. Rouse

MARGIN RESERVED FOR BINDING

...AINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instruction on back of certificate.

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9711

FEB 15 1936 REGISTERED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 1912 G-Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Jo Marianda

(a) Residence. No. 1912 G-Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13.1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	3½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

MOTHER FATHER

13. NAME Pasco Marinda
14. BIRTHPLACE (city or town) (State or country) Lewiston Idaho
15. MAIDEN NAME Carmen Bolton
16. BIRTHPLACE (city or town) (State or country) Olean Mo.

17. INFORMANT Pasco Marinda
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/18/36, 193...

19. UNDERTAKER Vassar-Sahughnessy Co
(Address) Lewiston Idaho

FILED Feb. 1 193 6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1-13-1936, 193..., to 1-16-1936, 193...
I last saw her alive on Jan 16, 1936: death is said to have occurred on the date stated above, at 10.30A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6 months.	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 9711?

Local Registrar's No. 6

2. FULL NAME Charlene Richmond.

(a) Residence. No. ..... St. Clarkston, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 11th, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
------.	-----.	-----.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME Charles C. Richmond.

14. BIRTHPLACE (city or town) Prescott,
(State or country) Washington.

MOTHER

15. MAIDEN NAME Stella Chapman.

16. BIRTHPLACE (city or town) .....
(State or country) Alberta, Canada.

17. INFORMANT Charles C. Richmond.
(Address) Clarkston, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date Jan 14 1936

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Feb 1 1936 J M Pyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 11th 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to Jan 11, 1936.
I last saw her alive on Jan 11, 1936; death is said to have occurred on the date stated above, at 4.50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory paralysis	1/11/36

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) William O. Hubel, M. D.
(Address) Lewiston, Idaho.

Dr Braddock

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97113

FEB 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Martin Johnson

(a) Residence. No. 712 - 10th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan 17 1936

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME H. T. Johnson

14. BIRTHPLACE (city or town) Hammond
(State or country) Oregon

MOTHER

15. MAIDEN NAME Fern Lee Jeffreys

16. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

17. INFORMANT H. T. Johnson
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Jan. 18 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Feb 1, 1936 J. M. Lyle
Registrar.
By R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936, to Jan. 17, 1936
I last saw him alive on Jan. 17, 1936: death is said to have occurred on the date stated above, at 5.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature delivery	
5½ months gestation	

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ira Broadbent, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97114
State File No.

Registration District No. 1009

FEB 13 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No.

(No. 0204 22nd, street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Lee Brown.

(a) Residence. No. 0204 22nd, street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 29th, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
----.	3.	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

FATHER

13. NAME John H. Brown.

14. BIRTHPLACE (city or town) Lesterville.
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Sadie May Eastburn.

16. BIRTHPLACE (city or town) Lewiston.
(State or country) Idaho.

17. INFORMANT John H. Brown.
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Jan. 14th 193 6.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Feb 1 193 6 J. M. Boyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1-12-36 193, to 1-13-36 193

I last saw him alive on 1-12-36 193: death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Lobar thrombosis	
for some time	
just a few minutes	

Name of operation before death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or paricular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[redacted]

H 6 2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9711

Registration District No. 1009

FEB 13 1936 RECEIVED

Registration District No. 96 Local Registrar's No.

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Isaac A. Brown

(a) Residence. No. 1606 - 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 4/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine Brown

6. DATE OF BIRTH (month, day, and year) Not on record

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First Nat'l Bank

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackwood
(State or country) New Jersey

FATHER

13. NAME Brown

14. BIRTHPLACE (city or town) Not on record
(State or country)

MOTHER

15. MAIDEN NAME Catherine Egan

16. BIRTHPLACE (city or town) New Jersey
(State or country)

17. INFORMANT Mrs. Lesta Nelson
(Address) San Francisco, Calif

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Jan. 7, 1936

19. UNDERTAKER Brouwer Hanan Co.
(Address) Lewiston, Ida

20. FILED Feb. 1936 J. M. Hyde
Registrar.
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1936, 193..., to 1-5-1936, 193...

I last saw him alive on alive, 193...: death is said to have occurred on the date stated above, at 3:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary influenza	
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hamer, M. D.
(Address) Lewiston, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Rouse

DO NOT WRITE IN THIS SPACE
State File No. 9711

FEB 1 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. Rosell Apts.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME William Walter Scott

98

(a) Residence. No. Rosell Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Scott

6. DATE OF BIRTH (month, day, and year) May 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensburg (State or country) Indiana

FATHER

13. NAME William Walter Scott

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Logan

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hazel Scott
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Jan 6, 1936

19. UNDERTAKER Brower Mann Co.
(Address) Lewiston, Ida

20. FILED Feb 1, 1936 J. M. Boyle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4-36, 193..., to 1-4-36, 193...
I last saw him alive on none, 193...: death is said to have occurred on the date stated above, at 5:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart	

Other contributory causes of importance:

Influenza	

Name of operation none Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Rowe, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Naz Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97117

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

FEB 13 1936 RECEIVED

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Grant McFee

(a) Residence. No. 1326-3rd St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lulu McFee

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane, Washington

FATHER
13. NAME Angus McFee
14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER
15. MAIDEN NAME Jessie Grant
16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMANT (Address) Mrs. Lulu McFee Lewiston, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wash. Date Jan. 21 1936

19. UNDERTAKER (Address) Vassar-Shaughnessy Co. Lewiston, Idaho

20. FILED Feb 8, 1936 J. M. Leffler Registrar.
By L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to Jan. 19, 1936
I last saw him alive on Jan. 19, 1936: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating Appendix with extension by toothpick.	Jan 15-36
Causing general peritonitis	

Other contributory causes of importance:
Gas gangrene developed 48 hours after operation

Name of operation Removal of toothpick & drainage Date of Jan 16-36
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. E. White M. D.
(Address) Lewiston Ida

Johnson

PLACE OF DEATH

County of Nez Perce

City of Lewiston

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9711

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Z Steininiger

(a) Residence. No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Batchloer

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) December 24, 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75	--	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Joseph Steininiger

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Sarah Knapp

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) S. D. Steininiger, Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date 1/18, 1936.

19. UNDERTAKER (Address) H. R. Merchant, Clarkston, Washington

20. FILED Feb. 8, 1936 J. M. Ley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Jan. 16, 1936.
I last saw him alive on Jan. 16, 1936; death is said to have occurred on the date stated above, at 8:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	Jan 6 -
Other **contributory causes** of importance: Broncho Pneumonia	Jan 10

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul O. Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston

FEB 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9711

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 41

2. FULL NAME Martha Weichman

(a) Residence. No. St. Juliaetta
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvin Weichman

6. DATE OF BIRTH (month, day, and year) December 19, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Barelman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alvin Weichman (Address) Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Jan. 28 1936

19. UNDERTAKER Brauer Mann Company (Address) Lewiston, Idaho

20. FILED Feb 1, 1936 J. M. Boyle By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1936, to Jan 25, 1936
I last saw he alive on Jan 25, 1936.: death is said to have occurred on the date stated above, at 12:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Jan 25, 1936

Other contributory causes of importance:

Self induced abortion	

Name of operation transfusion Date of Jan 25, 1936
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. A. Christensen, M. D.
(Address) Kendrick Idaho

FEB 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Gifford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 92

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
97126
State File No.

Local Registrar's No. 59

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Primm Rankin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rankin

6. DATE OF BIRTH (month, day, and year) December 31, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Athens (State or country) Illinois

FATHER

13. NAME George M. Rankin

14. BIRTHPLACE (city or town) Athens (State or country) Illinois

MOTHER

15. MAIDEN NAME Daisy Hocker

16. BIRTHPLACE (city or town) Kokomo (State or country) Indiana

17. INFORMANT Mrs. Margaret Rankin (Address) Gifford, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 1/29, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston Idaho

20. FILED 1-29, 1936 E. E. Watts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 8 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930
Last treatment in Government hospital in Arizona.	
Other **contributory causes** of importance:	
Aortic stenosis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) E. E. Watts, M. D.

(Address) Gifford, Idaho

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9712

PLACE OF DEATH
County of Nez Perce
City of Southwick Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lula Marjorie McCoy 77

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	45	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Ben McCoy

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Leona Snell

16. BIRTHPLACE (city or town) .....
(State or country) California

17. INFORMENT Mrs. Leona McCoy
(Address) Southwick Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick Date Jan 11, 1936

19. UNDERTAKER Joseph Broadland
(Address) Troy Idaho

20. FILED Jan 10, 1936 B. F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 4, 1936
I last saw her alive on Jan 4, 1936; death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanition	Dec
Other contributory causes of importance:	
Idiocy	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. A. Christensen, M.D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9712

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 1

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Fred Bailey

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 22 1935

7. AGE — Years | Months | Days: 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Baby
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Malad Idaho

FATHER

13. NAME: Chester R Bailey
14. BIRTHPLACE (city or town) (State or country): Arbon Idaho

MOTHER

15. MAIDEN NAME: Jennie Goddard
16. BIRTHPLACE (city or town) (State or country): Malad Idaho

17. INFORMANT (Address): Chester R. Bailey Malad Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Pleasantview Ida. Date: Jan 9, 193 6

19. UNDERTAKER (Address): J. Sam Benson Malad Idaho

20. FILED Jan 31, 1936 J. M. Ferris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): January 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936 to Jan 7, 1936.
I last saw him alive on Jan 7, 1936.: death is said to have occurred on the date stated above, at 11:15PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cellulitis of	
Scrotum & Perineum	Jan 6, 1936

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Marion J. Ferris M. D.
(Address) Malad Ida

Registration District No. 43- Primary Reg. Dist. No. 2120

~~Oregon~~ State Board of Health

Certificate of Death

FEB 6 1936 RECEIVED

State Registered No. 97125

1. PLACE OF DEATH
County Owyhee State Idaho Local Registered No. 41
Township ..... or Village ..... or
City ..... No. ....., ... St., ... Ward
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie B. Flora

(a) Residence: No. ....., ... St., ...
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Flora

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... m'in.
60	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1st 11. Total time spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owyhee County Idaho

FATHER

13. NAME James E. Guzman

14. BIRTHPLACE (city or town) Catawba (State or country) West Virginia

MOTHER

15. MAIDEN NAME Emma Parks

16. BIRTHPLACE (city or town) ..... (State or country) New Jersey

17. INFORMANT .....
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Jordan Valley Ore. Date Jan 16, 1936

19. UNDERTAKER .....
(Address) Caldwell Idaho

20. Filed Jan 16, 1936 ..... Registrar
Silver City. Idaho.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935, 19..... to Jan 14, 1936, 19..... that I last saw ~~her~~ alive on Jan 13, 1936; death is said to have occurred on the date stated above, at 6:15 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cancer of right breast	

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. W. Jones, M. D.
(Address) Jordan Valley Oregon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97126

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 3

JAN 29 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Irene Brakeman 161a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none
6. DATE OF BIRTH (month, day, and year): 1-5-36
7. AGE — Years: — Months: — Days: — If LESS than 1 day 13 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: baby
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Payette Idaho

FATHER
13. NAME: James Hall Brakeman
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Annie Howe
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): James Brakeman Payette Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho Date: 1-6-, 1936
19. UNDERTAKER (Address): Jackson James Brakeman Payette Idaho
20. FILED 1/10/36 193... J. W. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 6 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1936, to Jan. 6, 1936.
I last saw her alive on Jan. 5, 1936: death is said to have occurred on the date stated above, at 3:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Child	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. C. Paxton M. D.
(Address) Payette Idaho

Dr C. C. Paxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97124

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 6.

JAN 29 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick C. C. Fiscel.

(a) Residence. No. Payette Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alida Fiscel

6. DATE OF BIRTH (month, day, and year) Oct 6 - 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Denmark.
13. NAME Frans Fiscel

MOTHER
14. BIRTHPLACE (city or town) (State or country) Denmark.
15. MAIDEN NAME Serena Fransen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs Laurce G. Miller
(Address) 827 - So 4th St. Las Vegas Nev.

18. BURIAL, CREMATION OR REMOVAL
Place Date 1-17-, 1936

19. UNDERTAKER Glenn C. Saunders
(Address) Gayette Idaho

20. FILED 1/20/36, 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Jan 15, 1936
I last saw h[e] alive on Dec 1, 1935: death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	Aug 1935
Other contributory causes of importance:	

Name of operation Exploratory Date of Nov 15 36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) , M. D.
(Address) Ontario Oregon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette
City of Gayette

JAN 29 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97123

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 5
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Katherine Schoeke

(a) Residence. No. 348 4th ave N. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Schoeke

6. DATE OF BIRTH (month, day, and year) Nov 22 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69.	1	22.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME John Klein
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Elizabeth Hazel
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gottlieb Lodge (Address) Gayette Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho Date 1-15-, 1936
19. UNDERTAKER Reese C. Landon (Address) Gayette Idaho
20. FILED 1/16/36, 193 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Jan 13, 1936
I last saw h.. alive on Jan 9, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Leg.	
with metastases	July 1935.
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury -, 193-
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. A. Reese, M. D.
(Address) Ontario, Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette.
City of Payette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97129

JAN 29 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 4
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Grace Agnes Winch.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alden S. Winch.

6. DATE OF BIRTH (month, day, and year) 12-21-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	—	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER
13. NAME Henry Hogg.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Mary Forest.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Mary Hart Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 1-14, 1936

19. UNDERTAKER (Address) Glenn C. Sanders Payette Idaho

20. FILED 1/16/36 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/12/1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Jan, 1936
I last saw h[illegible] alive on 1/12, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gastric	Not known.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. F. Clark, M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97130
State File No.

JAN 29 1936 RECEIVED

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 2

1010

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alford Meeker

(a) Residence. No. New Plymouth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vera Houston Meeker

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butler
(State or country) Oklahoma

MOTHER FATHER

13. NAME W. A. Meeker

14. BIRTHPLACE (city or town)
(State or country) Ohio

15. MAIDEN NAME Bertha Fiste

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Elva C. Krapton
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 1-7-1936

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED 1/10/36 193.. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1935 to January 4, 1936

I last saw him alive on Jan 4, 1936; death is said to have occurred on the date stated above, at 6:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 30, 1935
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alford M. Meeker M. D.
(Address) New Plymouth, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9713

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 1

(No.) 1110
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs W. A. Conglemoore

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Galena Conglemoore

6. DATE OF BIRTH (month, day, and year) May 12 1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Stockman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belle Vernon Wis.

FATHER

13. NAME Wm Conglemoore
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Caroline Conklin
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT W. A. Conglemoore
(Address) North Bowen Ore

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 1-6-, 1936

19. UNDERTAKER Glenn C. Landers
(Address) Payette Idaho

20. FILED 1/10/36, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 1900, 193..., to Jan 7, 1936.
I last saw h. alive on Jan 2 1936: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cystitis chron	1934
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. R. Woodward M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lafayette
City of Lafayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97135

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 7

JAN 29 1936 RECEIVED

(If death occurred in hospital or institution give its name instead of street and number)

2. FULL NAME Mrs Clara M. Kinnaman

(a) Residence. No. ..... St. Elmira Ind.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lafayette Kinnaman

6. DATE OF BIRTH (month, day, and year) Nov 27 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	—	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ala City Ind.

FATHER
13. NAME Abraham Kepler
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Catherine Miller
16. BIRTHPLACE (city or town) (State or country) [redacted]

17. INFORMANT Lafayette Kinnaman
(Address) Elmira

18. BURIAL, CREMATION OR REMOVAL
Place Elmira Ind., Date 1-25, 1936

19. UNDERTAKER Glenn C. Sanders
(Address) Lafayette Ind.

20. FILED 1/22/36 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Jan 24, 1936
Last saw her alive on Jan 16, 1936; death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of Legs leg - following traumatism	Jan 2nd, 1936
Other contributory causes of importance: Arteriosclerosis	

Name of operation none Date of .....
What test confirmed diagnosis? Dr. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury Struck her left shin against
Nature of injury the door of an auto as she got in.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) Orofino Ore.

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9714

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Carl William Patterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21-1935

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash.

MOTHER FATHER

13. NAME Charles Patterson

14. BIRTHPLACE (city or town) (State or country) Arkansas

15. MAIDEN NAME Gretta Patterson

16. BIRTHPLACE (city or town) (State or country) Wallace Ida

17. INFORMANT (Address) Mrs. Myrtle Patterson Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Jan 27 1936

19. UNDERTAKER (Address) H. H. Stout Kellogg Ida

20. FILED 2-10-, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936 to ....., 193.... I last saw him alive on Jan 26 1936: death is said to have occurred on the date stated above, at 11 P. m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	.....
Malnutrition	.....
.....	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

Inter-blood relation

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. E. Lyday M. D.
(Address) Kellogg Ida

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97145

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 8

(No. 186 Porter)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Everett Hyalmer Wirta

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olga Wirta

6. DATE OF BIRTH (month, day, and year) Oct 24 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Smelter Mining

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Nonni

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Nonni

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT (Address) Mrs. Olga Wirta, Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Ida. Date Feb 12, 1936

19. UNDERTAKER (Address) M. L. Thornhill, Kellogg, Idaho

20. FILED 2-10-, 1936 Mrs. Helen M. Brede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw him alive on Feb 7, 1936; death is said to have occurred on the date stated above, at 7:20 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed chest	
Concussion of brain	
Skull fracture	Instant
Other **contributory causes** of importance:	
Shock	
Lacerated lung	
Hemorrhage lung	
Fractured ribs	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1936
Where did injury occur? Smelter tunnel mine
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Accidentally struck by
Nature of injury Crushed chest & skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner working
(Signed) H. A. Moberly Coroner
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kingston (Name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9714[illegible]

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 7

(No. .....)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Cora Elizabeth Parks 90

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles Parks

6. DATE OF BIRTH (month, day, and year): Aug 9, 1880

7. AGE — Years: 55 | Months: 5 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Fort Collins Colorado

FATHER

13. NAME: Mr Downs

14. BIRTHPLACE (city or town) (State or country): no inf

MOTHER

15. MAIDEN NAME: no inf.

16. BIRTHPLACE (city or town) (State or country): no inf

17. INFORMANT (Address): Charles Parks Kingston Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~

Place Spokane Wn Date Feb 9, 1936

19. UNDERTAKER (Address): M. E. Thornhill Kellogg Idaho

20. FILED 2-10, 1936. Mrs. Helen Jo Brede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h[illegible] alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	2-7-36

Other **contributory causes** of importance:

Mitral Stenosis	[illegible]?

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, so specify .....

(Signed) ..... M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 11 1936 RECEIVED

Registration District No. 12 3
Primary Registration District No. 22.01

DO NOT WRITE IN THIS SPACE
State File No. 9714
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora E. Thomen. 90

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. J. Thomen.

6. DATE OF BIRTH (month, day and year) Feb. 22-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
56	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME John. Gill

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT A. J. Thomen (Address) Kellogg Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~ Rathdrum Ida., Date 2-1, 1936

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida.

20. FILED 2-10, 1936 Mrs. Helen L. Beadle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-1 1936

22. I HEREBY CERTIFY, That I attended deceased from /, 193..., to , 193...
I last saw her alive on 193...: death is said to have occurred on the date stated above, at 6:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Unknown
Kidney failure	
Other contributory causes of importance:	
Leakage of heart	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M.D.
(Address) Wallace Ida.

FEB 11 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9714

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 5

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ridder

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) May 18 1915

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	21	6	13	

OCCUPATION.

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Smelter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richville (State or country) Minnesota

FATHER

13. NAME George Ridder

14. BIRTHPLACE (city or town) ..... (State or country) Minnesota

MOTHER

15. MAIDEN NAME Matilda Donaldson

16. BIRTHPLACE (city or town) ..... (State or country) Minnesota

17. INFORMANT Jesse Ridder (Address) Wallace, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Idaho Date Feb 6, 1936

19. UNDERTAKER M. C. Thompkins (Address) Kellogg Ida

20. FILED 2-10, 1936 Mrs. Helen M. Brandt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) January 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 1-31, 1936.

I last saw him alive on 1-31, 1936: death is said to have occurred on the date stated above, at 10:25 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	1-14-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold Chudera M. D.

(Address) Kellogg

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9714

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rufus Marion Sherwood 10

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alice

6. DATE OF BIRTH (month, day, and year) Nov. 11-1873

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	62	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Miner

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Rufus Sherwood

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME No. ink.

16. BIRTHPLACE (city or town) (State or country) No. ink.

17. INFORMANT (Address) Alvin Sherwood Kellogg

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Jan 22 1936

19. UNDERTAKER (Address) M. C. Thornton Kellogg Ida

20. FILED 2-10., 1936. Mrs. Helen M. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 1-19, 1936.

I last saw him alive on 1-19, 1936: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	2 mos.
Other **contributory causes** of importance:	
Myocardial Degeneration	1 year

Name of operation No Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold T. Anderson M. D.

(Address) Kellogg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936

PLACE OF DEATH [redacted] WELFARE
[redacted] TISTICS

CERTIFICATE [redacted] DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97159

County of Shoshone
City or Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 3

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Elza Courtney

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Laura Courtney

6. DATE OF BIRTH (month, day, and year) Aug 8, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** B.N.+S. Co

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Comeron (State or country) Washington

MOTHER FATHER

13. NAME Baxter Courtney

14. BIRTHPLACE (city or town) (State or country) Minnesota

15. MAIDEN NAME Ella Buthram

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Laura Courtney (Address) Kellogg Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kellogg Ida Date Jan 16 1936.

19. UNDERTAKER M. L. Thornhill (Address) Kellogg Ida

20. FILED 2-10, 1936. Helen M. Beide Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1936, to 1-14, 1936.
I last saw him alive on 1-14, 1936.; death is said to have occurred on the date stated above, at 11:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a.	
Pneumonia, bronchial,	1-7-36
b. Contracted	
Other **contributory causes** of importance:	
R. Cervical adenitis	1-1-36

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Anderson M. D.
(Address) Kellogg Ida

FEB 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9715

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 2

(No. 1010) St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Wilhelm Krueger

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 3, 1912

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Spec. Smelter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sullivan Mine

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlin Bay Idaho

MOTHER FATHER

13. NAME Conrad Krueger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Struggekle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Conrad Krueger Carlin Bay, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Coeur d'Alene Ida. Date Jan. 14, 1936

19. UNDERTAKER (Address) M. C. Trimble Kellogg Idaho

20. FILED 2-10, 1936. Helen M. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936, to Jan. 12, 1936.
I last saw him alive on Jan. 12, 1936: death is said to have occurred on the date stated above, at 9:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	1-8-36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold T. Anderson M. D.
(Address) Kellogg Idaho

FEB 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97155

PLACE OF DEATH

County of Shoshone.
City of Avery

Registration District No. 127
Primary Registration District No. 2400 Local Registrar's No. 34
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Mayton. 1899
(a) Residence. No. 1316 E 66th St. Cleveland St. Ohio.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 21 1917.
7. AGE: Years 18 | Months 7 | Days ~~7~~ 12 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Driller (Stone)
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: road construction
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 36
11. Total time (years) spent in this occupation: 7 mos.

12. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Unknown Patrick
16. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

17. INFORMANT (Address):
18. BURIAL, CREMATION OR REMOVAL
Place Cleveland Ohio Date....., 193..
19. UNDERTAKER (Address):
20. FILED Jan. 3., 1936 C B Emery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 2 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture,	
Other **contributory causes** of importance:	
Struck by falling rocks	

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 12 1936
Where did injury occur? Marble Creek Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Forest Service Road.
Manner of injury Struck by falling rock.
Nature of injury Skull fractures

24. Was disease or injury in any way related to occupation of deceased? Yes No, specify Injured while working
(Signed) Walter V. Brown, M. D.
(Address) Camp D-130 Avery, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

as copied in record.
Correction 18 yrs. 7 months 12 days

PLACE OF DEATH
County of Shoshone
City of Marble Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 137
Primary Registration District No. 3400

DO NOT WRITE IN THIS SPACE
State File No.

Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas J. Naylon

(a) Residence. No. 1316 E. 38th. St. St. Cleveland, Ohio
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Driller(stone)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Road Construction

10. Date deceased last worked at this occupation (month and year): Jan, 1936

11. Total time (years) spent in this occupation: 7 Mo.

12. BIRTHPLACE (city or town) (State or country): Cincinnati, Ohio.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Janet patrick

16. BIRTHPLACE (city or town) (State or country): Cincinnati, Ohio

17. INFORMENT (Address):

18. BURIAL, CREMATION, OR REMOVAL Place: Cleveland, Ohio Date: , 193

19. UNDERTAKER (Address):

20. FILED Jan. 3, 1936 C. Busey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	
Other contributory causes of importance:	
Struck by falling rock	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury Jan 2, 1936

Where did injury occur? Marble Cr. Idaho
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Forest Service road

Manner of injury Struck by falling rock

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while working

(Signed) Walter P. Browne, M. D.

(Address) Camp F-120 Avery, Ida.

(over)

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 9715

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 11
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chas M. Carlson

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Lead Mining
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Sweden

14. Informant Co Hospital Records (Address) Wallace Ida

15. Filed Jan 30, 1936 John Baer Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 30 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1934 to Jan 30, 1936 that I last saw him alive on Jan 29, 1936 and that death occurred, on the date stated above, at 6 a. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Valvular heart disease and nephritis.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) H. C. Lindsay, M. D.
2/1, 1936 (Address) Kellogg Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Wallace Ida	Feb 2 1936
20. Undertaker J. H. Baer (wards)	Address Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97155

FEB 6 1936 RECEIVED

Registration District No. 10
Primary Registration District No. 101
Local Registrar's No. 10
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John B Giachino

(a) Residence No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth 57 yrs. mos. da.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Madaline Giachino.

6. DATE OF BIRTH (month, day, and year) Jan 28 - 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME John F. Giachino
14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER
15. MAIDEN NAME Rocca
16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Madaline Giachino (Address) Mullan Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Gt Falls Mt Date Feb 2, 1936

19. UNDERTAKER (a Boyer (Wallace)
(Address)

20. FILED Jan 30, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 1924, 193..., to Jan 29, 1936
I last saw him alive on January, 1936; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/29/36
Myocarditis 4 years	

Other contributory causes of importance:

Arteriosclerosis 4 years	
Silicosis 4 years	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James R Dean, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97156

Registration District No. 70
Primary Registration District No. 1014 Local Registrar's No. 9
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dallas L Robinson.

(a) Residence. No. Haugen Mont St. Haugen Mont.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Nellie B Robinson.

6. DATE OF BIRTH (month, day, and year) Sept 27 - 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, C C C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan Mont.

FATHER
13. NAME Charles W Robinson.
14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER
15. MAIDEN NAME Mary Saunders
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Nellie B Robinson (Address) Wallace Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Baker Mont Date Jan 28, 1936

19. UNDERTAKER John Bever (Address) Wallace Ida.

20. FILED Jan 27, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h— alive on ....., 193.....: death is said to have occurred on the date stated above, at 2.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic (Alcoholic)	Unknown
Alcoholism, Acute	1-24-36
Other contributory causes of importance: None	

Name of operation None Date of X
What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Capt-Med-Res.
(Signed) R K Brady M. D.
(Address) Ft Missoula, Mont

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9715

Registration District No. 10

FEB 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 8

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Agnes Part

(a) Residence. No. St. Wallace

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, —yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 29 1915

7. AGE: Years 20 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Waitress

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spokane Wash.

MOTHER FATHER

13. NAME: Phillip B. Part

14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER

15. MAIDEN NAME: Margaret Kelly

16. BIRTHPLACE (city or town) (State or country): South Dakota

17. INFORMANT (Address): Phillip B. Part Deer Park, Wash

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place Deer Park Wash Date Jan 25, 1936

19. UNDERTAKER (Address): Bruce G. Marshall Wallace Ida

20. FILED Jan 25 1936 John Bowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/23/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 23, 1936.

I last saw her alive on Jan 22 1936.: death is said to have occurred on the date stated above, at 7:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Left Lobar Pneumonia	1/3/36
R. Lobar Pneumia	1/7/36
Other **contributory causes** of importance:	
Meningitis (Meningococcic)	1/19/36

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) James R Dean, M. D.

(Address) Wallace

Dr Bean

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97158

FEB 6 1936 RECEIVED

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 7

(No. Providence Hospital - Wallace)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irma Mae Rhoades

(a) Residence. No. Osborne St. Osborne

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. E. Rhoades

6. DATE OF BIRTH (month, day, and year): May 13, 1915

7. AGE: Years 20 | Months 11 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kendrick, Idaho

FATHER

13. NAME: W. D. Erwin

14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER

15. MAIDEN NAME: Irma Partwood

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): J. E. Rhoads, Osburn, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place. Kellogg, Ida. Date 2-4, 1936

19. UNDERTAKER (Address): J. M. C. Thompson, Kellogg Idaho

20. FILED Jan 28, 1936. John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 21, 1936.

I last saw h[illegible] alive on Jan 21, 1936: death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	1/17/36
Other **contributory causes** of importance:	
Confinement	1/7/36

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) James R. Bean, M. D.

(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97159

FEB 6 1936 RECEIVED

Registration District No. 70
Registration District No. 1011
Local Registrar's No. 6

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate A O'Mera

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) Jan 25 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Deer Lodge Mont.

FATHER
13. NAME Solomon Riddle
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Emma Daley
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) E W O'Mera Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Missoula Mont Date Jan 20 1936

19. UNDERTAKER (Address) C A Burch (Wards) Wallace Ida.

20. FILED Jan 18, 1936 John Buren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936, to Jan 17, 1936
I last saw h[illegible] alive on Jan 15, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleural Embolism	1-17-36
Chr. Myocarditis	
& Arteriosclerosis	
Embolism &	
decompensation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97160

Registration District No. 70
Primary Registration District No. 10:1 Local Registrar's No. 5

FEB 6 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Providence Hospital

2. FULL NAME Agnes Loretta Lowd. 106

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1st. 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) St Ignatius (State or country) Mont.

FATHER

13. NAME Wm Lowd.
14. BIRTHPLACE (city or town) ____ (State or country) Ky.

MOTHER

15. MAIDEN NAME Mary Sullivan
16. BIRTHPLACE (city or town) ____ (State or country) Mont

17. INFORMANT Sister Superior (Address) Wallace Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Missoula Mont. Date Jan 11, 1936

19. UNDERTAKER J. A. Bower "Wards" (Address) Wallace Ida.

20. FILED Jan 11, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema, Pulmonary	1-8-36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) E. H. Turnbull, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97161

FEB 6 1936 RECEIVED

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 4

74a

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Anna Lieb.

(a) Residence. No. 206 Fifth St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If ~~married~~, widowed, ~~divorced~~ (or) WIFE of Henry Lieb, deceased

6. DATE OF BIRTH (month, day, and year) Sept. 21st. 1879.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
56	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boone Iowa.

FATHER

13. NAME John Norman

14. BIRTHPLACE (city or town) (State or country) Stockholm, Sweeden

MOTHER

15. MAIDEN NAME anna Christine Nordstrom

16. BIRTHPLACE (city or town) (State or country) Stockholm, Sweeden

17. INFORMANT (Address) Mrs. Phyllis Pugh Wallace, Idaho

18. BURIAL, ~~CREMATION~~, ~~REMOVAL~~
Place Wallace, Ida. Date Jan. 12 1936

19. UNDERTAKER (Address) B.G. Worstell. Wallace, Idaho.

20. FILED Jan 10, 1936. John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1935, to 1/9/36, 1936.

I last saw her alive on 1/8/36, 1936.: death is said to have occurred on the date stated above, at 12:35 m. am

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/19/35

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1936.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) James R. Dean, M. D.

(Address) Wallace

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97162

Registration District No. 10

FEB 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 3
(No. Shoshone County Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MIKE TROHA 31

(a) Residence. No. AVERY, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) FEB 29 - 1865
7. AGE — Years: 71 | Months: 10 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** RAILROAD WORKER
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VERBOSKO AUSTRIA

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Dan Hannen
(Address) Wallace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place WALLACE IDA. Date 1/15, 1936

19. UNDERTAKER B. G. Mansfield
(Address) Wallace, Ida

20. FILED Jan 10, 1936. John Bwn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to June 6th, 1936.
I last saw him alive on Jan 5, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. O'Connell M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97163

Registration District No. 10

FEB 6 1936 RECEIVED

Registration District No. 1011 Local Registrar's No. 2

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Lou Rizzonelli

(a) Residence. No. Mine Mill St. Wallace Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 10 - 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida.

FATHER

13. NAME Ed Rizzonelli

14. BIRTHPLACE (city or town) (State or country) Butte Mont.

MOTHER

15. MAIDEN NAME Lodie Smith

16. BIRTHPLACE (city or town) (State or country) Spokane Wash.

17. INFORMANT Ed Rizzonelli (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Jan 8, 1935

19. UNDERTAKER C A Bover (Wards) (Address) Wallace Ida.

20. FILED Jan 7, 1935 John Bover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 11:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Thymus gland	Jan 5, 1936
Other contributory causes of importance:	
Malnutrition	birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. H. Gerald, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9716

FEB 6 1936 RECEIVED

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 1

(No. Residence.)
(If death occurred in a hospital or institution, give its name instead of street and number)

106

2. FULL NAME Bert J. Farrell

(a) Residence. No. 6 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Bessie Farrell.

6. DATE OF BIRTH (month, day, and year) Sept 13-1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northern Pacific R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER FATHER
13. NAME H. Farrell
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Justina Barls.
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Mrs. Bert Farrell.
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kellogg Ida. Date Jan 8, 1936

19. UNDERTAKER A. Bauer (Wards)
(Address) Wallace Ida.

20. FILED Jan 6, 1936 John Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1936.

22. I HEREBY CERTIFY, That I attended deceased from Apl 5th, 1935, to Jan 4th, 1936
I last saw him alive on Jan 4, 1936. death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	
Other contributory causes of importance:	
Myocarditis	
Aortic Regurgitation	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wm. A. Bauer M.D.
(Address) .....

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97165

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 10

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Colomb

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 11, 1889 or 11-1889

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housework
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Plantsville Wis.

FATHER

13. NAME: T. M. Rankin
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER

15. MAIDEN NAME: Bertha Luckow
16. BIRTHPLACE (city or town) (State or country): Manitowoc Wis

17. INFORMANT (Address): Wm. J. Colomb Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Sandpoint Date: 2-5- 1936

19. UNDERTAKER (Address): R. R. Clark Kellogg Ida

20. FILED 2-10, 1936 Wm. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1936 to 2-3, 1936.
I last saw her alive on Feb 3, 1936; death is said to have occurred on the date stated above, at 1:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma, Left breast	2 years

Other **contributory causes** of importance:

Metastases	

Name of operation: Did not perform Date of: Not done
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Howard R. Lindeman M.D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9716

FEB 1 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Carol Meyer

(a) Residence. No. 329 Jackson St. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 7, 1935

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	--	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Jake Meyer

14. BIRTHPLACE (city or town) (State or country) Streeter North Dakota

MOTHER

15. MAIDEN NAME Edna Sayer

16. BIRTHPLACE (city or town) (State or country) Scots Bluff Nebraska

17. INFORMANT .... (Address) Jake Meyer Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Filer, Idaho Date. 1/28, 1936

19. UNDERTAKER ...S.C. Phillips... (Address) Twin Falls, Idaho

20. FILED 2-7, 1936 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1936, to Jan. 26, 1936.
I last saw her alive on Jan. 26, 1936; death is said to have occurred on the date stated above, at 11:00PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Jan 9 Had cold	
Coryza.	

Other **contributory causes** of importance:

Undernourished	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

C. General Hosp

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9716.

Registration District No. 37

FEB 11 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 11

(No. Twin Falls General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar O. Martin

(a) Residence. No. Buhl Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Martin

6. DATE OF BIRTH (month, day, and year): Apr 6th 1878

7. AGE: Years 57 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oakflat Penn.

FATHER

13. NAME: Samuel Martin

14. BIRTHPLACE (city or town) (State or country): Oakflat Penn

MOTHER

15. MAIDEN NAME: Eliza Rigeway

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs E. O. Martin Buhl.

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: Jan 13 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Idaho

20. FILED Jan 16, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1936, to 1-11, 1936

I last saw him alive on 1-11, 1936 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	1-4-36
Obstruction of ileum	
Gas gangrene	1-9-36

Other **contributory causes** of importance:

Name of operation Laparotomy Date of 1-5-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** No violence
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Barry M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97168

Registration District No. 37

FEB 11 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 10

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Alice Beauchamp

(a) Residence. No. 1211 9th East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James V. Beauchamp

6. DATE OF BIRTH (month, day, and year) Feb. 27 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wayne County
(State or country) Ohio

FATHER

13. NAME Preston Jessup

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Mosse

16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT Roy M. Beauchamp
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Jan. 17, 1936

19. UNDERTAKER F. E. Drake
(Address) Twin Falls

20. FILED 1-16, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1935, to 1/15, 1936
last saw h.er alive on 1/13, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	11/1/35 (a)

Other contributory causes of importance:

(Gastroenterostomy)

Name of operation Gastroenterostomy Date of 12/7/35
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Reames, M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97169

FEB 11 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 8

(No. 409 4th Ave. E.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Grace Alberta Snodgrass

(a) Residence. No. 409 4th Ave. E. St.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W.F. Snodgrass

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1880

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morgan
(State or country) Utah

FATHER

13. NAME James W. Stewart

14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER

15. MAIDEN NAME Elzina Corbert

16. BIRTHPLACE (city or town)
(State or country) Utah

17. INFORMANT W.F. Snodgrass
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Jan. 9, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED [illegible], 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1935 to Jan. 6, 1936.
I last saw h alive on Dec 19 1935 death is said to have occurred on the date stated above, at 3. P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial failure	Oct '35

Other **contributory causes** of importance:
Toxic myocarditis from large toxic adenoma of thyroid

Name of operation None Date of
What test confirmed diagnosis Clinical was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M.F. Greenfield M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 3179

State File No.

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 6

FEB 11 1936 RECEIVED

(No. 444 Mrs. Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. H. N. Schuyler

(a) Residence. No. 241 3rd Ave. So. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: H.N. Schuyler

6. DATE OF BIRTH (month, day, and year): May 24, 1880

7. AGE: Years 55 | Months 7 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fisher Ill.

MOTHER FATHER

13. NAME: Haris J. Stansell

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Martha Ketchim

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Della Yadon Twin Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Twin Falls, Ida Date. Jan. 9 1936.

19. UNDERTAKER (Address): S.C. Phillips Twin Falls, Ida.

20. FILED 1-10-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/1/35, to Jan 7/36.
I last saw h[illegible] alive on 1/1/36, death is said to have occurred on the date stated above, at 4 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Cholecystitis.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in a **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H. D. Weaver, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9717

Registration District No. 37

FEB 11 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 5

(No. Kimberly, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Hanna Eliza McEwen

(a) Residence. No. Kimberly, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

77

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A.F. McEwen

6. DATE OF BIRTH (month, day, and year): March 5, 1865

7. AGE — Years: 80 — Months: 19 — Days: 1 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Porowan, Utah

MOTHER / FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): A.F. McEwen, Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Twin Falls Date: Jan. 8 1936

19. UNDERTAKER (Address): S.C. Phillips, Twin Falls, Idaho

20. FILED: 1-10-1936 J.A. Rumbley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Jan. 6, 1936.

I last saw h. alive on Jan. 6, 1936. death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Dementia with acute Cerebral oedema	1/2/36
Other **contributory causes** of importance: Senility C. Mental deterioration	1930

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J.M. Evans M. D.

(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9717?

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 4

FEB 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E.D. Staley

(a) Residence. No. Milner, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Martha Staley

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coville Utah

FATHER

13. NAME Chester Staley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Lester Staley
(Address) Milner, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Burley, Idaho Date 1/9/ 1936

19. UNDERTAKER Payne Mortuary
(Address) Burley, Idaho

20. FILED 1-9- 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936 to Jan 9, 1936
I last saw him alive on Jan. 9, 1936: death is said to have occurred on the date stated above, at 4:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Cardio-vascular disease	

Name of operation none Date of
What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97173

Registration District No. 37

FEB 11 1936 RECEIVED

Registration District No. 1085 Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank M. Slater,

(a) Residence. No. 429, 4th Ave. W, City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willa Slater,

6. DATE OF BIRTH (month, day and year) Dec., 10, 1876.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant police.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mayfield, Idaho.

FATHER

13. NAME Orange J. Slater,

14. BIRTHPLACE (city or town) (State or country) Decatur, Iowa.

MOTHER

15. MAIDEN NAME Alice Dement,

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT (Address) Mrs. Jack Griffith, Hazelton, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Date 1-18-, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 1-16-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen, 193 , to alive , 193

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at approx 430 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture skull	1-15-36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-15-36
Where did injury occur? Twin Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by automobile
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harwood L. Stowe - Coroner, M. D.
(Address) Kimberly, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9717

PLACE OF DEATH

County of Twin Falls
City of Filer

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 3
(No. On Highway Near Filer, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME M.B. Hess

(a) Residence. No. Lamoille, Nev. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Margaret Hess

6. DATE OF BIRTH (month, day, and year) Nov. 12 - 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard Wildlife U.S Forest Service Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.

10. Date deceased last worked at this occupation (mo. and yr.) 1-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Litta Minnesota Todd County

FATHER

13. NAME George A. Hess

14. BIRTHPLACE (city or town) (State or country) Pleasant Valley Ontario Canada

MOTHER

15. MAIDEN NAME Sarah Belle Cyrus

16. BIRTHPLACE (city or town) (State or country) Brown Lake Wright County Minnesota

17. INFORMANT A.R. Torgerson (Address) Lamoille Nevada

18. BURIAL, CREMATION OR REMOVAL
Place. Elko, Nevada Date. 1/9/36 193..

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED 1-9-, 1936 J.A. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 7 1936, 193...
I last saw him alive on Jan 5 1936, 193...: death is said to have occurred on the date stated above, at 2 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Contusion of Brain	
Caused by auto accident	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury 1-7 1936
Where did injury occur? 2 mi. N. Filer Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in ~~home~~, or in **public place.** Public Place
Manner of injury As above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Truck Driver
(Signed) Chas. Taylor M.D.
(Address) Deputy Sheriff Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9717

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Irene Wood Egbert

(a) Residence. No. Rural Route #3 Twin Falls, Ida.
(If usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
##########
WIFE of Keith E. Egbert

6. DATE OF BIRTH (month, day, and year): August 14, 1879

7. AGE: Years 54 | Months 4 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) employed in this occupation:

12. BIRTHPLACE (city or town) (State or country): Upper Montclair, New Jersey

FATHER

13. NAME: Wm. H. Wood

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Koren B. Makepeace

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. A. C. Rutherford

18. ######, CREMATION ########
Place Portland, Oregon Date 1/4/..., 193 6

19. UNDERTAKER: White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-3-, 193 6
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1935, to January 1, 1936.

I last saw her alive on Jan. 1, 1936; death is said to have occurred on the date stated above, at 7:10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia (Streptococcus)	12/26/35
Other **contributory causes** of importance: Influenza	12/21/35

Name of operation: None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) George C. Halley, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97176

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2005 Local Registrar's No. 18
(No.) Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Sorenson,
(a) Residence. No. Twin Falls, Idaho. Route #1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Sorenson,

6. DATE OF BIRTH (month, day and year) Jan. 8, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canal Co., employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation, (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pierre,
(State or country) So. Dakota.

FATHER
13. NAME Hans Sorenson,
14. BIRTHPLACE (city or town) Norway.
(State or country)

MOTHER
15. MAIDEN NAME Annie Daley
16. BIRTHPLACE (city or town) Madison,
(State or country) Wis.

17. INFORMANT Mrs. Jack Sorenson,
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 1-23-, 1936

19. UNDERTAKER White Mortuary, Inc,
(Address) Twin Falls, Idaho.

20. FILED 1-23-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1936, to Jan. 21, 1936
I last saw him alive on Jan. 21, 1936; death is said to have occurred on the date stated above, at 6:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Gangrene right leg	1-19-36
Shock from hemorrhage & intestinal trauma	1-18-36
Dynamite explosion	1-18-36
Other contributory causes of importance: Laceration of bladder and right ureter	1-18-36
Laparotomy	1-19-36

Name of operation Exploratory Date of 1-19-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-10, 1936
Where did injury occur? Twin Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury Dynamite explosion
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John F. Caughlin M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9718

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1985
Local Registrar's No. 22

(No. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Day McVey

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 14 1911

7. AGE: Years 24 | Months 2 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk - Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mercantile
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lone Colo Miss Co,

MOTHER FATHER
13. NAME: OJ McVey
14. BIRTHPLACE (city or town) (State or country): Bed Ford Iowa Miss Co.
15. MAIDEN NAME: Nellie R. Johnson
16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): [illegible] Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: Feb 4, 1936

19. UNDERTAKER (Address): Fred E Drake Twin Falls

20. FILED: 2-4-, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936, to Feb 1, 1936
last saw alive on Feb 1, 1936; death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis - Epidemic	1/31/36

Other contributory causes of importance:
Probable sinus infection, left frontal

Name of operation: Frontal Date of operation: 1/30/36
What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Lloyd E. Oakes M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97182

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 20

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fern De Ford

(a) Residence. No. Hansen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Ed De Ford

6. DATE OF BIRTH (month, day, and year) March 29 - 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Springs Nebraska

FATHER
13. NAME Fremont Mewhirter
14. BIRTHPLACE (city or town) (State or country) Johnson Ohio

MOTHER
15. MAIDEN NAME Caroline Brown
16. BIRTHPLACE (city or town) (State or country) Springfield Ill.

17. INFORMANT Earl De Ford (Address) Hansen Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Gillette Wyo Date 1-27, 1936

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED 1-27, 1936 [illegible] REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936 to Jan 22, 1936
I last saw h-- alive on Jan 21, 1936: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
measles.	1/10/36
Other contributory causes of importance:	
Cardiac failure	1/22/36

Name of operation 0 Date of
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Pinneberg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97183

Registration District No. 37

FEB 1 1936 RECEIVED

Primary Registration District No. 1085

Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William F. Reece

(a) Residence. No. 301 Quincy St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Susie Ann Reece

6. DATE OF BIRTH (month, day, and year): March 25, 1858

7. AGE — Years: 78 | Months: 9 | Days: 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: C.P. Reece

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: No information

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Dollie Tabben, Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Twin Falls, Ida Date 1/23/, 1936

19. UNDERTAKER (Address): S.C. Phillips, Twin Falls, Idaho

20. FILED 1-23-, 1936. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1936, to 1/21, 1936.
I last saw him alive on 1/19, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	1/18/36
Other **contributory causes** of importance:	
Arterio-sclerosis	
Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C.D. Weaver M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9718

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 16
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee G. McCoy

(a) Residence. No. 559 4th ave. west St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Orpha McCoy

6. DATE OF BIRTH (month, day, and year) December 29, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Silver City, Iowa
(State or country)

FATHER
13. NAME Casper O. McCoy
14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER
15. MAIDEN NAME Francis Butts
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Pearl McCoy
(Address) Twin Falls, Idaho

18. ~~[illegible]~~ REMOVAL
Council Bluffs, Iowa Date 1/23/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-22-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935, to Jan. 21, 1936
I last saw him alive on Jan. 21, 1936: death is said to have occurred on the date stated above, at 4:05 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1930
Chronic nephritis	1930
Other contributory causes of importance:	
Hypertrophy of Prostate-Cystitis	1925

Name of operation ..... Date of ~~[illegible]~~
What test confirmed diagnosis? ~~[illegible]~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Logan, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97185

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 15

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Huldreich A. Kurtz

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Tina Kurtz

6. DATE OF BIRTH (month, day, and year)
May 14, 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cathay, N. Dakota
(State or country)

FATHER
13. NAME C. C. Kurtz
14. BIRTHPLACE (city or town) Russia,
(State or country)

MOTHER
15. MAIDEN NAME Caroline Heap
16. BIRTHPLACE (city or town) Russia.
(State or country)

17. INFORMANT Mrs. H. A. Kurtz
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Idaho Date 1-25-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-21-, 1936. [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/19/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen, 193 alive, to , 193

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 9:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1933
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Stowe, M. D.
(Address) Kimberly, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97187

County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Brewer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 29 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George Brewer

14. BIRTHPLACE (city or town) Nebraska (State or country)

MOTHER

15. MAIDEN NAME Mable Davis

16. BIRTHPLACE (city or town) Buhl (State or country) Idaho

17. INFORMENT (Address) Mabel Brewer Buhl Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED Feb 3, 1936. G. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 193 6., to , 193

I last saw h alive on Jan 29, 193 6.; death is said to have occurred on the date stated above, at 5 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 2½ weeks	

Other contributory causes of importance:

Tracheotomy	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. T. Parkinson, M. D.

(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Buhl

R.F.D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9719

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

FEB 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Orlando Gauld

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Alma L. Gauld

6. DATE OF BIRTH (month, day, and year): Nov. 3rd 1854

7. AGE — Years: 81 | Months: 2 | Days: X | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Bkr Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Janesville Wis

FATHER

13. NAME: August Gauld

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Jane Broadbent

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Geo. O. Gauld Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 1-7, 1936

19. UNDERTAKER: Evans & Thompson
(Address) Buhl J. C. Thompson

20. FILED Jan 31, 1936. L. L. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935 to Jan 5, 1936.

I last saw him alive on Jan 3 1936 death is said to have occurred on the date stated above, at 7 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial failure	
	Dec 1935

Other **contributory causes** of importance:

1. Chr. Cardio-renal-hypertensive disease	
2. Chr. Anemia	
3. Chr. Benign prostatic	

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. L. Gauld M.D.
(Address) Twin Falls Ida.

FEB 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9719?

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D.

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard Grassman

(a) Residence. No. 135 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Celestine Marie Grassman

6. DATE OF BIRTH (month, day, and year): Oct. 20th 1857

7. AGE: Years 78 | Months 2 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Not Known Grassman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. B. Grassman Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buried Date: 1-9, 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Ida

20. FILED Jan 31, 1936 H. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7-35 193.. to Jan 4, 193.6.
I last saw him alive on Jan 3 193.6. death is said to have occurred on the date stated above, at 9:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 2-36
Chronic prostatitis	
with retention	Five yrs (?)
Bronchial asthma	Six yrs (?)

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Berry, M. D.
(Address) Buhl Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97193

PLACE OF DEATH
County of Twin Falls
City of Burke

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. 1) (If death occurred in a hospital or institution, give its name instead of street and number) 95

2. FULL NAME Fred Nikart

(a) Residence. No. 513 - 11th Ave No St.
(Usual place of abode)
Length of residence in city or town where death occurred 3/10 yrs. mos. ds.
(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Nikart
6. DATE OF BIRTH (month, day, and year): Oct. 18 - 1853
7. AGE: Years 82 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: newspaper Publisher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1926
11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (city or town) (State or country): Union Penna.

MOTHER/FATHER
13. NAME: Jacob Nikart
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Mary Lytle
16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT (Address): Annie Nikart Burke

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: Feb 2 1936

19. UNDERTAKER (Address): Evans & Gleason Burke, Idaho

20. FILED Feb. 3, 1936 G. T. Dickenson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to Jan. 29, 1936.
I last saw him alive on Jan. 29, 1936. death is said to have occurred on the date stated above, at 10 .... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	about 5 years
Other **contributory causes** of importance:	
None	

Name of operation: None Date of:
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Worley M. D.
(Address) Burke Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9719

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 24

(No. County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cleon J. Green

(a) Residence. No. 437--2Nd. Ave. East St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 15Th1934

7. AGE: 2 Years | 4 Months | 15 Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho.

MOTHER / FATHER

13. NAME: W.F. Green

14. BIRTHPLACE (city or town) (State or country): St. Anthony Idaho.

15. MAIDEN NAME: Henrietta Logan

16. BIRTHPLACE (city or town) (State or country): Orngeville Utah

17. INFORMANT (Address): W.F. Green Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Feb. 2, 1936

19. UNDERTAKER (Address): S.C. Phillips Twin Falls, Idaho.

20. FILED Feb. 7, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to Jan. 30, 1936.

I last saw him alive on Jan. 30, 1936: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia (Both Lungs)	Jan 23, 1936

Other **contributory causes** of importance:

Ill Nephritis	

Name of operation: None Date of:

What tests confirmed diagnosis? Clinical & Laboratory findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. F. Parker M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

FEB 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97155

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. No. 2

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd Jessiger Niedrickseu

(a) Residence. No. Eaton St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wht	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 23 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	10	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Clyde L. Diderickseu
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Leora Jessiger
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Clyde L. Diderickseu Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 1-7-, 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 6, 1936
I last saw h[im] alive on Jan 5, 1936: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Jan 1, 1936
Other contributory causes of importance: Myocardial failure	Jan 6, 1936

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. L. Chestnut, M. D.
(Address) Deitler Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO Canby

PLACE OF DEATH
County of Washington
City of Weiser

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9720

FEB 10 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 41

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Clinton Medley

(a) Residence. No. Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lucy Medley

6. DATE OF BIRTH (month, day, and year) June 24 — 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	[redacted]	[redacted]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME James Medley
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Jennie Lockhart
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Mrs. Medley (Address) Huntington Utah

18. BURIAL, CREMATION OR REMOVAL [redacted] Date Jan 13, 1936

19. UNDERTAKER L C Rarchaine (Address) Meyer Idaho

20. FILED Feb 7, 1936 Emma Faucett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 10, 1936
that I last saw h alive on Jan 10, 1936 death is said to have occurred on the date stated above, at 2:45 P. m.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset Jan 7, 1936

Other contributory causes of importance:
Cellulitis of face — Jan 8, 1936

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Conte, M. D.
(Address) Weiser Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9720 i

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 8

FEB 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman Keith Snider

(a) Residence. No. Midvale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wht	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Floyd Snider

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Myrtle Hepp

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Floyd Snider Midvale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Date 2-1-, 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED Feb 7, 1936 Temma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to Jan 31, 1936
I last saw him alive on Jan 31, 1936; death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Jan 22, 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Cook, M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9720

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 7

FEB 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Irvin Davis

(a) Residence. No. Free District St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maud Davis

6. DATE OF BIRTH (month, day, and year) June 10 — 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME Clark Davis
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Mary Jane Van Zant
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Maud Davis
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Ida Date 2-1, 1936

19. UNDERTAKER R. C. Northam
(Address) Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Jan 30, 1936
last saw h[illegible] alive on Jan 30, 1936; death is said to have occurred on the date stated above, at 10:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 27 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) R. R. Coats, M. D.
(Address) Weiser Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97203

Registration District No. 86

FEB 10 1936 RECEIVED

Registration District No. 2112

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Miller

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of John Freed Miller

6. DATE OF BIRTH (month, day, and year) 1840

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Nathan Doucet

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Catherine Keller

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT George Doucet
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Idaho Date 1-23- 1936

19. UNDERTAKER R. C. Northam
(Address) Weiser Idaho

20. FILED Feb 7 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. A. Gibson, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97204

Registration District No. 86

FEB 10 1936 RECEIVED

Registration District No. 2117

Local Registrar's No. 85

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vina May Hargett

(a) Residence. No. 1 Crystal St. 31
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Logan Hargett

6. DATE OF BIRTH (month, day, and year) May 1 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME M. M. Andrews
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Melissa Cobb
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mary Miller (Address) Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser Idaho Date 1-17-1936

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-15-, 1936, to 1-16-, 1936
I last saw her alive on 1-16-, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma & Pneumonia due to T.B. of lungs.	10-15-25
Other contributory causes of importance: Child birth 6 months before death.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F. A. Gehrmann M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9720

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. [redacted] no 3

FEB 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Jackson Crull

(a) Residence. No. 824 E Comm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wht	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah Crull

6. DATE OF BIRTH (month, day, and year): Feb. 21 — 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Wis

FATHER

13. NAME: Levi. Crull

14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER

15. MAIDEN NAME: Kyle

16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT (Address): Frank Lunger Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 1 — 8 — 1936

19. UNDERTAKER (Address): L. C. Northam Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 5 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 5, 1936.
I last saw him alive on Jan 5, 1936; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 5 - 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97205

Registration District No. 86

FEB 10 1936 RECEIVED

Primary Registration District No. 1010 Local Registrar's No. 1

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora E. Rush 90

(a) Residence. No. Old Town St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11 — 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Wm Rush
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Mary Graham
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Wm Rush
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date Jan. 9th, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 7 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Jan 7, 1936
I last saw h[illegible] alive on Jan 5, 1935: death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3
Myocardial failure	1-7-36
Bronchio-pneumonia	12-16-35
Other contributory causes of importance:	
Post-poliomyelitis — Cystic Degeneration	1929

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Cunter, M. D.
(Address) Weiser Ida.

FEB 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9720

PLACE OF DEATH

County of Washington
City of Midvale

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula K Hooper

118

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Caucasian
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of A U Hooper
6. DATE OF BIRTH (month, day, and year): May 4 1872
7. AGE: Years 64 | Months 8 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Johnson Co. Mo

FATHER
13. NAME: John Brantham
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Amanda Foust
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT: Alta Hooper (Address)
18. BURIAL, CREMATION OR REMOVAL
Place Midvale Date 1-21, 193 6
19. UNDERTAKER: J G Hudson (Address) Kimball Ida
20. FILED 2-7-36 193... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1936
22. I HEREBY CERTIFY, That I attended deceased from December 20.., 1935.., to January 14.., 1936..
I last saw her alive on Jan 14th 36 Death is said to have occurred on the date stated above, at 7:00 AM.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	Nov 1935
Other **contributory causes** of importance:	
Post operative adhesions	three or
following hysterectomy and	four years
some type of bowel operation	four yrs ago

Name of operation Laparotomy. Date of 1931
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? O. M Date of injury.., 193.
Where did injury occur? O
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** O
Manner of injury O
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? O If so, specify
(Signed) Alvin D Hunter MD M. D.
(Address) Cuprum Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97210

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97210
State File No.

Registration District No. 13
Primary Registration District No. 2150
Local Registrar's No. 24

FEB 20 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Smith Hummel

74a

(a) Residence. No. 425 Boulevard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Hummel

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dillsburg Penn.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME ---- Fox

16. BIRTHPLACE (city or town) (State or country) Goldsborough Penn.

17. INFORMANT (Address) A. T. Hummel Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Ut. Date Feb. 8, 1936

19. UNDERTAKER (Address) E. J. Peck Blackfoot, Idaho.

20. FILED Feb 10, 1936 J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935 to Feb 7, 1936

I last saw her alive on Feb 7, 1936; death is said to have occurred on the date stated above, at 5:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. T. Hummel M.D.
(Address) Idaho Falls Idaho

97211

DO NOT WRITE IN THIS SPACE

State File No. 97211

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bannock

City of Pocatello

FEB 10 1936 RECEIVED

Registration District No. 28

Registration District No. 2161

Local Registrar's No. 586

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Urilla Morgan

(a) Residence. No. 658 So. 10th St. Pocatello Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W Morgan

6. DATE OF BIRTH (month, day, and year): Dec 7, 1867

7. AGE: Years 68; Months 2; Days —; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Lawrence F. Bramo

14. BIRTHPLACE (city or town) (State or country): Austin Ind.

MOTHER

15. MAIDEN NAME: Elizabeth Young

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT (Address): John W. Morgan Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Date Feb 9, 1936

19. UNDERTAKER (Address): R. J. McClain Pocatello Ida

20. FILED Feb 7, 1936 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Jan 2, 1936. I last saw her alive on Jan 6, 1936.: death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~ Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Evans, M. D.

(Address) Pocatello Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97212

DO NOT WRITE IN THIS SPACE
State File No. 37212

Registration District No. 70

FEB 24 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

2. FULL NAME James Mccoy

(a) Residence, No. Wallace Idaho St. 31
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newfoundland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Newfoundland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Newfoundland

17. INFORMANT Tom Conroy (Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Feb 14, 1936

19. UNDERTAKER Jos Burns (Address) Wallace Ida

20. FILED Feb 24, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1936, to Feb 9th, 1936

I last saw him alive on Feb 9, 1936; death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Mccoy M.D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of ~~Lorenzo~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97213

FEB 24 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Norris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Dispatcher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 28yrs

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Wm. Henry Norris
14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Slater
(Address) Lorenzo, RFD 1 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date Feb. 22, 1936

19. UNDERTAKER R. G. Wenner
(Address) Rigby Idaho

20. FILED Feb. 19, 1936 A. E. Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936, to 2-19, 1936
I last saw h... alive on 2-17, 1936: death is said to have occurred on the date stated above, at 1:05 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-16 36
Railroad Dispatcher	
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Rigby Ida.

97214

DO NOT WRITE IN THIS SPACE

State File No. 97214

PLACE OF DEATH

County of Bingham

City of Blackfoot

FEB 25 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 1047 Local Registrar's No. 94

(No. Bell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Thomas Ray Scott

(a) Residence. No. 144 W. Bridge St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria H. Scott

6. DATE OF BIRTH (month, day, and year) Aug. 4 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 4, 1936

11. Total time (years) spent in this occupation 12 years.

12. BIRTHPLACE (city or town) (State or country) Provo, Utah

FATHER

13. NAME William Norton Scott

14. BIRTHPLACE (city or town) (State or country) Provo, Utah

MOTHER

15. MAIDEN NAME Emmeretta Clark

16. BIRTHPLACE (city or town) (State or country) Provo, Utah

17. INFORMANT (Address) Mrs. Victoria H. Scott, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Provo, Utah Date Feb. 16, 1936

19. UNDERTAKER (Address) John C. Sandberg, Blackfoot, Idaho

20. FILED Feb 25 1936 C. W. Nation Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936 to Feb 13, 1936

I last saw alive on Feb 13, 1936: death is said to have occurred on the date stated above, at 4:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General septicemia developed through abrasions of the scalp	7 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Abraded Scalp

Signed C. O. Hansen, M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97215

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Filer, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97215

Registration District No. 37
Primary Registration District No. 2985
Local Registrar's No. 39

FEB 26 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Reichert,

(a) Residence. No. Filer, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

105

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Lena May Reichert

6. DATE OF BIRTH (month, day, and year) July 11, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Britt, Iowa
(State or country)

FATHER
13. NAME George Reichert
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Rosa Dunteman
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Ed. Reichert
(Address) Filer, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer, Cemetery Date 2-17, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 2/18, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1935, to Feb. 14, 1936
I last saw him alive on 2/14, 1936: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus invasion of bronchi producing Asthma.	
Other contributory causes of importance:	
Nasal Operations	

Name of operation Removal Polypus Date of 1931
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John R. Morgan, M. D.
(Address) Twin Falls, Idaho

97216

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97216

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 44

FEB 27 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls County General Hospital

2. FULL NAME Lola Faye Van Zante

(a) Residence. No. Filer, Idaho R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deles Van Zante

6. DATE OF BIRTH (month, day, and year) June 15, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellington Kansas

FATHER

13. NAME Sumner Marshall

14. BIRTHPLACE (city or town) (State or country) New Brighton Pennsylvania

MOTHER

15. MAIDEN NAME Florence Ransom

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Deles Van Zante Filer, Idaho

18. BURIAL, ~~CREMATION or REMOVAL~~

Place Filer, Idaho Date 2/20, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 2/27, 1936 [signature illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb'y, 1936, to 2-16, 1936

I last saw her alive on 2-16, 1936: death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	2-16-36
hypostatic	

Other contributory causes of importance:

Toxemia of	
Pregnancy	2-1-36
Eclampsia	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John P. Caughlin M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 2 1936 RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97217

DO NOT WRITE IN THIS SPACE

State File No. 97217

PLACE OF DEATH

County of Latah

City of ~~Onaway~~ Potlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 1000

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony Serafin Valorz

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 29 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Valorz

6. DATE OF BIRTH (month, day, and year) April 25 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Steam Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Nicholas Valorz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Madeline Zanon

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) N.J. Valorz Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL Place Potlatch Idaho Date Feb 15, 1936

19. UNDERTAKER (Address) D.D. Kimball Palouse Wash,

20. FILED Feb 3rd, 1936. J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1936, to Feb. 12th, 1936

I last saw him alive on Feb 12, 1936; death is said to have occurred on the date stated above, at 1240a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia -	Feb 7th
Other **contributory causes** of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. No If so, specify .....

(Signed) J.W. Thompson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 2 1936 RECEIVED

97218

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97218

PLACE OF DEATH
County of Idaho
City of Ferdinand

Registration District No. 105
Primary Registration District No. 2183
Local Registrar's No. 1

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe A. Kuther

(a) Residence. No. Ferdinand, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Antonette Kuther

6. DATE OF BIRTH (month, day, and year) Sept 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	41	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mercahnt

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11/35

11. Total time (years) spent in this occupation 18 Years

12. BIRTHPLACE (city or town) Keuterville
(State or country) Idaho

FATHER

13. NAME Henry Kuther

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Catherine Herboth

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Antonette Kuther
(Address) Ferdinand, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ferdinand Date 2/22, 193 6

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED Feb. 22, 1936 N. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935, to Feb. 19, 1936

I last saw h. im alive on Feb. 18, 1936.: death is said to have occurred on the date stated above, at 8:05 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
biopsy	

Other **contributory causes** of importance:

Name of operation. Exploratory and Pathological reprt. Date of 1-14-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Harley F. Orr M. D.
(Address) Ferdinand Ida.

97219

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97219

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 34

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1006

2. FULL NAME William Harrison Brewer

(a) Residence. No. 611 - 19th ave. So. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred Brewer

6. DATE OF BIRTH (month, day, and year) June 7th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

FATHER

13. NAME Alexander Brewer

14. BIRTHPLACE (city or town) (State or country) No. Carolina

MOTHER

15. MAIDEN NAME —— Byers

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Winifred Brewer Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Interlaken

Place Nampa, Ida Date 2-23 1936

19. UNDERTAKER Wm. D. Talbey (Address) Nampa Ida

20. FILED Mar. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to Feb 22, 1936.

I last saw him alive on 2-22-1936; death is said to have occurred on the date stated above, at 12:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Edema of Lungs	2-21-36
Other **contributory causes** of importance Bronchitis Carbuncle	2-19-36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so far as I know

(Signed) C. C. Sellman M. D.

(Address)

97220

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 220

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(No. 10 1/2)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ira Spurgeon

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 19 1891

7. AGE: Years 44 | Months 6 | Days 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Sept 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas Osborn Co

FATHER

13. NAME: Geo. R. Spurgeon

14. BIRTHPLACE (city or town) (State or country): Ill Lovedavis Co

MOTHER

15. MAIDEN NAME: Esther Eulsens

16. BIRTHPLACE (city or town) (State or country): Ill Lovedavis Co

17. INFORMANT (Address): Mrs. Belle Medford Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: Feb 22 1936

19. UNDERTAKER (Address): H. P. Crouch Bonners Ferry

20. FILED Feb. 19, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Feb 18, 1936.

I last saw him alive on Feb 18, 1936.; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other **contributory causes** of importance:

Delayed Resolution	
Myocardial Failure	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'r'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. McDonald M. D.

(Address) Bonners Ferry Idaho

97221

DO NOT WRITE IN THIS SPACE

State File No. 97221

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No. 48

MAR 5 1936 RECEIVED

(If in hospital or institution, give its name instead of street and number.)

2. FULL NAME Jessie H- Emmons

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver E. Emmons

6. DATE OF BIRTH (month, day, and year) 8-26-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
70	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Hunter

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMENT (Address) Walter Emmons Glenns Ferry Ida

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Ida Date 1-6, 1936

19. UNDERTAKER (Address) Zacher Funeral Home 2nd Store

20. FILED 1-5, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936 to Jan 4, 1936

I last saw her alive on Jan 4, 1936: death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeles	1933
Cardiac asthma	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify John W Dare

(Signed) ..... M. D.

(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 5 1936 RECEIVED

97222

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Goodding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97222

Registration District No. 22

Primary Registration District No. 2018 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Adelaide Fiegenbaum Vetsch

(a) Residence. No. Wendell, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Fred J. Vetsch

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Iowa
(State or country)

FATHER

13. NAME Henry R. Fiegenbaum

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Helwig

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Rudolph Fiegenbaum
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Date 3-1, 1936

19. UNDERTAKER Thompson
(Address) Gooding Idaho

20. FILED 2-27 1936 E. L. Smouter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936, to 2-25, 1936

I last saw h~~e~~live on 2-25, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arthritis	
Other **contributory causes** of importance: General debility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) E. L. Smouter M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 5 1936 RECEIVED

97223

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97223

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 14
(No. 206 Bank St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Josiah Clark.

(a) Residence. No. 4 Burke Ida St. Burke Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 23 - 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte Mont.
(State or country)

FATHER

13. NAME James L Clark.
14. BIRTHPLACE (city or town) Ia.
(State or country)

MOTHER

15. MAIDEN NAME Katherine Clafferty.
16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT Mrs James Baxter
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Feb 15, 1936

19. UNDERTAKER J.A. Boyer (Wards)
(Address) Wallace Ida

20. FILED Feb 14, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936, to Feb 13, 1936
I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 6-40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis CHF	2 Years 2 Months
Other contributory causes of importance:	
Cirrhosis of Liver	7-8 da
Arthritis Chronic	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Thompson M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97224

Registration District No. 8
Primary Registration District No. 2004
97224 19
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Clifford Rector

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matie

6. DATE OF BIRTH (month, day, and year) 1/30/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME William Rector
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary Miles
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mrs. Harold Day. Baker Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/22—, 1936

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 2-24 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19-36 193

22. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1936, to 2-19-, 1936.
I last saw him alive on 2-19, 1936: death is said to have occurred on the date stated above, at 1:30 pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) John Boeck M. D.
(Address) Boise Ida

Boeck

97225

PLACE OF DEATH
County of Fayette
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97225

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 18.

MAR 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Arthur N. Shoop.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura G. Shoop.

6. DATE OF BIRTH (month, day and year) June 17 - 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	8	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Selins Grove (State or country) Penn.

FATHER

13. NAME David Shoop.
14. BIRTHPLACE (city or town) Green Castle (State or country) Penn.

MOTHER

15. MAIDEN NAME Lucy Sanders
16. BIRTHPLACE (city or town) Virginia Bord (State or country) Penn.

17. INFORMANT Laura G. Shoop (Address) Fayette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Fayette Idaho Date 3-24-1936.

19. UNDERTAKER Glenn C Landon (Address) Fayette Idaho.

20. FILED 3/28/36 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24/36, 193..., to 2/24/36, 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dropped dead in the yard	
His wife gives a history	
of previous heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F R Woodward M. D.
(Address) P Fayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

J-R,

MAR 7 1936 RECEIVED

97226

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97226

PLACE OF DEATH

County of Twin Falls

City of Buhl

R.F.D.

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74 a

2. FULL NAME John Baptiste Denardis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Denardis

6. DATE OF BIRTH (month, day, and year): June 28 - 1894

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Jean Denardis

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mat Emanon

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Mrs. Alice Denardis Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 3-4-, 1936

19. UNDERTAKER (Address): Evans Mortuary Buhl

20. FILED Mar 5 1936 E. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/3 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2/13/36, 193..., to 3/1/36, 193...

I last saw him alive on 3/1/36, 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Myocarditis	

Name of operation: C Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...
(Signed) ..... M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97227

DO NOT WRITE IN THIS SPACE

State File No. 97227

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 58

(No. Twin Falls Co.Gen.Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Sivert Waal

(a) Residence. No. Twin Falls Route #3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT A.J.Meyers
(Address) Twin Falls, Idaho

18. BURIAL, [redacted]
Place Twin Falls Cem. Date ....., 193..

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-7-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 193 4 to Feb. 28, 193 6

I last saw him alive on Feb. 28, 1936 : death is said to have occurred on the date stated above, at 7:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension chr	10 yrs.
Uremia acute	8 days

Other contributory causes of importance:

Nephritis interstitial chr.	10 yrs.
Myocarditis chr.	5 yrs.

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violense) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Reymer, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97228

DO NOT WRITE IN THIS SPACE

State File No. 97228

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 9 1936 RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1001

Local Registrar's No. 47

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace L. McKennie

(a) Residence. No. Route 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A.

6. DATE OF BIRTH (month, day, and year) 9/26/1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept'l. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govr. Service

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) New York State

MOTHER FATHER

13. NAME Alanzo Atherton

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Phoebe Briggs

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Wm. A. McKennie, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Muncie Indiana Date Febr. 6, 1936

19. UNDERTAKER (Address) McBratney Funeral Home Boise, Idaho

20. FILED 2-6, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/4/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 4, 1936
I last saw her alive on Feb. 4, 1936: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	
Exhaustion.	
Other contributory causes of importance: Bronchial asthma severe	

Name of operation None Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) N. C. Stanton, M. D.
(Address) [redacted] Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 9 1936 RECEIVED

97229

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97229

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 207
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles A. Pfeiffer 90
(a) Residence. No. Challis Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Pfeiffer

6. DATE OF BIRTH (month, day and year) March 8 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Sacramento Calif

PARENTS

10. NAME OF FATHER Michael Pfeiffer
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill.
12. MAIDEN NAME OF MOTHER Barbara Laquet
13. BIRTHPLACE OF MOTHER (city or town) (State or County) France

14. Informant (Address) D. W. Pfeiffer

15. Filed Feb 25, 1936 Elsa McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 23 (Day), 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Had not seen him for months to Feb 23 1936, that I last saw him alive on Feb 7, and that death occurred on the date stated above, at ....m.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral regurgitation due to Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? and Date of
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) C. L. Hurst, M. D.
, 19 (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Idaho	Feb. 25 1936

20. Undertaker Dept. Address Salmon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97230

DO NOT WRITE IN THIS SPACE

State File No. 97230

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 24

MAR 11 1936 RECEIVED

(No.) Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Wilbur T. Stroud

(a) Residence. No. 213 Goodwin St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Genevieve Stroud

6. DATE OF BIRTH (month, day, and year) February 6, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard, State Penitentiary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Thomas Stroud

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Sarah Reddington

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Doris M. Crawforth

(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise, Idaho Date March 12 1936

19. UNDERTAKER McBratney Funeral Home

(Address) Boise, Idaho

20. FILED 3-10, 1936 R. E. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1936, to March 9, 1936

I last saw him alive on March 9, 1936: death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Brain) Carcinoma, frontal lobe, left	Unknown
Other contributory causes of importance:	
Cystic degeneration and	
generalized metastasis	Unknown

Name of operation None Date of ---

What test confirmed diagnosis? ? Was there an autopsy? Yes Autopsy

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

97231

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97231

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 11

MAR 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Jasper Reece

(a) Residence. No. Enterprise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Reece
6. DATE OF BIRTH (month, day, and year) Dec 20 - 1874
7. AGE: Years 65 | Months 1 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida

FATHER
13. NAME Jasper Reece
14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER
15. MAIDEN NAME Hannah Hull
16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Lois Bonner (Address) Weiser Ida
18. BURIAL, CREMATION OR REMOVAL Place Enterprise Or Date 2-14-, 193 6
19. UNDERTAKER C. L. Woods (Address) Enterprise Ore
20. FILED Mch 10 193 6 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 193 6, to Feb. 4, 193 6.
I last saw him alive on Feb. 4, 193 6 death is said to have occurred on the date stated above, at 9.30 a.m. p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	?
Chronic Myocarditis	?

Other **contributory causes** of importance:

Hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Hyden Hancher, M. D.
(Address) Weiser Ida

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

97232

DO NOT WRITE IN THIS SPACE

State File No. 97232

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Registration District No. 37

Registration District No. 2005

Local Registrar's No. 52

MAR 11 1936 RECEIVED

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Bruns

(a) Residence. No. Eden, Idaho R.F.D. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie Bruns

6. DATE OF BIRTH (month, day, and year) March 15, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Harm Bruns

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gesche Rosenbrock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophie Bruns (Address) Eden, Idaho R.F.D.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Eden, Idaho Date 2/22, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 3/11, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1936, to 2-19, 1936

I last saw ~~him~~ alive on 2-19, 1936: death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General streptococcic septicemia	
Other contributory causes of importance:	
Perforation of bladder	
Abscess of right hand	

Name of operation Opened hand Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury small cut

Nature of injury puncture wound

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. Hagadone M. D.

(Address) Hagadone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97033 (97233)

PLACE OF DEATH

County of Bannock

City of Pocatello

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 583

RECEIVED MAR 9 1936

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sallie S. Gephart

(a) Residence. No. Woolley Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S.

6. DATE OF BIRTH (month, day, and year) Feb. 12 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Missouri

FATHER

13. NAME Henry Haslett

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Julia Bowen

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT (Address) Mrs. R. Claytor Woolley Apts.

18. BURIAL, CREMATION OR REMOVAL Place Tremonton, Utah Date Feb. 5, 1936

19. UNDERTAKER (Address) Leonard's Funeral Home Pocatello Idaho

20. FILED 2-3, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1936, to 2-3, 1936

[last saw h[illegible] alive on 2-2, 1936.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Repeated cerebral hemorrhages	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Pocatello

97234

MARGIN RESERVED FOR BINDING
...TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...rmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-...TION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97234

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 11

(No. Route #3)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Vincen

(a) Residence. No. Boise Rt. # 3 St.
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

205 lb

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie Vincen

6. DATE OF BIRTH (month, day, and year) Aug 12 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

MOTHER FATHER
13. NAME Mallay Vincen
14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER
15. MAIDEN NAME Elenor Eagleson
16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT Charles H. Vincen
(Address) 3115 5th St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cemetery Date 2/15, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-13 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About 2/9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 2/10, 1936...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead in His Home	
Cause Unknown But Natural	
No Indication Of Foul Play	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. F. McCann Corner, M. D.
(Address) Boise Idaho

97235

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97235

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 23

(No. 178)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lloyd E. Johnson

(a) Residence. No. Stewarts Gulch 4 miles NE of Boise St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara Johnson

6. DATE OF BIRTH (month, day and year) Sept. 23 1887

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hunton, W. Va.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Veterans Administration Boise Idaho. Facility.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Ida. Date 3-7-1936, 193...

19. UNDERTAKER (Address) Schreiber & McCann Boise, Idaho

20. FILED 3-10, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 3rd. 193 6

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193...
I last saw him alive on 3/3, 1936: death is said to have occurred on the date stated above, at ?. A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned To Death In His Home.	
Origin Of Fire Undetermined	
House Completely Destroyed	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? At Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. McCann Coroner, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

97236

DO NOT WRITE IN THIS SPACE

State File No. 97236

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 10 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 33
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah A. Ford

(a) Residence. No. .... Post Falls Idaho. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - Thomas Ford 1900

6. DATE OF BIRTH (month, day, and year) 6 - 15 - 1861

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
74	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Peoria
(State or country) Ill.

FATHER
13. NAME Joseph La Brie
14. BIRTHPLACE (city or town) ....
(State or country) Canada

MOTHER
15. MAIDEN NAME Floria Simmons
16. BIRTHPLACE (city or town) ....
(State or country) Canada

17. INFORMANT Mrs B. C. Wood
(Address) Kettle Falls Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove Rathdrum Idaho. Date 2/8/36 193..

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene Idaho

20. FILED 2/11/36 193.. E. T. Spohn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936, to Feb. 5, 1936
I last saw her alive on Feb. 5, 1936; death is said to have occurred on the date stated above, at 3:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
	2/1/36
Biliary Calculi	
Other contributory causes of importance:	

Name of operation ---- Date of ....
What test confirmed diagnosis? symptons Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 193....
Where did injury occur? ----
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----
Manner of injury ----
Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) T. L. Mc Cauley M. D.
(Address) Post Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97237

97237

PLACE OF DEATH
County of Ada
City of Boise

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 66

(No. 88th)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nellie Beckman

(a) Residence. No. 314 Union St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND (or) WIFE of: George Wash Beckman
6. DATE OF BIRTH (month, day, and year): Sept 2 1864
7. AGE: Years 72 | Months 5 | Days 24 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: time of marriage

12. BIRTHPLACE (city or town) Mississippi
(State or country) Minnesota

FATHER
13. NAME John Greely
14. BIRTHPLACE (city or town) Don't Know
(State or country)

MOTHER
15. MAIDEN NAME Lizzie Clark
16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT Lela Beckman
(Address) 314 Union

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 2/29, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-27, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Feb 26, 1936
last saw her alive on Jan 29, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1935
Other contributory causes of importance:	
Arteriosclerosis	1926

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Brigham M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Grant

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 97238

97238

MAR 16 1936 RECEIVED

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 13

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maria Done Taylor

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lyman A. Taylor

6. DATE OF BIRTH (month, day, and year) May 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Smithfield
(State or country) Utah

FATHER

13. NAME George Done
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Thomas Taylor Jr.
(Address) Rigby Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho. Date March 12, 1936

19. UNDERTAKER Rolland Weiser
(Address) Rigby, Idaho

20. FILED 3/10, 1936 R S Weiser
Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 9, 1936
I last saw her alive on March 9, 1936: death is said to have occurred on the date stated above, at 3.00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmarrhage	3/9/36
Arteriosclerosis and	
Hypertension	2
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J. Harper Cullen, M. D.
(Address) Rigby, Idaho

97237

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97239

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 13

(No. Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Ryan

(a) Residence. No. 1564 Kellogg Street St. Covington, Kentucky
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) December 21, 1916

7 AGE: Years 19 | Months 1 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Truck Driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10 Date deceased last worked at this occupation (mo and yr)

11 Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norwood, Ohio
(State or country)

MOTHER FATHER

13. NAME Unknown

14 BIRTHPLACE (city or town) Unknown
(State or country)

15 MAIDEN NAME Unknown

16 BIRTHPLACE (city or town) Unknown
(State or country)

17 INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Covington, Ky. Date 2-14 1936

19 UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20 FILED 2-14 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1936, to February 13 1936

I last saw him alive on Feb. 13 1936: death is said to have occurred on the date stated above, at 2:20a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Meningitis, spinal, severe, meningococcic type	Unknown

Other **contributory causes** of importance:

None	

Name of operation ---- Date of ----

What test confirmed diagnosis? Meningococci in Spinal Fluid Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. BAKER, ... M. D.

(Address) .....

97240

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97240

Registration District No. 2
Primary Registration District No. 1804 Local Registrar's No. 91

(No. Broadway near Chamberlain Streets)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Bowman Glenn

(a) Residence. No. 2007 N. 8th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-20-1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Highway Dept.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME James M. Glenn

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Margaret E. Bowman

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mrs. Margaret Bowman Glenn Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-16-36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-16 1936 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15/36 193

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ....., 193....
I last saw him alive on Dead 3/15, 1936: death is said to have occurred on the date stated above, at 1- A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head & Body Injuries Caused By Automobile Accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Street
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. M. Cramer Coroner M. D.
(Address) Boise Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97241

Registration District No. 8

MAR [illegible]

Primary Registration District No. 2004 Local Registrar's No. 10

(No.) Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry C. Browning

(a) Residence. No. ..... St. Sardis, Kentucky

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, married, widowed or divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ----

6. DATE OF BIRTH (month, day, and year): July 26, 1915

7. AGE: Years: 20 | Months: 5 | Days: 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER OF FATHER

13. NAME: Willie J. Browning

14. BIRTHPLACE (city or town) (State or country): Kentucky

15. MAIDEN NAME: Mattie White

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Doris M. Crawforth, Boise, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place: Maysville, Kentucky Date: 2-11-, 1936

19. UNDERTAKER (Address): Summers Funeral Home, Boise, Idaho

20. FILED 2-11-, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16 1936, to February 9 1936

I last saw him alive on Feb. 9 1936; death is said to have occurred on the date stated above, at 8:00p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Empyema, right chest	1-27-36

Other **contributory causes** of importance:

Pneumonia, lobar	1-5-36
Bronchial fistula	1-28-36

Resection of rib with drainage

Name of operation: ..... Date of: 1-5-36

Laboratory, clinical findings & X-ray

What test confirmed diagnosis?: ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) R. E. BAKER, M. D.

(Address) Boise, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97242

Registration District No. 8

MAR 11 1936 RECEIVED

Primary Registration District No. 2004

Local Registrar's No. 15

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy H. Knapp

(a) Residence. No. ..... St. Kamiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs ... mos ... ds How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) November 9, 1913

7 AGE: Years 22 | Months 3 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8 Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Fred Knapp

14 BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Susie Dorse

16 BIRTHPLACE (city or town) (State or country) Kansas

17 INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18 BURIAL, CREMATION OR REMOVAL
Place Kamiah, Idaho Date 2-19 1936

19. UNDERTAKER (Address) Summers Funeral Home, Boise Idaho

20. FILED 2-19, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1936, to February 16, 1936.
I last saw him alive on Feb. 16, 1936.: death is said to have occurred on the date stated above, at 11:30 PM.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, lober, entire right chest	1-31-36

Other **contributory causes** of importance:

Pericarditis, fibrinous, acute, pneumonic	2-12-36

Name of operation ----- Date of ---

What test confirmed diagnosis? X-ray & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, Specify .....

(Signed) R. E. BAKER, M. D.

(Address) V. A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97243

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 18

(No. Veterans Administration Facility, Boise, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Madsen 117

(a) Residence. No. 24 Page Ave., St. Tottenville, Staten Island New York
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: ———
7. DATE OF BIRTH (month, day, and year): August 17, 1914
7. AGE — Years: 21 Months: 6 Days: 5 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

MOTHER FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION, REMOVAL: Stapleton, Staten Island
Place: Summers Funeral Home Date: 2-24 1936

19. UNDERTAKER (Address): Boise, Idaho

20. FILED 2-21, 1936. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 20, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 2[illegible], 1936, to Feb. 20, 1936

I last saw him alive on Feb 20, 1936; death is said to have occurred on the date stated above, at 5:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Appendicitis, P, O, with generalized Peritonitis (Streptococcic.)	12-28-35
Other **contributory causes** of importance:	
Appendectomy	2-7-36

Name of operation: Appendectomy Date of: 2-7-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER M. D.
(Address) Vet. Adm. Facility, Boise, Idaho

Dr Stewart

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97244

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 69

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Ruby Geneive Ryan Paulson

(a) Residence. No. 708 Washington Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Ellis Paulson

6. DATE OF BIRTH (month, day, and year) April.17.1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerman
(State or country) Idaho

FATHER
13. NAME C. W. Ryan
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Myrtle M. Boyer
16. BIRTHPLACE (city or town) Hagerman
(State or country) Idaho

17. INFORMANT William Ellis Paulson
(Address) 708 Washington, St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date March.1 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-29 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb.27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24/36, 1936, to 2/27/36, 1936
I last saw h[illegible] alive on 2/27/36, 1936. death is said to have occurred on the date stated above, at 6:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	2-18-36
Acute Peritonitis	
Embolism	
Other contributory causes of importance:	
Extension of Peritonitis	2/26/36

Name of operation None Date of 2/27/36
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James H. Stewart, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

2-36-2

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97245

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 68

MAR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asa Baldwin

(a) Residence. No. 1506 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, and year) 4/10/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Promoter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois (State or country)

FATHER

13. NAME Henry Baldwin
14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER

15. MAIDEN NAME Mary Smith (?)
16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Julia Baldwin, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2-29-36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 2-29, 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27-36 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 27, 1936
I last saw h alive on Feb 26, 1936: death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Broncho-Pneumonia	Feb 23 1936
Other contributory causes of importance: Arteriosclerosis and Chronic Myocarditis	1925

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Brantan, M. D.
(Address) J. H. Brantan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97246

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 67

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William K. Yergenson

(a) Residence. No. ..... St. Payette Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Rosella

6. DATE OF BIRTH (month, day, and year) April 6, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweet, Idaho
(State or country)

FATHER

13. NAME Ephriam Yergenson

14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER

15. MAIDEN NAME Florence Kidman

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Mrs. W. K. Yergenson, Payette
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 2/28/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 2-27, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/25/36 193

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 193.6, to 2/25, 193.6
I last saw him alive on 2/25, 193.6.: death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Duodenal Ulcer	

Other contributory causes of importance:

Peritonitis	

Name of operation Closure of ulcer Date of 2/20/36
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Rose, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97247

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No.

MAR 11 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM VAUD KENT

(a) Residence. No. MERIDIAN IDAHO St.

(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of IVA MAY KENT
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JAN 24-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOKKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Not-Emp

11. Total time (years) spent in this occupation NOT EMP-Lived on an acorage

12. BIRTHPLACE (city or town) (State or country) WARDORD IDAHO

FATHER

13. NAME WILLIAM W KENT

14. BIRTHPLACE (city or town) (State or country) LEWISTON UTAH

MOTHER

15. MAIDEN NAME BERTHA MAY SCHMIDT

16. BIRTHPLACE (city or town) (State or country) EUROPE

17. INFORMANT MRS-IVA MAY KENT.
(Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem- Date Feb 27 193 6

19. UNDERTAKER W-S-MATER W S Mater
(Address) MERIDIAN IDAHO

20. FILED 2-25 193 6 W R Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) FEB 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb 24, 1936

I last saw h[illegible] alive on Feb 24, 1936: death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 21-1936
Other contributory causes of importance:	

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E C Jewell, M. D.

(Address) MERIDIAN IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97248

MAR 11 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 65

(No. 13)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha J. Dawson

(a) Residence. No. Penney Building, Boise, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 24. 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Auburn
(State or country) Indiana

FATHER

13. NAME William E. Rush

14. BIRTHPLACE (city or town) Royalton
(State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Edna Dawson
(Address) Penny, Bld. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Portland, Ore. Date Feb. 27, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb. 25, 1936

I last saw h[illegible] alive on Feb. 25, 1936.: death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralitis	2/17/36
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) Boise, Idaho

1314-11-18

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9749

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 64

MAR 11 1936 RECEIVED

St. Lukes Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Noble Ellis.

(a) Residence. No. 1702. Franklin Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 18. 1927.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingman, Arizona.
(State or country)

FATHER
13. NAME Earl. T. Ellis.
14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER
15. MAIDEN NAME Jeanett Noble.
16. BIRTHPLACE (city or town) California.
(State or country)

17. INFORMANT Earl. T. Ellis.
(Address) 1702. Franklin Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Feb. 26. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1936, to Feb. 24, 1936.
I last saw him alive on Feb. 23 1936; death is said to have occurred on the date stated above, at 1235 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, probable	2-9-36
Empyema, "	2-13-36

Other contributory causes of importance:
Hemorrhagic streptococcic infection with a streptococcus.

Name of operation Thoracotomy Date of 2-21-36
What test confirmed diagnosis? Was there an autopsy? Refused

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harmon Delmage M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97250

MAR 11 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 17
(No.) West of Baxters Foundry L. of city
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd E. Minks

(a) Residence. No. West Of Baxter Foundry. St.
(Usual place of abode) So. Of Boise
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?. ?.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 30th 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Sharpener.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. And Prospector
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME James Minks
14. BIRTHPLACE (city or town) (State or country) Dont Know " " "

MOTHER

15. MAIDEN NAME " " "
16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMANT (Address) J.T. McCann Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/22, 1936

19. UNDERTAKER (Address) Schreiber & McCann, Boise, Idaho

20. FILED 2-21 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Feb. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Dead 2/16, 1936?: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Found Dead In His Home	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J.T. McCann Coroner
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97251

MAR 11 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2024 Local Registrar's No. 16

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mike Nicholson

(a) Residence. No. Ada County Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Nicholson

6. DATE OF BIRTH (month, day, and year) Feb. 6th 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bytown Canada

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) W W W

MOTHER

15. MAIDEN NAME W W W

16. BIRTHPLACE (city or town) (State or country) W W W

17. INFORMANT (Address) W. F. Denning. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place St. John's Date 2/21, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-20, 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1935, to Feb. 18, 1936

I last saw him alive on Feb. 18, 1936: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary atrophic Cirrhosis of Liver	
Other contributory causes of importance:	
Cerebral Paralysis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97252

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 14

(No. Route 2)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ladson Mills Hudgins

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, and year) 6-2-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina
(State or country)

FATHER

13. NAME Richard Hudgins

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Martha Freeman

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Lena Hudgins
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2-17-, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 2-15 1936 R. Sharp
Registrar.

Braxton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Feb 14, 1936
I last saw him alive on Feb 13, 1936.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan 15 '36

Other contributory causes of importance:

Septic Bronchitis	Jan 23 1936
& Acute Myocarditis	Feb 11 1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Braxton, M. D.

(Address) Boise Idaho

Parker

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97253

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 2004 Local Registrar's No. 12
(No. 2515 Broadway)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hermine Kroeger Harder

(a) Residence. No. 2515 Broadway St. Boise Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hans Harder

6. DATE OF BIRTH (month, day, and year) Feb. 16 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hennstedt (State or country) Germany

FATHER
13. NAME Gustave Kroeger
14. BIRTHPLACE (city or town) Hennstedt (State or country) Germany

MOTHER
15. MAIDEN NAME Johanna Dettleff
16. BIRTHPLACE (city or town) Germainy (State or country)

17. INFORMANT Stella Kroeger (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 2/12/ 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-14, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2 - 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to Feb 10, 1936
I last saw h.er. alive on Feb 10, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. A. Parker, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97254

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 9

MAR [illegible] 1936 [illegible]

(No.) Ada County Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Rambo

(a) Residence. No. Boise St. Ada County Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME George Rambo

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Louisa Swisher

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Edward Rambo, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Star Date 2/8/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 2-6 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/5/36 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 —, 193 6, to Feb 5 6, 193 6

I last saw him alive on 2-5 —, 193 6: death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.

(Address) Boise Idaho

Hamilton

MARGIN RESERVED FOR BINDING

7. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97255

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 55

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME George Henry Lewis

(a) Residence. No. ____ St. Silver City Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude Lewis

6. DATE OF BIRTH (month, day and year) Feb. 4th 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Silver City Idaho

FATHER
13. NAME Elisha Lewis
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Charlotte Eliza Colt
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Maud Lewis Silver City Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/13 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-14 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1936, to 2-11, 1936
I last saw him alive on 2-11, 1936; death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-25-36
Right -	1-24-36

Other contributory causes of importance:
Myocarditis 4 years
Endocarditis 4 years

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) O. P. Hagen M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Budge

PLACE OF DEATH
County of Ada
City of Boise

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97256

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 54

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Mary Emily Botts

(a) Residence. No. 2400 Broadway St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Botts

6. DATE OF BIRTH (month, day, and year) Dec. 22 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dexter
(State or country) Iowa

FATHER

13. NAME Newton Sellers

14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Margaret Armstrong

16. BIRTHPLACE (city or town) Dexter
(State or country) Iowa

17. INFORMANT W C Botts
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/13 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-14 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 193 6, to Feb 11, 193 6
I last saw h[illegible] alive on Feb 11, 193 6: death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 9-1936
Other contributory causes of importance:	
Hypertension	?

Name of operation none Date of
What test confirmed diagnosis? Dr. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Bruce B Budge, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9725

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 52

(No. 1129 Boise St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac M. Burke

(a) Residence. No. 1001 Boise St. (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1935

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Carrollton Missouri

FATHER

13. NAME Moses F. Burke

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Crockett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) J. A. 1001 Boise St

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date Feb 11, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-13, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935 to Feb 9 1936

I last saw h alive on Feb 9 1936 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis 5 yrs	
Other contributory causes of importance:	
Chronic Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. G. Goodenkauf, M. D.

(Address) Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37258

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 51

MAR 1 1936

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gordon Clinton Martin 714

(a) Residence. No. Emmett St. Idaho
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25 - 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parma Idaho

FATHER
13. NAME R. R. Martin
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Jennie Folwell
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT R R Martin
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/5, 1936

19. UNDERTAKER C D Buckner
(Address) Emmett Idaho

20. FILED 2-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936, to Feb. 4, 1936
I last saw him alive on Feb. 4, 1936; death is said to have occurred on the date stated above, at 2 22 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Acute (not meningococcus Meningitis. No organisms found on smear or culture. Spinal fluid Cell Count 700)	Feb 11/36
Other contributory causes of importance: Pansinusitis, paranasal, Acute	about Jan. 16/36.

Name of operation {Opened all the sinuses on drainage} Date of 2-3-36
What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. O. Gillespie, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97259

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 50

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank L. Bower

74a

(a) Residence. No. 1324 State Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 1. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Undertaking
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Astabula
(State or country) Ohio

FATHER
13. NAME W. J. Bower
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Augusta Atkins
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Loren Bower
(Address) 1324 State Street, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding, Idaho Date Feb. 9., 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-10, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Feb. 8, 1936.
I last saw him alive on Feb. 8, 1936: death is said to have occurred on the date stated above, at 11½ a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 27, 1936

Other contributory causes of importance:

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Feltman M. D.
(Address) Boise, Ida.

P. Neugin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97260

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 57
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Christine Wilson

(a) Residence. No. 2609 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph P. Wilson

6. DATE OF BIRTH (month, day, and year) August 10: 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Mr. W. Simpson
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Daliah Isaly
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) Harriet A Bellinger Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery Date 3-16-1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 2-15-1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936 to Feb. 12, 1936
I last saw her alive on February 12 1936: death is said to have occurred on the date stated above, at 7:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of right femur, and head of right humerus; and exposure.	
Other contributory causes of importance:	
Myocarditis	

Name of operation -- Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1936
Where did injury occur? Boise, Ida. Jan. 22, 1936
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Slipped on steps-2 hrs before found.
Nature of injury fracture of femur and humerus

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [illegible], M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97261

MAR 14 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 56
(No. 424 S. 13)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Flavius Wardell 49
(a) Residence. No. 1812 N. 8th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shea Wardell (Deceased)

6. DATE OF BIRTH (month, day, and year) Sept 23 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Independence (State or country) Iowa

FATHER
13. NAME Manuel Wardell
14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER
15. MAIDEN NAME Jane B. Boone
16. BIRTHPLACE (city or town) Illinois (State or country)

17. INFORMANT (Address) W B Wardell, Son 1812 8 St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St Johns Cemetery Date Feb 14, 1936

19. UNDERTAKER Schneider & McCann (Address) Boise Idaho

20. FILED 2-14, 1936 L. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to Feb 11, 1936.
I last saw him alive on Feb 3, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Accessory Nasal Sinuses	May 1935

Other contributory causes of importance:
Metastases to Brain & Lungs

Name of operation Submucous Resection Date of May 1935
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. F. Swendsen, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97262

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 46

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Isabella Bambrick

(a) Residence. No. 1513 N 10 St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William M Bambrick

6. DATE OF BIRTH (month, day, and year) Jan 4 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country) Fermanagh.

FATHER
13. NAME John Gunn
14. BIRTHPLACE (city or town) Ireland
(State or country) Fermanagh

MOTHER
15. MAIDEN NAME Mary Kearns
16. BIRTHPLACE (city or town) Ireland
(State or country) Fermanagh

17. INFORMANT Mrs Bambrick
(Address) 1513 N. 10

18. BURIAL, CREMATION OR REMOVAL
Place St Johns Date 2-4, 1936

19. UNDERTAKER Schreiber McCann
(Address) Boise Idaho

20. FILED 2-4, 1936 Leo Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2/1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 19[illegible], to Feby 2, 1936.
I last saw her alive on Jany 20, 1936: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	1935
Myocardial failure	
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) James L Stewart, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97263

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 44

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ulzaga (Urlezaga)

(a) Residence. No. 619 Grade Street
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth 47 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gloria Ulzaga

6. DATE OF BIRTH (month, day, and year) 12-23-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER
13. NAME Juan Ulzaga
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Manuela Zenga
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT (Address) John L Ulzaga Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Date 2-1, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise

20. FILED 2-3, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935, to Jan 30, 1936
I last saw h alive on Jan 29, 1936 death is said to have occurred on the date stated above, at 6 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 Mo. ago
Other contributory causes of importance:	
Cardiac Decompensation	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. [illegible] Lindsley M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97264

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 43

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Vern D. Walker

(a) Residence. No. Route 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rhoda Walker

6. DATE OF BIRTH (month, day, and year) July. 18. 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery Company

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pleasent Grove
(State or country) Utah

FATHER

13. NAME Delbert Walker

14. BIRTHPLACE (city or town) Pleasent Grove
(State or country) Utah

MOTHER

15. MAIDEN NAME Cynthia Park

16. BIRTHPLACE (city or town) Pleasent Grove
(State or country) Utah

17. INFORMANT Mrs Rhoda Walker
(Address) Route #.1.Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Feb. 4., 1935

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 2-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1936, to Feb. 2, 1936

I last saw him alive on Dec 1, 1936: death is said to have occurred on the date stated above, at 10:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Oct. 1935
Other contributory causes of importance:	
Myocarditis Chronic.	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. T. Summers, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97265

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 49

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia J Jackson

(a) Residence. No. ..... St. Weiser Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER
13. NAME Merchel Jackson
14. BIRTHPLACE (city or town) Ontairo
(State or country) Ore,

MOTHER
15. MAIDEN NAME Edna Blevins
16. BIRTHPLACE (city or town) .....
(State or country) Kansas

17. INFORMANT [illegible] Jackson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 2/10, 193 6

19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED 2-8, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 193 6, to Feb 7, 193 6
I last saw her alive on Feb. 7, 1936: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bacterial pneumonia (Central)	Feb. 6 36
Other contributory causes of importance:	
Supra-renal exhaustion	
Persistent Hypotension	Dec. 15 35

Name of operation None Date of .....
What test confirmed diagnosis? Bacteriology Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrison Brenaman M. D.
(Address) Brise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97266

MAR 11 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 41

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME Andrew J. Joplin

(a) Residence. No. Route 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	69	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME Staton Joplin

14. BIRTHPLACE (city or town) W. Va.
(State or country)

MOTHER

15. MAIDEN NAME Cynthia Melton

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT I. B. Joplin, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Date 2-1-36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address)

20. FILED 2-1, 1936 R. Sharp
Registrar.

McDougal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29-36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 193 6, to Jan 29, 193 6.

I last saw h. alive on Jan 29 193 6: death is said to have occurred on the date stated above, at 12 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	
Brain Hemorrhage	
Senility	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. W. Gennany M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97267

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 40

MAR 1 1936 REGISTERED

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Kay Ruth Stampe

(a) Residence. No. 1618 N. 5th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 27, 1933

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country)

FATHER

13. NAME Lawrence Stampe

14. BIRTHPLACE (city or town) Kansas (State or country)

MOTHER

15. MAIDEN NAME Gladys L. Browne

16. BIRTHPLACE (city or town) Nebraska (State or country)

17. INFORMANT Lawrence Stampe (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place McCook, Nebraska Date 2-1-36 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 2-1..., 1936 ... R. Sharp ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....1/28....., 1936.., to ....1/28....., 1936.

I last saw h**e**r alive on ...1/28..., 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intussusception of bowels.	
3 Days duration	

Other **contributory causes** of importance:

Removal of 8" gangrenous bowel,	

Name of operation... Bowel resection Date of... 1/28/36

What test confirmed diagnosis?.... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred A. Pittinger, M. D.

(Address) Boise, Ida.

Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97268

MAR 11 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 21
(No. Route 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Wickham Randall

(a) Residence. No. RFD #4 St. Basin Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced (or) WIFE of O. C. R. Randall.

6. DATE OF BIRTH (month, day, and year) Sept 23 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	~~23~~ 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muskingum Co., Ohio

FATHER

13. NAME Noyes Wickham
14. BIRTHPLACE (city or town) (State or country) New York Stat

MOTHER

15. MAIDEN NAME Maloney (Rosa)
16. BIRTHPLACE (city or town) (State or country) State of Ohio

17. INFORMANT R. A. Randall
(Address) RFD #4 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/28, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-28, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ....., 193...
I last saw her alive on 2/26th, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In Her Home	
Cause Unknown But	
Natural	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9726~~0~~

MAR 11 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 20

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME Willard F. Goodwin

(a) Residence. No. End of W. S. Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 19, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bangor, Maine

FATHER

13. NAME John Goodwin

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Lydia ?

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT (Address) J. T. Smith, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/23/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 2-24-, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20/36 193

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 193 6, to 2-20, 193 6

I last saw him alive on 2-19, 193 36 death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	
Other contributory causes of importance:	
Paralysis — Cerebral Softening	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calcaterra, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97270

Registration District No. 9440
Primary Registration District No. 9440
Local Registrar's No. 146

MAR 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wilson Van Horn

(a) Residence. No. 2 1/2 Miles East Of Star St. Star Idaho
(Usual place of abode) (If nonresident give city or [redacted]

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male W	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pansy Van Horn

6. DATE OF BIRTH (month, day and year) July 26th. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Co.
(State or country) Iowa

FATHER
13. NAME James Albert Van Horn
14. BIRTHPLACE (city or town) Green Co.
(State or country) Iowa

MOTHER
15. MAIDEN NAME Malinda Thornbugh
16. BIRTHPLACE (city or town) Green Co
(State or country) Iowa,

17. INFORMANT E B Van Horn.
(Address) Eagle Rt 1 Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Cemetery Date 1 / 24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED Feb 1, 1936 Onnie Jackson
Eagle Registrar

MEDICAL CERTIFICATE O[redacted]

21. DATE OF DEATH (month, day and year) About Jan. 19[redacted] 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him Alive on Jan. 20, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural. Found Dead In His Home. No Indication Of Foul Play	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. McCanny Coroner
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97271

Registration District No. 24

Primary Registration District No. 1004

Local Registrar's No. 42

(No. 1 Old Person Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

100a

2. FULL NAME Edgar Stanley Little

(a) Residence. No. North of Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1-14-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

MOTHER/FATHER

13. NAME Clarence J Little

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Daisy Bonner

16. BIRTHPLACE (city or town) (State or country) Meridian Ida.

17. INFORMANT (Address) Clarence Little Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida Date 1-30, 1936

19. UNDERTAKER F. C. Robinson (Address) Nampa Idaho

20. FILED 2-1, 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to Jan 28, 1936.

I last saw him alive on Jan 27, 1936.: death is said to have occurred on the date stated above, at 12.9 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 16-36
Primary cause	
undetermined.	

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Sewell M. D.

(Address) Meridian, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97272

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 48

MAR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne L. Dotson

(a) Residence. No. 211½ Bannock St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/31/35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	1	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boi se
(State or country)

FATHER

13. NAME Wayne Dotson

14. BIRTHPLACE (city or town) Boise
(State or country)

MOTHER

15. MAIDEN NAME Dorothy Evans

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Wayne Dotson
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 2/4/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 2-6, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/1/36 193

22. I HEREBY CERTIFY, That I attended deceased from at Birth 12-31, 1935, to 2-1-36, 193..
I last saw h~~e~~ alive on Jan 6, 193.6: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Asphyxiation or Crushing in bed with parents	
Other contributory causes of importance:	
Baby was normal from birth	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-1, 1936
Where did injury occur? At Home Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Found dead in bed
Nature of injury Found last at 3 a.m.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Brayton, M. D.
(Address) Boise Idaho

Brayton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97274

MAR 11 1936 RECEIVED

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 63
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen M Coprviza
(a) Residence. No. 2523 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Coprviza

6. DATE OF BIRTH (month, day, and year) M March 3 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Gruda Austria

FATHER
13. NAME Martin Coprviza
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Maria Saraina
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Grace Coprviza Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 2/25 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-26 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936, to ....., 193..
I last saw h.. alive on Feb 21, 1936: death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from compound comminuted fracture of both legs and	
cerebral contusion	2/21/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/21, 1936
Where did injury occur? Boise Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Open street
Manner of injury Struck by automobile
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H A Loosli M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ada

PLACE OF DEATH

County of ....

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9275

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 62

MAR 10 1936

St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Beatrice Waitley

(a) Residence. No. Cole Dist. West Of Boise Rt. 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Odes Waitley

6. DATE OF BIRTH (month, day, and year) Feb. 11 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Vermontville
(State or country) Mich.

FATHER

13. NAME Roy Bale

14. BIRTHPLACE (city or town) Dont anow
(State or country) WW WW

MOTHER

15. MAIDEN NAME Alice Downing

16. BIRTHPLACE (city or town) Dont anow
(State or country) WW — WW

17. INFORMANT O. M. Waitley
(Address) Boise Idaho Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Idaho Date 2/25, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 2-24, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1936, to 2-21-, 1936
I last saw h.. alive on 2-21-, 1936: death is said to have occurred on the date stated above, at 6.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance: Ruptured appendix and Fled.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Paul Murphy M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97276

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 61

74a

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucius Desso

(a) Residence. No. 607 South 13th street St. Nine Mile Falls, Wash

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Alto O. Desso

6. DATE OF BIRTH (month, day, and year) Dec. 22. 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electriction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnestoa

FATHER

13. NAME Charles Desso

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Frances Hancock

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) Mrs. Alto O. Desso 607 South 13th street, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Spokane, Wash. Date Feb. 21., 1936

19. UNDERTAKER Summers Funeral Home

(Address) Boise, Idaho

20. FILED 2-21, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to Feb 19, 1936

I last saw h[illegible] alive on Feb 19, 1936: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Essential Hypertension~~ Cerebral Hemorrhage	Feb. 19, 1936

Other contributory causes of importance:

Essential Hypertension	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Redman M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97277

Registration District No. 2
[redacted] Registration District No. 1004
Local Registrar's No. 60

MAR 11 1936 RECEIVED

(No. [redacted] Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Kelly Bernard

(a) Residence. No. 816 Pueblo St. Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-16 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver City Idaho

FATHER

13. NAME O. W. Kelly
14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Susan Tattersall
16. BIRTHPLACE (city or town) (State or country) Beaver City Utah

17. INFORMANT (Address) Riley Kel[redacted] 816 S. Pu[redacted] Boise

18. BURIAL, CREMATION OR REMOVAL
Place Boise Johns Date 2-20, 1936

19. UNDERTAKER Schreiber & McLean
(Address)

20. FILED 2-20, 1936 L. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1936, to death, 193...
I last saw h[redacted] alive on 2-17, 1936.: death is said to have occurred on the date stated above, at 5:50 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia & bronchopneumonia.	2-5-36.
Probable uremia	1-16-36.
Other contributory causes of importance:	
Renal ascites	1930.
Permanent tracheotomy	1934

Name of operation L. nephrectomy Date of 2-13-36.
What test confirmed diagnosis? Chem. findings Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. F. Neal, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97278

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 59

MAR 11 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number.) St. Lukes

2. FULL NAME Henry Bisnell

(a) Residence. No. St. Hammett Ada

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lissie Bisnell

6. DATE OF BIRTH (month, day, and year) 10-27-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Ranches.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Jan-1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Clinton Ill.

FATHER

13. NAME James Bisnell

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Jones

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Lissie Bisnell

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Mt. Home, Ida Date 2-19, 1936

19. UNDERTAKER Bushes Funeral Home (Address) Mt Home - Idaho

20. FILED 2-19, 1936 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 16 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to 2/16, 1936

I last saw him alive on 2/15, 1936. death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure which caused Frozen feet	
Feet Amputated	
Other contributory causes of importance:	
Septic Emia	

Name of operation Amp. of feet. Date of 1/27/36

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-, 1936

Where did injury occur? Pine Idaho (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Freezing

Nature of injury Frozen feet + Exposure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred A. Wilson M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97279

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 58

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Leema Lundy R. Koontz

(a) Residence. No. [illegible] St. Twin Falls Idho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John O. Koontz

6. DATE OF BIRTH (month, day, and year) Sept. 3rd 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29 28	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

FATHER
13. NAME Archie Lundy
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Ona Pritcher
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) John R. Koontz Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2/20, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-18, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Feb 16, 1936
I last saw h[illegible] alive on Feb 16, 1936: death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) C. F. Swinden, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Cornet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97280

MAR 6 1936 RECEIVED

Registration District No. 71.

Primary Registration District No. ..... Local Registrar's No. 116

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clare August Russell

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Oscar Russell

6. DATE OF BIRTH (month, day, and year) April 23, 1904.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) 2-22-36

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Gert Gilmer

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Myrtle Staley

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Oscar Russell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cold Fellow Cemetery Date 2-28, 1936

19. UNDERTAKER Robt Young
(Address)

20. FILED 3-5, 1936. Alma S. Thurston M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1936, to 2-22, 1936

I last saw him alive on 2-22, 1936.: death is said to have occurred on the date stated above, at 8:46 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized Septicaemia	4 days
Other **contributory causes** of importance:	
Pelvic Peritonitis	3 mos

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury .., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Alma S. Thurston M.D., M. D.

(Address) Cornet Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97281

MAR 8 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 595

(No. 1010)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta May Clark

(a) Residence. No. 233 N. 5th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (~~HUSBAND of~~ (or) WIFE of): George Clark
6. DATE OF BIRTH (month, day, and year): Jan 31 1898
7. AGE: Years 38 | Months 6 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER FATHER
13. NAME: Miles Cornwell
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Matilda Cornwell
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): George Clark Pocatello, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Feb 29 1936
19. UNDERTAKER (Address): J. L. McHaffie Pocatello Idaho
20. FILED Mar 2 1936 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 19, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to Feb 19, 1936
I last saw her alive on Feb, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	
Pneumonia	
Other contributory causes of importance:	

Name of operation ~ Date of
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Mann, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE

State File No. 97282

Local Registrar's No. 596

(No. 407 N. Main)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME George Fletcher Dodd

(a) Residence. No. 407 N. Main St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R. Dodd

6. DATE OF BIRTH (month, day, and year) June 22 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland City Ind.

FATHER

13. NAME John W. Dodd

14. BIRTHPLACE (city or town) (State or country) ILL.

MOTHER

15. MAIDEN NAME Hannah Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Margaret Dodd 407 N. Main

18. BURIAL, CREMATION OR REMOVAL

Place Mt. View Cem. Date Feb. 21, 1936

19. UNDERTAKER Downard Funeral Home

(Address) Pocatello Idaho

20. FILED 2/20/, 1936 D. C. Riley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 19, 1936.

I last saw h[illegible] alive on Feb 19, 1936: death is said to have occurred on the date stated above, at 3 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonal Suppuration	
Pleurisy	
Tuberculosis	
Other contributory causes of importance:	
No	

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? None

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Lyons, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97283

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 598

MAR 9 1936 RECEIVED

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margery Jane Wilcox Grayson

(a) Residence. No. Route #1, South of Pocatello St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of William F. Grayson

6. DATE OF BIRTH (month, day and year) January 10- 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dingle, Idaho.

FATHER
13. NAME Geo. E. Wilcox
14. BIRTHPLACE (city or town) (State or country) Cedar Fork, Utah.

MOTHER
15. MAIDEN NAME Caddie Sparks
16. BIRTHPLACE (city or town) (State or country) Dingle, Idaho.

17. INFORMANT (Address) William F. Grayson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 2/26/36 193...

19. UNDERTAKER (Address) Arthur W. Hall Mort. Pocatello, Idaho.

20. FILED 2/25/36 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Feb. 22, 1936
I last saw her alive on Feb. 22, 1936: death is said to have occurred on the date stated above, at 4:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	7 days?
Other contributory causes of importance:	
Influenza	2 weeks.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Urquhart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97284

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 599

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Minardi

(a) Residence No. 533 N. 13th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** R. R. Worker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Vincent Minardi
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Carmen Cavaleriv
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Minardi Jr.
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Cemetery Date Feb. 25, 1936

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 2/24/, 193.6 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 193.6., to 2-20, 193.6
I last saw h[illegible]alive on 2-20, 193.6.: death is said to have occurred on the date stated above, at 5 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	8 days
Other contributory causes of importance:	
Influenza	12 days

Name of operation ~ Date of
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) D. C. Ray M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97285

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 600
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 9 1936 RECEIVED

74a

2. FULL NAME Mrs Ann Jane Hurl
(a) Residence. No. 347 N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Dan

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Francis Farnan
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Catherine Colter
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dan Hurl
(Address) 347 N. Lincoln

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date ....., 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 2/24/, 1936 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Feb 23, 1936
I last saw her alive on Feb 22, 1936; death is said to have occurred on the date stated above, at 2 30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Paralysis	
Uremia	
Other contributory causes of importance:	
Cerebral Hemorrhage	
Hypertension	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ....., 193...
Where did injury occur? /
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. /
Manner of injury /
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) H. C. Jones, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97287

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2166 Local Registrar's No. 601
(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Hayden Reay Jr.
(a) Residence. No. Blackfoot St.
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Ida

FATHER
13. NAME George Hayden Reay Sr.
14. BIRTHPLACE (city or town) (State or country) Henry Ida

MOTHER
15. MAIDEN NAME Jean Rogers
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Milton G. Reay 422 So 9th Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Evans Cemetery Date 2-25, 1936

19. UNDERTAKER (Address) E. T. Rudd Blackfoot Ida

20. FILED 2-24, 1936 B. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to Feb 29, 1936
I last saw him alive on Feb 29 1936; death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Convulsions	Feb 13 1936
Other contributory causes of importance: Status following Spinal Tap operation	Feb 23 1936

Name of operation Spinal Tap Date of 2-23-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Trythall M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97288

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 602

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Hilda A. Beebe

(a) Residence. No. 626 E. Halliday St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of George O

6. DATE OF BIRTH (month, day and year) Mar. 10, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Santaquin Utah

FATHER
13. NAME Peter Andersen
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Kjarte Larsen
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) George O. Beebe 626 E. Halliday

18. BURIAL, CREMATION OR REMOVAL
Place Santaquin, Utah Date Feb. 26, 1936

19. UNDERTAKER (Address) Leonardi Funeral Home Pocatello Idaho

20. FILED 2-26, 1936 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to 2-25, 1936
I last saw her alive on 2-24, 1936: death is said to have occurred on the date stated above, at 1.50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ru. tobar pneumonia	2-18-36
Other contributory causes of importance:	
Chronic Cholecystitis	3 years

Name of operation ~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D C Kay, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FEB 13 1936 [redacted] IO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97289

PLACE OF DEATH

County of Bannock

City of Pfford

Registration District No. 2 3

Primary Registration District No. 2160

Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maud Parris Boyce

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Boyce

6. DATE OF BIRTH (month, day, and year) Feb 18 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
47	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clifton
(State or country) Idaho

MOTHER FATHER

13. NAME Riley Parris

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

15. MAIDEN NAME Jennett McMurrin

16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT Grandson, Nat. P. .....
(Address) Preston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pfford Date Jan 4., 1936

19. UNDERTAKER W. W. Mendenhall
(Address) Preston, Idaho.

20. FILED Jan 26, 1936 Mary E. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to Jan 4, 1936.

I last saw h[illegible] alive on Jan 2, 1936; death is said to have occurred on the date stated above, at 5:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Nov 1934
Other contributory causes of importance:	
Metastasis to Liver & Brain	Nov 1 1935

Name of operation Amputation of Breast Date of May 1935

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grover C. Harris M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97290

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 587

(No. 101 a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Sturman

(a) Residence. No. Pocatello House E. Center St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Anna Sturman

6. DATE OF BIRTH (month, day, and year) June 29, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R. Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burlingame
(State or country) Kansas

FATHER
13. NAME William Sturman
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Anna Hay
16. BIRTHPLACE (city or town) Lynn
(State or country) Mass.

17. INFORMANT Anne Sturman
(Address) Pocatello, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Feb 9, 1936

19. UNDERTAKER H. L. McCann
(Address) Pocatello, Idaho

20. FILED Feb 7, 1936 D. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Feb 5, 1936
I last saw him alive on Feb 5, 1936; death is said to have occurred on the date stated above, at 3:55 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 26 1936
Other contributory causes of importance:	
Broncho Pertussis	1930

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Crockett M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97292

MAR 9 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 388

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Faber Bistline

(a) Residence. No. 603 South Tenth Ave. St. Poca., Ida.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 12 ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 29, 1918.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Ray D. Bistline

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME Martha Faber

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Ray D. Bistline
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Feb. 11, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 10, 1936. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936, to Feb. 10, 1936.
I last saw him alive on Feb. 10, 1936.: death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia.	Feb. 2, 1936.
Other contributory causes of importance:	
Otitis media-suppurative	Jan. 7, 1936.
Scarlet fever	Jan. 28, 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97293

MAR 9 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2/61

Local Registrar's No. 589

(No. 11 b)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. Willis M. Dreuder

(a) Residence. No. 610 East Oak St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 19, 1917

7. AGE: Years 18 | Months 11 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Troy Dreuder

14. BIRTHPLACE (city or town) (State or country): State of North Carolina

MOTHER

15. MAIDEN NAME: Daisy Fye

16. BIRTHPLACE (city or town) (State or country): State of North Carolina

17. INFORMANT (Address): Troy Dreuder Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Mt. View Cemetery Date: Feb. 15, 1936

19. UNDERTAKER (Address): J. C. McKay Pocatello Idaho

20. FILED: Feb 13, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Feb. 11, 1936.

I last saw him alive on Feb 11, 1936: death is said to have occurred on the date stated above, at 6:00 P. m., The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-8-1936

Other contributory causes of importance:

Chronic nephritis	2 years
Chronic empyema	1 year.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. C. Ray, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97294

MAR 9 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 590

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Niel Hancock

(a) Residence. No. 415 South Grant, St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 17, 1920.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At school.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello. (State or country) Idaho.

FATHER

13. NAME Leo Hancock

14. BIRTHPLACE (city or town) Downey. (State or country) Idaho.

MOTHER

15. MAIDEN NAME Mabel Larson

16. BIRTHPLACE (city or town) Franklin. (State or country) Idaho.

17. INFORMANT Mrs. Leo Hancock (Address) 415 South Grant

18. BURIAL, CREMATION OR REMOVAL

Place. Pocatello Date ....., 193..

19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.

20. FILED 2-14..., 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1936, to 2-17, 1936.

I last saw him alive on 2-17, 1936; death is said to have occurred on the date stated above, at 3:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
hemolytic Staphylococic Abbs	Feb 2

Other **contributory causes** of importance:

Name of operation. None Date of.....

What test confirmed diagnosis? Septicemia Was there an autopsy? No

28. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) D. C. Ray M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 0 1936 RECEIVED

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97295

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 591
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)
650

2. FULL NAME Carmen Ann Howell Lewis

(a) Residence. No. North Monroe Ave. Poca., Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Marion A. Lewis

6. DATE OF BIRTH (month, day, and year): January 19, 1892.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	0	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clifton, Idaho.

FATHER
13. NAME: William J. Howell
14. BIRTHPLACE (city or town) (State or country): Franklin, Idaho.

MOTHER
15. MAIDEN NAME: Caroline Henderson
16. BIRTHPLACE (city or town) (State or country): Brigham City, Utah.

17. INFORMANT: Marion A. Lewis
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: Feb. 17, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Feb. 17, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Feb 14, 1936
I last saw h~~e~~/she alive on Feb 14, 1936: death is said to have occurred on the date stated above, at 8 C m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloblastic leukemia	
Other contributory causes of importance:	

Name of operation: No Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. J. Cook M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED 1936 FEB 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97296

Registration District No. 28

Primary Registration District No. 216 Local Registrar's No. 592

(No. St. Anthony Hospital) 117

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Miller

(a) Residence. No. ____ St. Arco, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 27, 1897

7. AGE: Years 38 | Months 7 | Days 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wholesale & Retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas and Oil.

10. Date deceased last worked at this occupation (mo. and yr.): Feb. 9 1936

11. Total time (years) spent in this occupation: 7 years

12. BIRTHPLACE (city or town) (State or country): Jackson Hole Wyoming.

FATHER

13. NAME: Adolph Miller

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Rosa Bauerle

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Mr. A. E. Miller, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls, Ida. Date Feb. 18, 1936

19. UNDERTAKER (Address): John C. Sandberg, Blackfoot, Idaho.

20. FILED 2/17, 1936 W. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 15, 1936.

I last saw h~~e~~ alive on Feb 15, 1936.: death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	Feb 13
Pancreatic hemorrhage.	Feb 11
following operation	
Other contributory causes of importance:	

Name of operation appendectomy Date of Feb 10-36

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. M. Wheeler, M. D.

(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

9

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97297

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 593

1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alberta Edwards. 197

(a) Residence. No. 522 East Bridger St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 25 1907

7. AGE — Years: 28 — Months: 1 — Days: 21 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Muskogee Oklahoma

FATHER
13. NAME: John Saunders
14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER
15. MAIDEN NAME: Nancy Hunt
16. BIRTHPLACE (city or town) (State or country): Texas

17. INFORMANT (Address): Hester Russell 710 N. 4th Ave

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Ida Date: Feb 22, 1936

19. UNDERTAKER (Address): J. L. McHan Pocatello Idaho

20. FILED: Feb 17, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in chest Gun in hand of Mabel Roberts (Homicide)	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Anthony W Hall Coroner, M. D.
(Address) Pocatello.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

RECEIVED MAR 6 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97298

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 594

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME George Edward Cook

(a) Residence. No. 244 So. 6th Ave

(Usual place of abode) Pocatello

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9.	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired Bus Man

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clay Springs Md.

FATHER

13. NAME George E. Cook

14. BIRTHPLACE (city or town) (State or country) Wurtemburg Germany

MOTHER

15. MAIDEN NAME Christina Wamer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Walter Lloyd

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Feby 19, 1936

19. UNDERTAKER (Address) H. L. McGahan Pocatello Idaho

20. FILED Feb 18, 1936 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Feb. 16, 1936.

I last saw him alive on Feb. 15, 1936: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Gradual
Cardiac renal	Several years.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Hughart, M. D.

(Address) Pocatello Idaho

FEB 13 1936 RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97299

PLACE OF DEATH

County of Bannock

City of Arimo

Registration District No. 8-3

Primary Registration District No. 9100

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME John William Stinger

(a) Residence. No. ..... St. Arimo Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Melna Elizabeth Loosli

6. DATE OF BIRTH (month, day, and year) July 13 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1923

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Atchinson
(State or country) Kansas

MOTHER FATHER

13. NAME John Henry Stinger

14. BIRTHPLACE (city or town) Zanesville
(State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Hollist

16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMANT Walter Stinger
(Address) Arimo Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Arimo Idaho Date Jan 5, 1936

19. UNDERTAKER J. Berg Dawson
(Address) Malad Idaho

20. FILED Jan 10 1936 Mary G. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sometime in 1930, to Jan 1, 1936
I last saw him alive on Dec 30, 1935; death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Whitehead M. D.
(Address) Bancroft Idaho
307 Stone Bldg Pocatello, Ida

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97300

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 582

MAR 9 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Frankelen Dodson 44

(a) Residence. No. 8327 N. Arthur St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Emma

6. DATE OF BIRTH (month, day, and year) July 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 21 yrs.

12. BIRTHPLACE (city or town) Kirksville, Mo.
(State or country)

FATHER
13. NAME J. B. Dodson
14. BIRTHPLACE (city or town) .....
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Eliz Moore
16. BIRTHPLACE (city or town) .....
(State or country) Kentucky

17. INFORMANT Mrs. Hugh A. Dale
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Feb. 4, 1936

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 2-3, 1936 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936, to Feb 1, 1936
I last saw him alive on Feb 1, 1936: death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Hammond, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

County of Bannock

City of Pocatello

State File No. 97301

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 584

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED MAR 9 1936

2. FULL NAME Lodisa Elizabeth Teeples

(a) Residence. No. North of Pocatello City, R.F.D. St.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. H. Teeples

6. DATE OF BIRTH (month, day, and year) October 19, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annabell, Utah.

MOTHER FATHER

13. NAME T. H. Killian

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Gertrude Thurston

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT (Address) Mrs. J. D. Powell, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Goshen, Idaho Date Feb. 11 1936.

19. UNDERTAKER (Address) Hall Mortuary, Pocatello, Idaho.

20. FILED Feb. 8, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 6, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 6, 1936.

I last saw h alive on Feb 6, 1936.; death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Coma	
Other contributory causes of importance:	
Old age	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. K. Call, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97302

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 585

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Ernest Ivory

(a) Residence. No. 441 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of Ivy

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Circ. mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Labor Paper
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Park City
(State or country) Utah

FATHER
13. NAME R. N. Ivory
14. BIRTHPLACE (city or town) Beaver
(State or country) Utah

MOTHER
15. MAIDEN NAME Lyde Hansen
16. BIRTHPLACE (city or town) Paradise
(State or country) Utah

17. INFORMANT Miss Lotus Ivory
(Address) Salt Lake, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Feb. 9, 1936

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello Idaho

20. FILED 2-10, 1936 D O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Jan. 31, 1936
I last saw him alive on Jan. 31, 1936: death is said to have occurred on the date stated above, at 11 50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	bronchitis.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Hungate M. D.
(Address) Pocatello, Idaho

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97303

MAR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2-61 Local Registrar's No. 603

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luther C. Burnham

(a) Residence. No. 148 North 8th, Ave. Poca., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Minnie Stout

6. DATE OF BIRTH (month, day, and year) March 22, 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Utah.

FATHER

13. NAME Wallace K. Burnham

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Luther C. Burnham
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Feb. 28, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 27, 1936. J. C. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to Feb 25, 1936
I last saw him alive on Feb 25, 1936: death is said to have occurred on the date stated above, at 2:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Laryngeal Edema	
Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 216

Local Registrar's No. 604

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 97304

127

2. FULL NAME Samuel Roskelly

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Agnes Thyberg

6. DATE OF BIRTH (month, day, and year): August 11, 1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond, Utah.

FATHER

13. NAME: Samuel Roskelley

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Harold K. Hovey, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Smithfield, Utah. Date: Feb. 28, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Feb. 27, 1936. D Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936, to 2-25, 1936

I last saw him alive on 2-25, 1936: death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Cholecystitis	
Other contributory causes of importance:	

Name of operation Cholecystectomy Date of 2-19

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. G. Rapp M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97305

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 605

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thomas Connell

(a) Residence. No. North of Pocatello City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Mattie Hargrove

6. DATE OF BIRTH (month, day, and year): April 11, 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER

13. NAME: Frank Connell

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Mary Queen

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Gill Connell
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Feb. 29, 1936

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Feb. 27, 1936. D O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb. 25, 1936
I last saw him alive on Feb 25, 1936: death is said to have occurred on the date stated above, at 11:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Insufficiency	Chronic Four years
Other contributory causes of importance:	
Hypostatic Pneumonia	5 days

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) William F. Ward, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97306

Registration District No. 28
Primary Registration District No. 261 Local Registrar's No. 607

MAR 9 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Edward Deldays

(a) Residence. No. Route No 1. McKinley ave
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Harriet Deldays

6. DATE OF BIRTH (month, day, and year): January 26, 1881

7. AGE: Years 55 | Months 1 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montgomery Co Iowa

FATHER
13. NAME: George W. Deldays
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Louise Maddox
16. BIRTHPLACE (city or town) (State or country): Indianna

17. INFORMANT (Address): Harriet Deldays Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Pocatello Idaho Date: Mar 1, 1936

19. UNDERTAKER (Address): H. L. McKay Pocatello Idaho

20. FILED: Feb 28 1936 D. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 26, 1936
I last saw h[illegible] alive on Feb 26, 1936: death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance: None

Name of operation: None Date of:
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? No Date of injury ~~1936~~
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Thayer M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97307

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 608

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 127

2. FULL NAME Horatio Seymour Tuttle
(a) Residence. No. also known as Chas. Purdy St. Ashton, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector & Trapper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Morristown N. Jersey

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Forrest Young
(Address) 224 N. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Mar. 2, 1936

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 3-2, 1936. D. O'Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 27, 1936
last saw h[illegible] alive on Feb 27, 1936: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	Jan 1 1936
Bed Sores	
Other contributory causes of importance:	
Chronic Nephritis	Sept 1935
Chronic Prostatitis	Sept 1930
Name of operation Cholecystectomy	Date of 3-24-36
What test confirmed diagnosis? Clinical	Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97308

MAR 6 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 609

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rhua Beatrice Herbst

(a) Residence. No. ... St. Rt 1 Blackfoot.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 30 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Rt 1 Blackfoot, Idaho.

FATHER
13. NAME Louis C. Herbst
14. BIRTHPLACE (city or town) (State or country) Holliday Utah

MOTHER
15. MAIDEN NAME Bessie L. Robinson
16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMANT (Address) D. C. Herbst Rt 1 Blackfoot.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Cem Date March 2, 1936

19. UNDERTAKER (Address) John C. Engelberg Blackfoot

20. FILED Feb 29 1936 D C Rey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936, to Feb 28, 1936
I last saw h[illegible] alive on Feb 28, 1936: death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever [illegible]	about 3 days
Pneumonia & Emphysema	abt 2 ds
Nephritis, Chronic glomerular	To Present

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D C McDougall, M. D.
(Address) Pocatello Idaho

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97309

PLACE OF DEATH

County of Bear Lake

City of Bloomington

Registration District No. 53

Primary Registration District No. ..... Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Mahonri Ward.

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida May Ward.

6. DATE OF BIRTH (month, day, and year) Oct 28 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation All of Life

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

FATHER

13. NAME Thomas Ward.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Reese.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMENT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Idaho Date Feb. 28, 1936

19. UNDERTAKER R. M. Williams
(Address) Montpelier Idaho.

20. FILED Mar 3, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1936 to Feb. 24, 1936.

I last saw him alive on Feb. 24, 1936; death is said to have occurred on the date stated above, at about 1030a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Disease. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Spencer Risch, M. D.

(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97311

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 1

PLACE OF DEATH
County of Benewah
City of Near Tensed

MAR 5 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number.) At Home

2. FULL NAME Mary Joseth Tom-E-Ell

(a) Residence. No. Near Tensed, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. About 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tom - E - Ell

6. DATE OF BIRTH (month, day, and year) No Record

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year) Feb, 5/36

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT Tom - E- Ell
(Address) Tensed, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place De Smet, Idaho Date , 193

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Wash.

20. FILED Febr. 13, 1936. John Fast
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 13/36

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 12, 1936
I last saw her alive on Feb 10, 1936 death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Bacillus Infection of arm	Feb 7-36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 9 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97312

County of Benewah

City of Plummer

Registration District No. 46

Primary Registration District No. 2123

Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Finis Ewing Woods

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Woods

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling station attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/25/36

11. Total time (years) spent in this occupation 4 mo

12. BIRTHPLACE (city or town) (State or country) Princeton Mo

FATHER

13. NAME James Woods

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMENT (Address) Mrs. F. E. Woods Plummer Ida

18. BURIAL, CREMATION, OR REMOVAL Place Yakima Wash Date , 193

19. UNDERTAKER (Address) Mitchell Funeral Home St. Maries Ida

20. FILED 2/26, 1936 Fred A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 193 5, to Feb 25, 193 6

I last saw h alive on Jan 20, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C B Cluer M. D.

(Address) Deloud Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mail

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2949 Local Registrar's No. 3

(No. 420-16th St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 97313

1000

2. FULL NAME Shirley Claire Manning

(a) Residence. No. 420-16th St. St. St. Maries Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 8 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Maries

FATHER

13. NAME Robert C. Manning

14. BIRTHPLACE (city or town) (State or country) Crescent Utah

MOTHER

15. MAIDEN NAME Laura Irene Scott

16. BIRTHPLACE (city or town) (State or country) St. Joe Ida.

17. INFORMANT (Address) R. C. Manning

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Burial St. Maries Ida. Date Feb. 11, 1936

19. UNDERTAKER (Address) Stepich Funeral Home St. Maries Ida.

20. FILED Mar. 9, 1936 Walter Seberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1936, to 2-9, 1936.

I last saw her alive on 2-9, 1936.; death is said to have occurred on the date stated above, at 4:50 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Duel)	2-6-36

Other **contributory causes** of importance: None

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? No (Specify city or county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) C. A. Adams M. D.

(Address) St. Maries Ida.

MAR 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97314

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 92

Primary Registration District No. 2049 Local Registrar's No. 6

(No. St. Maries Hospital) 71 15

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Elizabeth Stockton

(a) Residence. No. Farm near Plummer Idaho St. Plummer Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Unknown March - 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph L. Stockton

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Violet Coburn

16. BIRTHPLACE (city or town) (State or country) Watsonville Wash.

17. INFORMANT (Address) Joseph Stockton Plummer Ida.

18. BURIAL, CREMATION OR REMOVAL Place St. Maries Ida. Date Feb. 17 1936 Burial

19. UNDERTAKER (Address) Stapish Funeral Home St. Maries Idaho.

20. FILED Mar. 9, 1936 Walter L. Ober g. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/15/36, 193..., to 2/15/36, 193...

I last saw h.er alive on 2/15/36 193...: death is said to have occurred on the date stated above, at 7:55 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebro Spinal meningitis	2/11/36
Other **contributory causes** of importance:	

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) [signature] M. D.

(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97315

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 4

(No. 13th & Boundary Sts)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Vance Caswell

(a) Residence. No. 13th & Boundary Sts
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ellen Agnes Caswell

6. DATE OF BIRTH (month, day, and year) Apr. 16-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Storekeeper

9. Industry or business in ~~which~~ work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 11-1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Milwaukee, Wis.

FATHER

13. NAME William Vance Caswell

14. BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Vance

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs. Marjorie Smith St. Maries, Ida

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Ida. Date Feb. 13, 1936
Burial

19. UNDERTAKER Stapish Funeral Home (Address) St. Maries Idaho.

20. FILED Mar. 9, 1936 Walter Soberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1935, to Feb. 11th, 1936
I last saw him alive on Feb. 10th, 1936; death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Nephritis, Chronic	?

Other contributory causes of importance:

Arteriosclerosis, general	?

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Holmes M. D.
(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1, 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97316

PLACE OF DEATH
County of Benewah
City or near Plummer

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 8
(No. At home)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME James Leonard Robinson

(a) Residence. No. about 38 hours St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
boy	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		38 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plummer (near) Idaho

FATHER

13. NAME Robert L. Robinson

14. BIRTHPLACE (city or town) (State or country) Whitlash Montana

MOTHER

15. MAIDEN NAME Bawnie Sutton

16. BIRTHPLACE (city or town) (State or country) Great Falls Montana

17. INFORMANT (Address) Plummer, Ida R. L. Robinson

18. BURIAL, CREMATION OR REMOVAL
Place Plummer Date Feb. 25 1936

19. UNDERTAKER (Address) Fathers Plummer Ida

20. FILED Mar. 9, 1936 Walter Doherty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1936, to Feb. 20th, 1936.
I last saw him alive on Feb. 20 1936; death is said to have occurred on the date stated above, at 9:20 m. P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blue Baby	
Weight 12 lbs	
38 hours	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Mrs. G. Nelson M.D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97317

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 7

(No. 740) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Matt Hoffman

(a) Residence. No. 100 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) about May 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods
10. Date deceased last worked at this occupation (month and year) 2/1-35
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMENT (Address) Wilson Sparrow St. Maries Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St. Maries Date 2/21, 1936 Woodlawn
19. UNDERTAKER (Address) Mitchell & Wiespa St. Maries, Ida
20. FILED Mar 9, 1936 Walter Loberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 18 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936, to 2-18, 1936
I last saw him alive on 2-17, 1936: death is said to have occurred on the date stated above, at 8:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/17/36
Other contributory causes of importance: Arterial hypertension	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. A. Coburn M. D.
(Address) St. Maries, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97318

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 6
(No. High School Gymnasium)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete Gatz 90

(a) Residence. No. [illegible] N. 2nd St. Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 5, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 2/18/36

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Otoka
(State or country) Jugoslavia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMENT Andrew Asbuporie
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Woodlawn
Place St. Maries Date 2/23, 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Mar. 9, 1936 Walter L. Berg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936, to 2-18, 1936
I last saw h[illegible] alive on 2-18, 1936; death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart disease	Sudden death

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Visible Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. C. Dobbins M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham
City of Shelley

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97319

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L. Moore

(a) Residence. No. ..... Shelley, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. "Young" Moore

6. DATE OF BIRTH (month, day, and year) March 27, 1872

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
63	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** real estate

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Braddyville Iowa
(State or country)

FATHER

13. NAME John William Moore

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) Penn. U S A
(State or country)

17. INFORMANT L J Ruskar
(Address) Shelley Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Idaho Falls
Place... Rose Hill Cemetery Date, 2-12.., 1936

19. UNDERTAKER L. M. Nalder
(Address) Shelley, Idaho

20. FILED Feb. 12 1936 J. M. Nalder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-8 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ at time of death ..., 193...
to ..., 193...
I last saw h~~im~~ alive on 2-5, 1936; death is said to have occurred on the date stated above, at 7.20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	2-6-36

Other **contributory causes** of importance:

Arteria Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify ....

Attended Eadwin Curtis, M. D.
(Address) Box 54 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot, R.D.2.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97320

MAR 9 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 28

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Lafayette Parkin.

(a) Residence. No. Blackfoot, Idaho, R.F.D.No.2. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Emma Turpin, (deceased)

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1879.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	I	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) July 1935

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Bountiful, Utah

FATHER

13. NAME John Parkin

14. BIRTHPLACE (city or town) (State or country) Loscoe, Derbyshire, England.

MOTHER

15. MAIDEN NAME Mary Ann Lewis,

16. BIRTHPLACE (city or town) (State or country) Cardiff, Wales

17. INFORMANT J.C. Parkin
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place GTO. Blackfoot, Ida. Date Feb. 18, 1936

19. UNDERTAKER E.T. Peek.
(Address) Blackfoot, Idaho.

20. FILED Feb. 17 1936 Wm. Walter E. Farnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Feb. 14, 1936

I last saw him alive on Feb. 13, 1936: death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 Years
Other contributory causes of importance:	
Perniciacus anaemia	18 months.

Name of operation None Date of

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W.C. Paine, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97321

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 29

MAR 6 1936 RECEIVED

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME SARAH OLIVE McLEOD

(a) Residence. No. ____ St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	no data	no data	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: no data

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (mo. and yr.): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Samuel R. Graybill

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah A. Carlyle

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Records of State Hospital South, Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: State Cem. Blackfoot Date: Feb. 17, 1936

19. UNDERTAKER: Mary E. Clark
(Address): Blackfoot

20. FILED: Feb. 17, 1936 Mo. Nales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to February 17th, 1936
I last saw her alive on February 16, 1936: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	January 1935
Other contributory causes of importance:	

Name of operation: None Date of: ____
What test confirmed diagnosis: Clinical symptoms autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury: ____
Nature of injury: ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. R. Lowe, M. D.
(Address): Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

1936 MAR 9 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97322

Registration District No. 121
Primary Registration District No. 2191
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Duboise Lutz

(a) Residence. No. Blackfoot, R.F.D.#3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Lutz

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 15yrs. Ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

FATHER
13. NAME Albert Lutz
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Susanna Duboise
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Geo. D. Lutz (Address) Blackfoot Idaho R 3

18. BURIAL, CREMATION OR REMOVAL
Place Grove City Cem. Date Feb. 22, 1936

19. UNDERTAKER E. T. Peck (Address) Blackfoot Idaho

20. FILED Feb. 24 1936 Mrs. Valda Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from attendance 1936 to death, 1936
I last saw h~~im~~ alive on dead, 1936; death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
probably Coronary Thrombosis	2-19-36
disease	
deceased eleven	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. J. Hansen M. D.
(Address) Blackfoot Idaho
County Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97323

Registration District No. 121
Primary Registration District No. 2191 Local Registrar's No. 31

MAR 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. STATE HOSPITAL SOUTH)

2. FULL NAME GEORGE HADENFELDT

(a) Residence. No. St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth no data yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hadenfeldt

6. DATE OF BIRTH (month, day, and year) no data ---------- 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	--	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) no data Germany

FATHER
13. NAME Jergen Hadenfeldt
14. BIRTHPLACE (city or town) (State or country) no data Denmark

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) (State or country) no data

17. INFORMANT (Address) Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Feb 23 1936

19. UNDERTAKER E J Peck
(Address)

20. FILED Feb 27 1936 Mrs Hulen Stahle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17th, 1935, to February 21st, 1936
I last saw him alive on Feb. 21st, 1936: death is said to have occurred on the date stated above, at 8:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ERYSIPELAS OF THE FACE	Feb 16th 1936

Other contributory causes of importance: ----------

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. A. Dana, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97324

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 32.

MAR 6 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleven Charles Stephens

(a) Residence. No. 256 Riverside Ave. St. Blackfoot Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Carberry.

6. DATE OF BIRTH (month, day, and year): Jan. 24 1879

7. AGE: Years 57 | Months | Days 30 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sell.
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Copper County Mo.

FATHER
13. NAME: William Stephens.
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Cornelia Carbuckle
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): E. B. Stephens Blackfoot Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Lamb Cemetery Date: 2-25 1936

19. UNDERTAKER (Address): E. T. Peck Blackfoot Ida.

20. FILED: Feb 24, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2 - 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1932, to 2-23, 1936
I last saw h— alive on 2-22, 1936: death is said to have occurred on the date stated above, at 6:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	3 yrs.
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. J. Hargreaves, M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97325

MAR 9 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Foster Wright

(a) Residence. No. 438 E. Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wright

6. DATE OF BIRTH (month, day, and year) Dec. 17 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City Utah
(State or country)

FATHER
13. NAME George Foster
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Verena Fisher
16. BIRTHPLACE (city or town) Switzerland
(State or country)

17. INFORMANT Arnold F. Wright
(Address) Blackfoot Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Ida. Date Feb. 29, 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Ida.

20. FILED Feb 27, 1936 Otto Valentine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935, to Feb 25, 1936
I last saw h[illegible] alive on Feb 25, 1936; death is said to have occurred on the date stated above, at 11:03 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mo
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Furniss M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97326

MAR 9 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 34

(No. McMillen Hospital So. Broadway.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Davis S. McQueen 90

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -- no data

6. DATE OF BIRTH (month, day, and year) no data

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Don't Know

FATHER

13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Josephine McMillan Blackfoot Ida

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date Feb. 26, 1936

19. UNDERTAKER (Address) E. S. Peck Blackfoot Ida

20. FILED Feb. 26, 1936 W. M. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1936, to 2-26, 1936
I last saw h[illegible] alive on 2-25, 1936: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Sclerosis with Arteriosclerosis	1 yr
Other contributory causes of importance:	
Chronic nephritis	2 yrs

Name of operation Survival Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. O. Humphreys, M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97327

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 30

MAR 0 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Herbert Manwaring

(a) Residence. No. South Meridian St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarissa Manwaring

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandbach, (State or country) England

FATHER

13. NAME Henry Manwaring

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Barker

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hyrum Manwaring (Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Groveland Date March 3 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot, Idaho

20. FILED Mar. 2, 1936 Mrs. Hadie Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to deceased, 19[illegible]

I last saw h[illegible] alive on [illegible], 193[illegible]: death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Secondary to Senility	
Gradually grew weaker	
For past 14 mos.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Blackfoot, Idaho
County Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho.

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97328

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 36-

205 b

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Nematsy

(a) Residence. No. Fort Hall, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No record

6. DATE OF BIRTH (month, day, and year) No record

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
100	No record.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weiser, Idaho.

FATHER

13. NAME Consa Water

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT a Unknown- (Address) John Williams, Gibson, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Presby. Mission Date 2-7-, 1936

19. UNDERTAKER Agency Carpenter, (Address) Fort Hall, Idaho.

20. FILED Mar. 3, 1936 Mrs. Helen Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2- 4- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 3:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown.	
Old age with attendant ills.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. E. Wilson, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97329

Registration District No. 12I-R

Primary Registration District No. 2194-R

Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sally Ann Tesheep.

(a) Residence. No. Fort Hall, Idaho. St.
(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. 3 mos. 24 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Indian F.	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 3- 24- 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho.

FATHER

13. NAME Louis Tesheep

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

MOTHER

15. MAIDEN NAME Edna Jim

16. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

17. INFORMANT Edna Jim,
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presby. Mission Date 2- 23- 1936

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall, Idaho

20. FILED Mar. 3, 1936 Mrs Violet E Fabrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2- 19- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
No M.D.Attending.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) C. A. Nelson, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97330

MAR 9 1936 RECEIVED

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 36

(No.) 40
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Hardy Lipps

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Ind. 4/4	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Deceased

6. DATE OF BIRTH (month, day, and year): 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Hall, Idaho

FATHER

13. NAME: Unknown "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): #

17. INFORMANT: F.A.Nelson.
(Address): Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Butte, Cem. Date: I-14* 1936

19. UNDERTAKER: Agency Carpenter
(Address): Fort Hall, Idaho.

20. FILED: Mar.3, 1936 Signature of Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): I-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec.17, 1935, to Dec. 28, 1936 5
I last saw him alive on Dec. 22, 1935: death is said to have occurred on the date stated above, at —— m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gonococus Infection	Long standing
Rt. Epidymus chronic	
Neglected (discharging sinus)	
Senility.	
Other contributory causes of importance:	
No M.D. attending	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. A. Nelson, M. D.
(Address) Fort Hall, Idaho.

MAR 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97332

PLACE OF DEATH
County of Bingham
City of Aberdeen

Registration District No. 116
Primary Registration District No. 2195 Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Belle Pugh Pratt

(a) Residence. No. Aberdeen, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E Pratt

6. DATE OF BIRTH (month, day, and year) Oct 12, 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Shelbyville Ill

FATHER

13. NAME William Pugh

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Charles H Pratt Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Aberdeen, Ida. Date. Feb 19, 193 6

19. UNDERTAKER A W Davis
(Address) American Falls, Idaho

20. FILED 2-19-, 193 6 M. C. McLennan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-17-193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:00 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hyper-tensive Cardio-	
Vascular desease	1930
Other **contributory causes** of importance: Cerebral Apoplexy	1932

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy? NO

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) M. C. McLennan, M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97333

PLACE OF DEATH
County of Bingham
City of Pingree

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 4

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Giuseppe Albino Rossi

(a) Residence. No. ..... St. Pingree Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Jan 4 1918
7. AGE: Years 18 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sunnyside Utah

FATHER
13. NAME: Gustino Rossi
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Maria Rinna
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Giustino Rossi

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Pocatello Date: March 6, 193..

19. UNDERTAKER (Address): R. B. Downard Pocatello Ida

20. FILED Mar 7, 1936 M. C. Smartum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to Feb 28, 1936.
I last saw h[illegible] alive on Feb 27 1936: death is said to have occurred on the date stated above, at 12:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 18 1936
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. C. Smartum, M. D.
(Address) Aberdeen Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 97334

Local Registrar's No. 27

MAR 6 1936 RECEIVED

1. PLACE OF DEATH

Registration District No. 121

County of Bingham

Village Registration District No. 2194

City of Shelley

If death occurs in a hospital or institution, give its NAME instead of street and number. If death occurred elsewhere than in usual residence, give facts called for under special information.

(No. ..... St.)

2. FULL NAME Joann Nathaniel Swenson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6. DATE OF BIRTH: Aug (Month) 23 (Day) 1935 (Year)

7. AGE: Yrs. ..... Mos. 5 ds. 24

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Fifth Ida

10. NAME OF Father: Philip N. Swanson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Edith Carlson

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Philip Nathaniel Swenson
(Address) Firth Idaho R1

15. Filed Feb. 14, 1936. 19 Mrs Nadeen E Tate Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 12 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 to Feb 12 19..., that I last saw ... alive on Feb 12 19..., and that death occurred on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis
Bronchial Pneumonia
(Duration) ... yrs. mos. 3 ds.
Contributory (Secondary) Exposure
(Duration) ... yrs. mos. 3 ds.

(Signed) F. V. Roberts M. D.
3/12 1936 (Address) Shelley Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Riverside Cem. Firth, Ida.

DATE OF BURIAL: Feb 14 1936

20. UNDERTAKER .....

ADDRESS .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97335

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 17

1010

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albertta A. Cohen

(a) Residence. No. ..... St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: No Data

6. DATE OF BIRTH (month, day, and year): February 27, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: no data

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no data

10. Date deceased last worked at this occupation (mo. and yr.): ---

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) Centralia Centerville (State or country) Kansas

FATHER

13. NAME: Simon P. Weatherman

14. BIRTHPLACE (city or town) ..... (State or country) Indiana

MOTHER

15. MAIDEN NAME: Julia H. Bridger

16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT: Records of State Hospital, So. (Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Idaho Date Feb. 1936

19. UNDERTAKER: Arthur H. Hall (Address) Pocatello, Idaho

20. FILED Feb 5, 1936 Wm Nolan E Patric Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1931, to Feb. 5, 1936

I last saw her alive on February 5, 1936: death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	February 3, 1936
Other contributory causes of importance:	
Epilepsy	At least since 1931

Name of operation --- Date of ---

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193..

Where did injury occur? ---

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. K. Lowe, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97336

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 18

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

98

2. FULL NAME HANS ANDERSON

(a) Residence. No. ..... St. LUND, BANNOCK COUNTY

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth 45yrs. – mos. – ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) February 17th, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ---------

12. BIRTHPLACE (city or town) no data
(State or country) Sweden

FATHER

13. NAME no data

14. BIRTHPLACE (city or town) ----------
(State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Hanson

16. BIRTHPLACE (city or town) ----------
(State or country) Sweden

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Lund, Ida. Date Feb. 9, 1936

19. UNDERTAKER C. C. Sanders
(Address) Blackfoot, Idaho

20. FILED Feb. 8, 1936 Mollie E. Lowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from February 4th, 1936, to February 7th, 1936
I last saw h. alive on February 7 1936: death is said to have occurred on the date stated above, at 9:32 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	Feb. 1935
Other contributory causes of importance:	

Name of operation None Date of ----

What test confirmed diagnosis? Clinical ~~Was there an autopsy?~~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) Chas. A. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97337

MAR 9 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 19

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOSEPH KNIGHT

(a) Residence. No. _____ St. Idaho City, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) September ------- 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) ----------
(State or country) Wisconsin

FATHER

13. NAME no data
14. BIRTHPLACE (city or town) ----------
(State or country) No data

MOTHER

15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) no data
(State or country) no data

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Caldewll, Idaho Date Feb., 193 6

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED Feb. 8, 193 6 Mo Wales E Fate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7th 193 6

22. I HEREBY CERTIFY, That I attended deceased from January 29th 193 6 to February 7th 193 6
I last saw him alive on February 7 193 6: death is said to have occurred on the date stated above, at 4:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Feb 6th 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury none
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas K. Gowen, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97338

MAR 9 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 20

(No. McMillan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Hasney

(a) Residence. No. Firth, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Mrs. Thos. Brasseur. Firth Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Firth Ida. Date 2-13, 1936

19. UNDERTAKER (Address) E. J. Peck Blackfoot Idaho

20. FILED Feb 11, 1936 Mrs. Hale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1935, to 2-10, 1936

I last saw him alive on 2-10, 1936: death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & arteriosclerosis	4 yrs.

Other **contributory causes** of importance:

Cerebral Hemorrhage	2 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphreys M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97339

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Brigham Wheeler

(a) Residence. No. St. Rt 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Stub Wheeler

6. DATE OF BIRTH (month, day, and year) April 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
69	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manti Utah

MOTHER FATHER

13. NAME J. G. Wheeler

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Harriet West

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) C. R. Wheeler Rt 2 Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Tomas-Riverside Date Feb 15, 1936

19. UNDERTAKER (Address) John C. Spratley Blackfoot Idaho

20. FILED Feb. 14, 1936 Wm. Nalen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Feb. 12, 1936
I last saw h[illegible] alive on Feb. 5, 1936: death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 Years,
Other contributory causes of importance:	
Dropsy	6 Mo.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Stine, M. D.
(Address) Blackfoot, Idaho

179

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97340

Registration District No. 121

C 1936 RECEIVED

Primary Registration District No. 2194

Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orson L. Jorgensen

(a) Residence. No. ____ St. Rt #1

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred about 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 12, 36

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Weston (State or country) Idaho

FATHER

13. NAME Nels N. Jorgensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary N. Nielsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. Mary A. Jorgensen (Address) Rt 1 Blackfoot

18. BURIAL, CREMATION OR REMOVAL
Place Riverland Cem. Date Feb. 16, 1936

19. UNDERTAKER John C. Langley (Address) Blackfoot, Idaho

20. FILED Feb. 15, 1936 C. Mc Dalen Egan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Not at all, 193..., to ----------, 193...
I last saw him alive on Feb. 12, 1936: death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death unknown was dead when I arrived	
Other contributory causes of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---------- Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. W. Mellard, M. D.
(Address) Blackfoot Idaho
Jan 15 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

State File No. 97341

Local Registrar's No. 23

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Eugene Ralph

(a) Residence. No. Blackfoot RFD 2 St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ralph

6. DATE OF BIRTH (month, day, and year) Oct 26th 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Warsaw Indiana

FATHER

13. NAME William Ralph

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Wolfe

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Elizabeth Arnot Rupert Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Calvin Mo Date 2/18, 1936

19. UNDERTAKER (Address) E. J. Peck Blackfoot Ida

20. FILED 3-10, 1936 Mae Wales Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to Feb 12, 1936

I last saw him alive on 2-10, 1936: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 yrs.
Hypertrophied Heart	3 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. C. Thompson M. D.

(Address) Blackfoot Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Shelley,

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97342

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Samuel Adams

(a) Residence. No. ..... Shelley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Adams

6. DATE OF BIRTH (month, day, and year)
Aug. 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Printer and newspaper editor.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER

13. NAME Joseph Adams

14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER

15. MAIDEN NAME Eliza Woodward

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT C. R. Adams
(Address) Shelley Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley, Date 2-7-36 193..

19. UNDERTAKER L. M. Walker
(Address) Shelley, Ida.

20. FILED Feb. 4, 1936 J. M. Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from January ..., 1936, to February 2, 1936
I last saw him alive on 2-2 ..., 1936.: death is said to have occurred on the date stated above, at 1 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypothyroidism (myxedema)	1929
Chronic alcoholism.	1925
Avitaminosis.	1934

Other **contributory causes** of importance:

Chronic gastritis.

Name of operation none Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, Specify .....

(Signed) J. E. Nesbit M. D.
(Address) Shelley, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 97343

Local Registrar's No. 42

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Firth City

City of Bingham County

Registration District No. 121

Primary Registration District No. 2194

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

MAR 1, 1936 RECEIVED

2. FULL NAME Ila Mae "Johnson" Lye

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F. M.	White	Married

6. DATE OF BIRTH: May (Month) 15 (Day) 1905 (Year)

7. AGE: 30 Yrs. 9 Mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bingham. Co., Idaho

10. NAME OF Father: Hans Andrew Johnson

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Dora Chatman Hymas

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Barbara Doe
(Address) Firth #1

15. Filed Mar. 8 1936 Mrs Violet E. Rose Local Registrar

MEDICAL CERTIFICATE OF DEATH

51

16. DATE OF DEATH: Feb. (Month) 28 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1936, to Feb. 28 1936, that I last saw her alive on Feb. 28 1936, and that death occurred on the date stated above, at 12:10 M.

The CAUSE OF DEATH* was as follows:

Rheumatic Pancarditis.
Congestive heart failure.
Generalized edema.
Chronic nephritis.
(Duration) 2 yrs. 3 mos. ds.

Contributory (Secondary) Rheumatic fever.
(Duration) 15 yrs. mos. ds.

(Signed) W. Lloyd Adkins M. D.
2-29 1936 (Address) Shelley, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Firth, Idaho — DATE OF BURIAL: Mar. 4 1936

20. UNDERTAKER: Lon Malden — ADDRESS

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 121
Primary Registration District No. 2194
(No. and St.)
MAR 1 1936 RECEIVED

State File No. 97344
Local Registrar's No. 41

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Bingham
City of Shelley, R. 1
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edith Henereta "Lazenby Nelson

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married
6. DATE OF BIRTH: Aug. (Month) 23 (Day) 1884 (Year)
7. AGE: 51 Yrs. 6 Mos. 3 ds. IF LESS than 1 day how many hrs. or min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Utah
10. NAME OF Father: John T. Lazenby
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Annie Tether
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. C. Nelson
(Address) Shelley R 1
15. Filed Mar 8 1936 Mrs Hulen Edgar
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 26 (Day) 1936 (Year)
17. I HEREBY CERTIFY, that I attended deceased from on Feb 15 to 1936 19..., that I last saw her alive on 2-15-1936 and that death occurred on the date stated above, at 10.50 A.M.
The CAUSE OF DEATH* was as follows:
Bronchs-Pneumonia
(Duration) yrs. mos. 10 ds.
Contributory (Secondary) Influenza
(Duration) yrs. mos. 15 ds.
(Signed) Edwin Cutler M. D.
2-29 1936 (Address) Edwin Cutler Shelley Idaho
*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. 10 mos. days. In the State yrs. 10 mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shelley, cemetery — DATE OF BURIAL: mar. 1 1936
20. UNDERTAKER: L. M. Hall — ADDRESS

MAR 6 19[illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97346

PLACE OF DEATH

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 6

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

Fox 4

2. FULL NAME Carey May Simes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helmer Simes

6. DATE OF BIRTH (month, day, and year) Oct 1 - 1870

7. AGE — Years: 66 — Months: 5 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) Dec 22-1935
11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) Rockford (State or country) Illinois

FATHER

13. NAME Geo Turner
14. BIRTHPLACE (city or town) ← (State or country)

MOTHER

15. MAIDEN NAME Royce
16. BIRTHPLACE (city or town) [illegible] (State or country)

17. INFORMANT H. Simes (Address) Hailey Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Plot Date Feb 4, 1936

19. UNDERTAKER J. E. Hamp (Address) Hailey Ida.

20. FILED 3-1, 1936 R. F. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936 to Feb 1, 1936.
I last saw her alive on Feb 1, 1936; death is said to have occurred on the date stated above, at 9:20 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo.
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MA[illegible]936 R[illegible]ED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97347

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Chess

(a) Residence. No. Picabo St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Fox 1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Allen

6. DATE OF BIRTH (month, day and year): April 14 - 1890

7. AGE: Years 45 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 7 days
11. Total time (years) spent in this occupation: 26 yrs

12. BIRTHPLACE (city or town) (State or country): Jacklan Mo.

MOTHER FATHER

13. NAME: Bill Chess
14. BIRTHPLACE (city or town) (State or country): Rogerville Tenn

MOTHER

15. MAIDEN NAME: Cornelli Gilliam
16. BIRTHPLACE (city or town) (State or country): Rogerville Tenn

17. INFORMANT (Address): Rex R Chess Picabo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place. ~~Picabo~~ Hailey Idaho Date. 2-9-193.6

19. UNDERTAKER (Address): J. Hanno Hailey - Ida.

20. FILED 3-1, 193.6 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 ..., 193.6, to Feb 6 ..., 193.6.
I last saw him alive on Feb 6, 193.6; death is said to have occurred on the date stated above, at 10.40 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 28, 36
Other **contributory causes** of importance: Toxic Myocarditis	12 days

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

MAR 6 1936 REGISTERED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97348

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 8

(No. ....) Wright

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Royce 46

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ray R. Royce

6. DATE OF BIRTH (month, day, and year): March 1888

7. AGE: Years: 47; Months: 11; Days: ; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): Dec 16-35

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Gilboa N.Y.

FATHER

13. NAME: Hiram L. Wilbur

14 BIRTHPLACE (city or town) (State or country): Bingham New York

MOTHER

15. MAIDEN NAME: Helen Cline

16. BIRTHPLACE (city or town) (State or country): Bingham New York

17. INFORMANT (Address): Roy Wilbur

18. BURIAL, CREMATION, OR REMOVAL

Place: City Plot Date: Feb 12 1936

19. UNDERTAKER (Address): H. Harris & Son Hailey Ida

20. FILED 3-1, 1936 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-1, 1935, to 2-10, 1936.

I last saw her alive on 2-10, 1936: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1934

Other **contributory causes** of importance:

Name of operation: ✓ Date of: ....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Robert H. Wright M. D.

(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Quartsburg.
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STATIS[redacted]
CERTIFICATE OF D[redacted]

DO NOT WRITE IN THIS SPACE
State File No. 97349

FEB 24 1936 RECEIVED

Registration District No. 12
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Daly.

(a) Residence. No. Quartsburg, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5[illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ethel Daly.

6. DATE OF BIRTH (month, day and year) July. 27. 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Quartsburg, Idaho.

FATHER

13. NAME Owen. J. Daly.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Della Berry.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Don Daly.
(Address) 2229. Ellis Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Jan. 4. 193 6.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2-20-, 193 6 Mae E. S. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 1 193 6.

22. I HEREBY CERTIFY, That I attended deceased from June [illegible], 193 6, to ....., 193....
I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
died Suddenly	
Other contributory causes of importance:	
had been ill	
for several months	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Conrad E. French M. D.
(Address) Idaho City, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Lowman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97351

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____

FEB 24 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Alonzo Harden.

1887

(a) Residence. No. 8 Miles South of Lowman Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 13. 1881.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54.	9	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United States
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Oregon.
(State or country)

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Edward. J. Thorsted.
(Address) 1611. N. 14 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Boise. Idaho. Date Feb. 14, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2/20, 193__ [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ########## 193# to ########## 193#

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed to death by snow slide, Chect crushed and head injuries.	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193....
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J E Shanahan M. D.
(Address) Coroner of Boise County. Idaho City, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boise

City of Horseshoe Bend

FEB 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97352

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 1000 a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Anderson

(a) Residence. No. St. Horseshoe Bend

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	(estimated)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME ? ?

14. BIRTHPLACE (city or town) ? ?
(State or country)

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) ? ?
(State or country)

17. INFORMANT John A. Day
(Address) Horseshoe Bend

18. BURIAL, CREMATION OR REMOVAL
Place Horseshoe Bend Date 2-21, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise.

20. FILED 2-27, 1936. M. E. S. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb 10, 1936.

I last saw him alive on Feb 10, 1936.: death is said to have occurred on the date stated above, at 5:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coryza, acute	Feb 14, 1936
Pneumonia, bronchial	Feb 17, 1936

Other contributory causes of importance:

Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? — Date of injury —, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clarence J. Faure M. D.

(Address) Mountain Home, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97353

MAR 6 1936 RECEIVED

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 5-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Elizabeth Lemley.

(a) Residence. No. ..... St. Coolin, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 7 ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Tony Lemley

6. DATE OF BIRTH (month, day, and year) July 4th. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Port Dover, Ont.
(State or country) Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Tony Lemley
(Address) Coolin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River, Ida. Date 2/25, 1936

19. UNDERTAKER L. C. Moon
(Address) Sandpoint, Idaho.

20. FILED Feb 26, 1936 Clerk Reg. PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to Feb. 22, 1936
I last saw h[illegible] alive on Feb. 22, 1936: death is said to have occurred on the date stated above, at 6:50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of female genital organs, (uterus)	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Leslie J. Stauffer, M. D.
(Address) Priest River, Idaho.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97356

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 120
(No. 221 Pine Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

79

2. FULL NAME Louise S. Hanson

(a) Residence. No. 221 Pine Street St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellis Hanson

6. DATE OF BIRTH (month, day and year) March 4, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hamburg Germany

PARENTS

10. NAME OF FATHER John Shrinker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Ellis Hanson
(Address) 221 Pine St. Sandpoint, Idaho.

15. Filed Mch. 1, 1936 Dr. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 4, (Day) 1936. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Many years, 19..., to Feb 4, 1936
that I last saw her alive on Feb 3, 1936
and that death occurred, on the date stated above, at 10:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. F. Starkhouse, M. D.
3/6, 1936 (Address) Sandpoint, Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Sandpoint, Ida. Lakeview Cem.	Feb. 6, 1936

20. Undertaker	Address
L. G. Moon	Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97357

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 122
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fern Langsdorf

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Max Langsdorf

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own Home
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ogden Utah

PARENTS

10. NAME OF FATHER Edward Cook

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Mary Johnson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Denmark

14. Informant Mat Langsdorf
(Address) Sandpoint Idaho

15. Filed Mch. 1 1936 Dr. F. R. Evans M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 18, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1936, to Feby 16, 1936
that I last saw her alive on Feby 16, 1936
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Abratio Placentae
at full term

3 Hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Wm F. Tyler M. D.
Feby 18, 1936 (Address) Sandpoint Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Morton Cem. Morton, Idaho	Feb 18 1936
20. Undertaker L. J. Moon	Address Sandpoint Idaho

Wenatchee

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97358

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 119
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence G. Thomason

(a) Residence. No. 431- 1st. ave., St.
(Usual place of abode.)
Length of residence in city or town where death occured 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice C. Thomason

6. DATE OF BIRTH (month, day and year): Sept. 6, 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Hardware
(c) Name of employer: Retired, 1929

9. BIRTHPLACE (city or town) (State or country): Morris, Minnesota

PARENTS

10. NAME OF FATHER: Thomas Thomason
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Norway
12. MAIDEN NAME OF MOTHER: Georgina Baker
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Norway

14. Informant: Hilfred Thomason
(Address) Sandpoint, Idaho

15. Filed Mch. 1, 1936, Wm. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 9, 1936 (Month) (Day) 19.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 5, 1936, to Feby 9, 1936
that I last saw h.im. alive on Feby 9, 1936
and that death occurred, on the date stated above, at 6 13 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Erysipelas

(duration) yrs. mos. 2 ds.

18. Where was disease contracted if not at place of death? -
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Wm F. Tiffen, M. D.
Feby 11, 1936 (Address) Sandpoint, Ida

19. Place of Burial, Cremation, or Removal: Cremation, Spokane, Wn. — Date of Burial: Feb. 12 1936
20. Undertaker: Lawrence G. Moon — Address: Sandpoint, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

Dr Tyler MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97359

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 118
(No. 412 Pine Street)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary E. Huffman

(a) Residence. No. 412 Pine Street St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solon Huffman

6. DATE OF BIRTH (month, day and year) April 6, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own Home
(c) Name of employer

9. BIRTHPLACE (city or town) Athens
(State or country) Vermont

PARENTS

10. NAME OF FATHER Nathan Sherwin

11. BIRTHPLACE OF FATHER (city or town) Athens
(State or Country) Vermont

12. MAIDEN NAME OF MOTHER Mary Cottrell

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Vermont

14. Informant Mrs. Della Combs
(Address) Sandpoint, Idaho.

15. Filed Mch. 1, 1936. Dr. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Febr. (Month) 12th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1936, to Feby 12, 1936
that I last saw her alive on Jan 13 1936
and that death occurred, on the date stated above, at 9:45 am

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia & chlorosis

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) Wm F. Tyler, M. D.
Feby 14, 1936 (Address) Sandpoint, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Noxon, Montana	Feb. 15 1936
20. Undertaker	Address
L. G. Moon	Sandpoint, Ida

Dr Evans

MAR 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97360

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 116
(No. Cor Dearborn & Third Ave)
(If death occurred in a hospital or institution, give its name instead of street and number.)

193

2. FULL NAME Frank Evensor

(a) Residence. No. Cor Dearborn & Third Ave. St.
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 65			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Relief Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Unknown

14. Informant (Address) L. G. Moon Coroner Sandpoint Idaho

15. Filed Mch. 1 -, 19 36 Dr. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) E. (Day), 19 36 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Found Frozen in bed,
Probable Acute Alcholism

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
.....(duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) L. G. Moon Coroner, M. D.
Feb. E, 19 36 (Address) Sandpoint Idaho

19. Place of Burial, Cremation, or Removal: Sandpoint, Idaho, Pinecrest Cemetery — Date of Burial 1936

20. Undertaker L. G. Moon — Address Sandpoint Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING
PHYSICIAN

Dr Evans

MAR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97361

PLACE OF DEATH
County of Bonner
City of Sandpoint
Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 115
(No. 117 S. 2nd)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Nels Johnson

(a) Residence. No. ..... St. Clagstone Idaho.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 8, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Throndheim Norway

PARENTS

10. NAME OF FATHER Franz Johnsen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Oslo Norway
12. MAIDEN NAME OF MOTHER Linda Hyll
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Throndheim Norway

14. Informant (Address) J. F. Ratzing Clagstone, Idaho

15. Filed Mch 1, 1936 Wm. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 4, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 15, 1935, to February 4th, 1936
that I last saw him alive on February 2nd, 1936
and that death occurred, on the date stated above, at 4:30 p m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal disease
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. B. Evans, M. D.
Feb 5th, 1936 (Address) Sandpoint

19. Place of Burial, Cremation, or Removal	Date of Burial
Pinecrest Cem Sandpoint Idaho	Feb 13, 1936
20. Undertaker L. G. Moon	Address Sandpoint Ida

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97362

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of PRIEST RIVER IDA
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 4-36
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Herman Feleman

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 5 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estena Feleman

6. DATE OF BIRTH (month, day and year) Feb 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Own Farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Schmiedeberg Germany

PARENTS

10. NAME OF FATHER Franz Haak

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Germany

14. Informant Henry Feleman
(Address) Priest River Ida

15. Filed Feb 17, 1936 Ben L. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 17, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1936, to Feb. 17, 1936
that I last saw him alive on Feb. 17, 1936
and that death occurred, on the date stated above, at 2:30 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) Leslie J. Stauffer, M. D.
2-17, 1936 (Address) Priest River Idaho

19. Place of Burial, Cremation, or Removal: Kalispell, Mont. Date of Burial 19

20. Undertaker E. J. Moon Address PRIEST RIVER

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97363

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 44

(No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Greenwell

(a) Residence. No. 510 E. Street St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Annabelle W. Greenwell

6. DATE OF BIRTH (month, day, and year) March 23, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

FATHER
13. NAME Ambrose Greenwell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Hill
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Albert Greenwell, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date May 2, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED May 3, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 21, 1936
I last saw him alive on Feb 20, 1936: death is said to have occurred on the date stated above, at 12-309 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	Feb 11-36
Other contributory causes of importance:	
Chronic Myocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97364

MAR 9 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Goldie Converse

(a) Residence. No. 325 Leonard Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Converse

6. DATE OF BIRTH (month, day, and year) June 24 1911.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) Nov 26 1935
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Geo. W. Wilcox
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Daisy Grossaurer
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT William Converse
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 2-21 1936

19. UNDERTAKER D. F. McHan
(Address) Idaho Falls Ida

20. FILED 2-29 1936 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936, to Feb 20 1936.
I last saw her alive on Feb 20, 1936: death is said to have occurred on the date stated above, at 12.15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningovascular Syphilis with Cerebral Hemorrhage.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97365

Registration District No. 73

Primary Registration District No. 2140

Local Registrar's No. 42

1. (No. Spencer Hosp.) (If death occurred in a hospital or institution, give its name instead of street and number)

1936 RECEIVED

2. FULL NAME Frownie L. H. Brower

(a) Residence. No. 251 - 11 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single.

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (mo. and yr.) Feb 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Claude R. Black Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 2-24, 1936

19. UNDERTAKER W. F. McHan
(Address) Idaho Falls Ida.

20. FILED 2/27, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936 to Feb 21, 1936

I last saw h[illegible] alive on Feb 21, 1936: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atherosclerotic gangrene of right leg.	10 days.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in a public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Corbett, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97366

1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-4
Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Lewis Brown

(a) Residence. No. 366 - Lee Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coltman
(State or country) Idaho

FATHER

13. NAME Joseph Hyrum Daniel Brown

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Sarah W. Rawson

16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMANT Vern L. Brown
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grant Ida Date 2 [illegible] 193 6

19. UNDERTAKER Jack A. Woods
(Address) Idaho Falls, Idaho

20. FILED 2/2[illegible], 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Feb 24, 1936
I last saw him alive on Feb 24, 1936: death is said to have occurred on the date stated above, at 7-45a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2/10/36
Other contributory causes of importance: Lobar Pneumonia	2/23/36

Name of operation None Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. B. Cluff M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97367

Registration District No. 13
Primary Registration District No. 21V-0
Local Registrar's No. 40

MAR 0 1936 RECEIVED

89

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Belle Staughter

(a) Residence. No. 239 - 3rd St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Staughter

6. DATE OF BIRTH (month, day, and year) January 24 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Zion (State or country) Illinois

FATHER

13. NAME James A. Ashmore

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Katherine Ashmore

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT R. H. Staughter (Address) Swan Valley, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Idaho Date Feb 23, 1936

19. UNDERTAKER Jack A. Ward (Address) Idaho Falls, Idaho

20. FILED Feb 25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Feb 19, 1936, that I last saw her alive on Feb 19, 1936; death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	~~Feb~~ 1936
Coronary Thrombosis	Feb 19 1936
Other contributory causes of importance:	
Ch. Myocarditis	1932
Asthma	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97368

Registration District No. 73
Primary Registration District No. 21-6
Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME June La Rae Williams

(a) Residence. No. ..... Shelton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jay

6. DATE OF BIRTH (month, day, and year) June 29, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Elmer Williams

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

MOTHER

15. MAIDEN NAME Verda M. Ball

16. BIRTHPLACE (city or town) (State or country) Jerusville Idaho

17. INFORMANT (Address) Elmer Williams Rigby R# 2

18. BURIAL, CREMATION, OR REMOVAL
Place Shelton Idaho Date Feb. 19, 1936

19. UNDERTAKER (Address) Jack G. Wood Idaho Falls Idaho

20. FILED Feb 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to Feb 16, 1936
I last saw her alive on Feb 16, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever with Cerebral pneumonia	Feb 3-36
	Feb 7-36

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97369

Registration District No. 73
Primary Registration District No. 2, N-2 Local Registrar's No. 38

(No.) 135
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Albert Owen

(a) Residence. No. Ammon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa E. Owen

6. DATE OF BIRTH (month, day, and year): November 2, 1852

7. AGE: Years 83 | Months 3 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: James Owen
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Sarah Dawson
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Mrs. J. Owen
(Address): Idaho Falls #3

18. BURIAL, CREMATION OR REMOVAL
Place: Ammon, Idaho Date: Feb 24, 1936

19. UNDERTAKER: Jack P. Wood
(Address): Idaho Falls, Idaho

20. FILED: 2/24, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to Feb 21, 1936
I last saw him alive on Feb 15, 1936; death is said to have occurred on the date stated above, at 8:25 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile and Chronic Nephritis and Cystitis	
Edema Paralytic Obstruction	

Other contributory causes of importance:
Old age

Name of operation: Date of:
What test confirmed diagnosis? Dr. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Cam Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97370

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAR 9 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21V-0
Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Elmer Dickson

(a) Residence. No. New Sweden Irr. Dist. House St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 21 1909.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
26.	2	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ditch Rider.
10. Date deceased last worked at this occupation (mo. and yr.) 2-17-36
11. Total time (years) spent in this occupation Sev yrs

12. BIRTHPLACE (city or town) (State or country) Overbrook Kansas.

FATHER

13. NAME Chas E. Dickson
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Alice Taylor
16. BIRTHPLACE (city or town) (State or country) Wakarusa Kansas.

17. INFORMANT (Address) Chas E. Dickson Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 2-18 1936

19. UNDERTAKER W. F. McFarland
(Address) Idaho Falls Ida

20. FILED 3/9 1936 Guy Linnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936, to Feb 18, 1936
I last saw her alive on Feb 18, 1936: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 18

Other contributory causes of importance: Patient was found dead in Garage.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alle Alles, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97371

Registration District No. 13
Primary Registration District No. 2-17 Local Registrar's No. 35
(No. Idaho Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Hanni.

(a) Residence. No. St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Nephi Henry Hanni.

6. DATE OF BIRTH (month, day, and year) May 16, 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 2/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER
13. NAME Edward James Kite.
14. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

MOTHER
15. MAIDEN NAME Lois Louisa Wood.
16. BIRTHPLACE (city or town) (State or country) Millville, Utah

17. INFORMANT Anne Kite (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 2/17, 1936

19. UNDERTAKER A. B. Beckwell (Address) Rigby, Ida.

20. FILED 2-24-19, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1936 to 2/14, 1936
I last saw her alive on 2/14, 1936.: death is said to have occurred on the date stated above, at 5:00P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pneumonia	
Other contributory causes of importance:	
Peritonitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. P. Lindquist M.D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls R #7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97372

Registration District No. 73

Primary Registration District No. 21 V D

Local Registrar's No. 33

1936 RECEIVED FEB 9

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Yoneko Nagano

(a) Residence. No. R #7 Idaho Falls St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Japanese	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 26 / 32

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Idaho Falls R #7
(State or country)

FATHER

13. NAME J. Nagano

14. BIRTHPLACE (city or town) Japan
(State or country)

MOTHER

15. MAIDEN NAME K. Ando

16. BIRTHPLACE (city or town) Japan
(State or country)

17. INFORMANT J. Nagano
(Address) Idaho Falls, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ida. Falls Date Feb 12, 1936

19. UNDERTAKER O. Bruce
(Address) Ida. Falls, Ida.

20. FILED 2 / 12, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2 / 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 / 1, 1936, to 2 / 13, 1936

I last saw her alive on 2 / 10, 1936: death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza pulmonary	
Lobar acute pneumonitis	Jan 25/36
Endocarditis	
Other contributory causes of importance:	
Cardiac failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

1936 RECEIVED FEB 29

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 3140

Local Registrar's No. 37

DO NOT WRITE IN THIS SPACE

State File No. 97373

1612

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Allen Yates

(a) Residence. No. Ammon St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Boy	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Feb. 21 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
			10½ hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME Thomas Freeman Yates

14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eva Nelson

16. BIRTHPLACE (city or town) Ammon
(State or country) Idaho

17. INFORMANT Thomas Yates
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Ida. Date 2-27, 193 6

19. UNDERTAKER W. F. McMahon
(Address) Idaho Falls Ida.

20. FILED 2/27, 193 6 Wm. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 193 6 to Feb 22, 193 6

I last saw h. alive on Feb 22, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (6½ mos.)	
Other **contributory causes** of importance:	
Cardiac failure	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) John O. Miller, M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97375

Registration District No. 13

Primary Registration District No. 214-0 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Thomas Mains

(a) Residence No. 347 S. Boulevard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Mains

6. DATE OF BIRTH (month, day, and year) July 26-1863. Aug 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country) Brookville Ky.

13. NAME James Thomas Mains

14. BIRTHPLACE (city or town) (State or country) Kentucky.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Mary Johnson
(Address) Ft Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida. Date Feb 16, 1936

19. UNDERTAKER Hayes Mazuran by Jeff Hayes
(Address) Idaho Falls Ida.

20. FILED Feb 17, 1936 E. M. Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to Feb 13, 1936.
I last saw h... alive on Feb 13, 1936.: death is said to have occurred on the date stated above, at 3:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Cellulitis of face with septicemia	Feb 8, 1936

Other **contributory causes** of importance:

Chronic Myocarditis.	

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

Dr. Abbott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97376

Registration District No. 73
Primary Registration District No. 2 V 70 Local Registrar's No. 31

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Parke Telford

(a) Residence. No. Idaho Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): December 9, 1928
7. AGE: Years 8 | Months 1 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

FATHER
13. NAME: J. L. Telford
14. BIRTHPLACE (city or town) (State or country): Lewiston Utah

MOTHER
15. MAIDEN NAME: Vena Parke
16. BIRTHPLACE (city or town) (State or country): Malta Idaho

17. INFORMANT (Address): J. L. Telford Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Feb 5, 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls Idaho

20. FILED: Mar 1, 1936 Wm Timmins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936 to Feb. 2, 1936
I last saw h[er] alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - Pneumonia	Jan. 19.

Other contributory causes of importance:

Chronic endocarditis	Indef.
etc	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Mellor, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

RECEIVED 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97377

Registration District No. 13
Primary Registration District No. 21V-0 - Local Registrar's No. 30
(No. Bench Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew L. Hemmert

(a) Residence. No. 309 - 4th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 30, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Lyman Hemmert
14. BIRTHPLACE (city or town) (State or country) St Charles Idaho

MOTHER
15. MAIDEN NAME Phebe Lewis
16. BIRTHPLACE (city or town) (State or country) Bountiful Utah

17. INFORMANT Lyman Hemmert
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Feb 13, 1936

19. UNDERTAKER Jack C. Nook
(Address) Idaho Falls, Idaho

20. FILED 2/13, 1936 Lou Linnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb 9, 1936
I last saw h[illegible] alive on Feb 9, 1936: death is said to have occurred on the date stated above, at 7-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Condition	
Other contributory causes of importance:	
Scarlet Fever	

Name of operation Brain Exploration Date of Feb 9 36
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. S. Lyman, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ... of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97378

MAR 9 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2106
Local Registrar's No. 29

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Reva Lae Browning.

(a) Residence. No. ... St. Annis, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 22, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annis, Idaho.
(State or country)

FATHER
13. NAME Ray Edward Browning.
14. BIRTHPLACE (city or town) Lorenzo, Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Thelma Kinghorn.
16. BIRTHPLACE (city or town) Lewisville, Idaho
(State or country)

17. INFORMANT Ray Browning
(Address) Lorenzo, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 1-30, 1936

19. UNDERTAKER C. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 2/12, 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Jan 27, 1936
I last saw her alive on Jan 26, 1936: death is said to have occurred on the date stated above, at 10:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic meningitis from acute otitis media	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. Van Hatch, M. D.
(Address) Idaho Falls, Idaho

FORM V. S. No. 5-25 M. 1-16

MAR 10 1936 RECEIVED

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 59

Primary Registration District No. 2129

File No. 97379

Registered No. 6

1. PLACE OF DEATH.

County of Butte

City of Darlington

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margaret Jean Carlisle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. Feb. (Month) 19 (Day) 1927 (Year)

7. AGE: 9 Yrs. — Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Darlington Idaho.

10. NAME OF FATHER: Paul H. Carlisle

11. BIRTHPLACE OF FATHER (State or Country): Indiana.

12. MAIDEN NAME OF MOTHER: Elsie May Judd.

13. BIRTHPLACE OF MOTHER (State or Country): Darlington Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George M. Miller

(Address) Darlington, Idaho

15.

Filed Mch. 2nd 1936 Mary G. Dietrich Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 28 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1936, to Feb. 28 1936, that I last saw her alive on Feb. 28 1936, and that death occured on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Accidental (Automobile)

Fractured skull, crushed chest, fracture of left femur, contusion, laceration right leg, fractured hip

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) Carl Jensen M. D.

19..... (Address) McKay, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: McKay Idaho — DATE OF BURIAL: Mch 3 1936

20. UNDERTAKER: John C. Davidberg — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & STRS. 24653

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97380

Registration District No. 59
Primary Registration District No. 2129 Local Registrar's No. 5

MAR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Butte Hospital

2. FULL NAME Alexander Reid Noble

(a) Residence. No. ..... St. Moore, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selina Noble

6. DATE OF BIRTH (month, day, and year) Aug. 28 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	#	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

FATHER
13. NAME Alexander Noble
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Agnes G. Reid
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. Selina Noble Moore, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lost River Date March 2- 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot, Idaho

20. FILED March 2nd, 1936 M. G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1936 to ....., 193..
I last saw him alive on Feb. 27, 1936: death is said to have occurred on the date stated above, at 2.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 28-36
Other contributory causes of importance:	
Myocarditis	1931

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Eyhorn, M. D.
(Address) Arco Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 10 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 97381

PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco Primary Registration District No. 2129 Local Registrar's No. 3
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Don R. Goodridge

(a) Residence. No. St. (If nonresident give city or town and State.)
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) ~~Nov 22 - 1935~~ ~~Feb 16 - 1936~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arco, Idaho

10. NAME OF FATHER Don Ray Goodridge

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Arco, Idaho

12. MAIDEN NAME OF MOTHER Lily Lemmon

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Leslie, Idaho

14. Informant Don Ray Goodridge
(Address)

15. Filed Feb 16, 1936 M.G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 15, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1935 to Feb 15, 1936
that I last saw h... alive on Jan 14, 1936
and that death occurred, on the date stated above, at 7 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Congenital Heart Anomaly
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Premature 6 Months
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?

(Signed) C.A. Egbert M. D.
Feb 16, 1936 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco, Idaho	Feb 16 1936
20. Undertaker	Address
Gladys Ellingson	Arco. Idaho

...plain terms, so that it may be properly classified. AGE shou...
...ION is very important. See instructions on back.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97382

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 59
Primary Registration District No. 2129 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isadore Tallert

(a) Residence. No. Arco, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emily Bassinger

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 82 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bottom Butte Germany

FATHER
13. NAME: Mikel Tallert
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMENT (Address): Lorenzo Tallert, Hayden, Ida.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Arco Date Feb 5, 1936
19. UNDERTAKER (Address): Gladys Ellerman
20. FILED Feb 15, 1936 M. G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 3 – 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....
I last saw h... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Due to Chronic Nephritis	
History is that of Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of.....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) L. P. Egbert, M. D.
(Address) Arco Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97383

PLACE OF DEATH
County of Butte
City of Arco

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Robert Hendricks

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Pearl Bishop
6. DATE OF BIRTH (month, day, and year): Dec. 12-1887
7. AGE: Years 48 | Months 2 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hailey, Idaho

FATHER
13. NAME: Everett Henry Hendricks
14. BIRTHPLACE (city or town) (State or country): Saratoga N. Y.

MOTHER
15. MAIDEN NAME: Rose Agnes Confey
16. BIRTHPLACE (city or town) (State or country): Chicago Ill.

17. INFORMENT (Address): E. N. Hendricks Arco Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Arco Cem. Date: Feb. 19, 1936
19. UNDERTAKER (Address): Arco Mortuary
20. FILED Feb. 18, 1936 M. G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 17. 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to Feb. 17, 1936
I last saw h[illegible] alive on Feb. 12, 1936: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Jan. 1934
Other contributory causes of importance:	
Myocarditis	Nov. 1934

Name of operation: None Date of:
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. P. Eggert, M. D.
(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Grayson
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97384

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 18

MAR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Ellery Hume, 740

(a) Residence. No. Weiser St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Sarah Etta Hume

6. DATE OF BIRTH (month, day, and year) July 12 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER
13. NAME Lynn B. Hume
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Sarah Hodges
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Marshall Hume
(Address) Weiser Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 2/11, 1936

19. UNDERTAKER S. V. Pickthorn
(Address) Caldwell Ida

20. FILED 2/11, 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936, 193..., to Feb 8, 1936
I last saw him alive on Feb 8, 1936; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 1935
Other contributory causes of importance:	
Chronic Brights	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert E. Hall, M. D.
(Address) Weiser

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97385

MAR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 20
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Justus Stemenway
(a) Residence. No. Caldwell Rd 1 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 14 — 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Richfield
(State or country) Utah

FATHER
13. NAME Jonathon Stemenway
14. BIRTHPLACE (city or town) Waterville
(State or country) Vermont

MOTHER
15. MAIDEN NAME Joanna W Brown
16. BIRTHPLACE (city or town) ....
(State or country) Ohio.

17. INFORMANT Joanna Stemenway
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date 2-18-, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED 2/21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 193.5, to Feb. 16, 1936.
I last saw him alive on Dec 15, 1936.: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nodular abdominal tumor upper right quadrant	
Carcinoma (Clinical)	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) H. W. Robertson, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97386

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 21

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millard Fillmore Hamilton 89

(a) Residence. No. Wilder #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mannie J Hamilton

6. DATE OF BIRTH (month, day, and year) Feb 10 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	—	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muncie Indiana

FATHER
13. NAME Henry Hamilton
14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER
15. MAIDEN NAME Mary Cox
16. BIRTHPLACE (city or town) (State or country) Kentuckey

17. INFORMANT Mannie J Hamilton (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem. Date 2-20, 1936

19. UNDERTAKER Z V Peckham (Address) Caldwell Ida

20. FILED 2-21, 1936 C W Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to Feb 17, 1936
I last saw him alive on Feb 17, 1936; death is said to have occurred on the date stated above, at 11-a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 1935
Other contributory causes of importance: Chronic Bronchitis	Jan 1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E Liddle, M. D.
(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hanby Mem of

PLACE OF DEATH
County of Canyon
City of Greenleaf

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97387

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 93

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Foster Carter

(a) Residence. No. Greenleaf Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Malinda Carter

6. DATE OF BIRTH (month, day, and year) April 22 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	10	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME John Carter
14. BIRTHPLACE (city or town) (State or country) No. Carolina

MOTHER
15. MAIDEN NAME Anna Foster
16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMANT E. M. Carter
(Address) Harper Ore

18. BURIAL, CREMATION OR REMOVAL
Place Greenleaf Date 2-25, 1936

19. UNDERTAKER C. W. Peckham
(Address) Caldwell Ida

20. FILED 2/27, 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936, to Feb. 20, 1936.
I last saw him alive on Feb 20, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1920
Arterial diffuse nephritis	?
Coronary insufficiency &	
Coronary thrombosis	Jan 17-1936

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm B. Handford, M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97388

Registration District No. 1
Primary Registration District No. 7005 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Ellis Rutledge

(a) Residence. No. Middleton, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) May 22 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Middleton Idaho

FATHER

13. NAME James E. Rutledge

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Lovie Landreth

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Bud Rutledge
(Address) McCall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Middleton Date 2-26, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 2/25, 1936 [signature illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1936, to 2-22-, 1936.

I last saw him alive on 2-22, 1936.: death is said to have occurred on the date stated above, at 7:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Other contributory causes of importance:	

Name of operation Appendicitis Date of 2-20-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Peckham M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97390

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 11 1936 RECEIVED

Registration District No. /
Primary Registration District No. 2005
Local Registrar's No. 91

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mae Louise Frisby

(a) Residence. No. Huston R 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Fred B. Frisby

6. DATE OF BIRTH (month, day, and year) Aug 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	6		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dasow
(State or country) Michigan

FATHER
13. NAME Pidkoley
14. BIRTHPLACE (city or town) Dasow
(State or country) Mschigan

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) D-
(State or country) Canada

17. INFORMANT Fred B Frisby
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date , 193...

19. UNDERTAKER C. Peckham
(Address) Caldwell Ida

20. FILED 2/27, 1936 M Monntgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 26, 1936
I last saw h..... alive on Feb 26, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Neuro-Lues	1 year (Paralysis)
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) A. J. Newton, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97391

MAR 9 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 35

(No. 308 - 15th Ave No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Lyle Shelfstall

(a) Residence. No. 308 - 15th Ave No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 31st 1926

7. AGE: Years 9 | Months 10 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School boy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jefferson Co. Nebr.

FATHER

13. NAME: Lee Shelfstall

14. BIRTHPLACE (city or town) (State or country): Jefferson Co. Nebr.

MOTHER

15. MAIDEN NAME: Ruby Marcellus

16. BIRTHPLACE (city or town) (State or country): Saline Co. Nebr.

17. INFORMANT (Address): Mrs. Lee Shelfstall Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL: Fisherlawn

Place Nampa Ida. Date 3-1..., 193..

19. UNDERTAKER (Address): Mrs. D. Talley Nampa Idaho

20. FILED Mar. 2..., 1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1936, to 2-27, 1936.

I last saw him alive on 2-26, 1936.: death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coute dilatation heart	
following flu cold	

Other **contributory causes** of importance:

Anaemia chronic	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank B. Bilyeu M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 37392

Registration District No. 7

MAR 9 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 29

324 - 10th Ave No
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Raymond Holmes

(a) Residence. No. 324 - 10th Ave No St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cleta Holmes

6. DATE OF BIRTH (month, day, and year): October 7th 1903.

7. AGE: Years 32 | Months 4 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gentry Co. Mo

MOTHER

13. NAME: Wm Holmes

14. BIRTHPLACE (city or town) (State or country): Gentry Co Mo

FATHER

15. MAIDEN NAME: Mary Richards

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs. Cleta Holmes Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL: Kohlerlawn
Place Nampa, Ida. Date 2-18-1936

19. UNDERTAKER (Address): Keith Talley Nampa Ida

20. FILED 2-24-1936. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... , 193.... to ..... , 193....

I last saw h....alive on ..... , 193.... death is said to have occurred on the date stated above, at about 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Respiratory and curdiac failure	
Other **contributory causes** of importance:	
Alcoholic Poisoning	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No (Yes or No) specify.....

(Signed) Wm D Talley Coroner

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97393

Registration District No. 7

MAR 9 1936 RECEIVED

Primary Registration District No. 2006 Local Registrar's No. 37

1. (If death occurred in a hospital or institution, give its name instead of street and number) No. Samaritan Hospital

2. FULL NAME Geraldine Robert

(a) Residence. No. 1 mile Boise Highway St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 26th 1936

7. AGE — Years | Months | Days | If LESS than 1 day, 6 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

FATHER

13. NAME Emerson Robert

14. BIRTHPLACE (city or town) Fairmount (State or country) No. Dak.

MOTHER

15. MAIDEN NAME Gladys Nelson

16. BIRTHPLACE (city or town) Rockford (State or country) No. Dak.

17. INFORMANT Emerson Robert (Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Kohlerlawn Date 2-26 193..

19. UNDERTAKER Nyle M. Talley (Address) Nampa Ida.

20. FILED Mar. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 193.6, to Feb. 26, 193.6.

I last saw him alive on Feb. 26, 193.6: death is said to have occurred on the date stated above, at 8:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia	
Neonatorum	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Scott, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 14 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97394

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 52
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bobby DeCourcy Fogg

(a) Residence. No. 1 Wilder, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 21 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER
13. NAME Earl Fogg
14. BIRTHPLACE (city or town) Salem (State or country) Idaho

MOTHER
15. MAIDEN NAME Isabelle DeCourcy
16. BIRTHPLACE (city or town) Parma (State or country) Idaho

17. INFORMANT Earl Fogg (Address) Box 96 Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date Feb 29 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell, Idaho

20. FILED 3/4 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936 to Feb 27, 1936
I last saw him alive on Feb 27, 1936: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic encephalitis	during birth 2-21-36

Other contributory causes of importance:
Injury Difficult Forceps Delivery

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Birth Date of injury 2/27 1936
Where did injury occur? Hospital (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury by Forceps Delivery
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. B. Burell, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. /
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 97396

Local Registrar's No. 38

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Jorgen Christiansen

(a) Residence. No. West 4th St. ... St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy Christiansen

6. DATE OF BIRTH (month, day, and year): August 14 - 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Stege Moen Denmark

FATHER
13. NAME: Niel Iversen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Niel Iversen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT: Leslie Hindberg (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL: Place Canyon Hill Date 3-12, 1936

19. UNDERTAKER: L. V. Peckham (Address) Caldwell Ida

20. FILED 3/11, 1936 — W. Montgomery, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3 - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193..... I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 11:45A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound	
ant right side of head	
2 inches above ear	
Inflicted by self	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-9, 1936
Where did injury occur? Caldwell Ida Canyon Co
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury as above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. D. Gallup M. D. Coroner
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 97397

Local Registrar's No. 97

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Christiansen

(a) Residence. No. West 4th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard J Christiansen

6. DATE OF BIRTH (month, day, and year) November 6- 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Co. Missouri

FATHER

13. NAME J Lucallen

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Jane Stilwell

16. BIRTHPLACE (city or town) (State or country) Memphis Tennessee

17. INFORMANT (Address) Doyle Dunaway Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 3-12-1936

19. UNDERTAKER (Address) C V Peckham Caldwell Ida

20. FILED 3/10, 1936 M M Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10:46 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in right side of head - slightly above ear - by 32 Remington rifle	
Other contributory causes of importance: Wounds of husband	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Murder Date of injury 3-9, 1936

Where did injury occur Caldwell Ida Canyon Co. (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In house

Manner of injury..... as above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W D Bailey, M. D.

(Address) Coroner

1/14 36

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97398

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 16

MAR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Sawer

(a) Residence. No. 1712 Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Canada

FATHER
13. NAME David Alvey
14. BIRTHPLACE (city or town) Wales (State or country) England

MOTHER
15. MAIDEN NAME Evans
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Forest Sawer (Address) Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2-2, 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 2/13, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-1-1936

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1936 to Feb 1, 1936
I last saw her alive on Jan 31, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 18-36
Hypertension	1935
Other contributory causes of importance:	
Cerebral hemorrage	1935

Name of operation ~~None~~ Date of ~~None~~
What test confirmed diagnosis? ..... Was there an autopsy? ~~No~~

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, when?
(Signed) [signature] M.D.
(Address) Caldwell Idaho

Key

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1/2/36

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97399

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 17

MAR 11 1936 RECEIVED

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Marsh

(a) Residence. No. 115 Arthur Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 5 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mt Vernon Ohio

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT William E. Marsh (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Cem Date 2-3, 1936

19. UNDERTAKER E V Peckham (Address) Caldwell Ida

20. FILED 2/13, 1936 M Mumaugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, to Feb 1, 1936

I last saw him alive on Jan 31, 1936: death is said to have occurred on the date stated above, at 5:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Dementia	Jan 15
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M.D.

(Address) Caldwell Ida

[redacted]

PACE

State File No. 17400

City of Caldwell **CERTIFICATE OF DEATH**

MAR 11 1936 **RECEIVED**

Registration District No. 1

Primary Registration District No. 1805 Local Registrar's No. 19

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Walter Bruce Mitchell

(a) Residence. No. Parma St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Mitchell

6. DATE OF BIRTH (month, day, and year) Nov 26-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranching

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knoxville (State or country) Iowa

FATHER

13. NAME Alfred J. Mitchell

14. BIRTHPLACE (city or town) Salem (State or country) Ind.

MOTHER

15. MAIDEN NAME Sarah Aldrich

16. BIRTHPLACE (city or town) Richland (State or country) Ohio

17. INFORMANT C. N. Mitchell (Address) Parma Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Parma Date 2-14, 1936

19. UNDERTAKER C. N. Puckham (Address) Caldwell Ida

20. FILED 2-21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935, to Feb. 12, 1936

I last saw him alive on Feb 12, 1936: death is said to have occurred on the date stated above, at 3:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/9/36
Other contributory causes of importance:	
Hypertension	Several Years
Focal nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M.D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97401

MAR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 1002
Local Registrar's No. 22

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Harvey Berry

(a) Residence. No. 461 - Everett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Berry

6. DATE OF BIRTH (month, day, and year) Aug. 22 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlebrook Virginia

FATHER
13. NAME John Berry
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Elmer Berry
(Address) Boise Western Hotel

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2/23, 1936

19. UNDERTAKER E. C. Cushman
(Address) Caldwell Ida

20. FILED 2/24, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1935, to 2-18, 1936
I last saw him alive on 2/18, 1936: death is said to have occurred on the date stated above, at 1-2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Cerebral Hemorrhage	1
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Rowher M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97402

Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 24

MAR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Rankin McIntyre

(a) Residence. No. 910 — Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maysel McIntyre

6. DATE OF BIRTH (month, day, and year) Dec 4 - 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chattanooga (State or country) Tennessee

FATHER
13. NAME A. J. McIntyre
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Elizabeth Maxwell
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Maysel E. McIntyre
(Address) Caldwell Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 2-20, 1936

19. UNDERTAKER S. V. Rutherford
(Address) Caldwell Ida.

20. FILED 2/25, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 193 6, to Feb 17, 193 6
I last saw him alive on Feb 17, 1936; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Jan 1936
Bronchopneumonia	Feb 5 1936

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm B Hamilton M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97403

PLACE OF DEATH
County of Canyon
City of Caldwell

MAR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 25

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sinclair Leonidas Spurgin

(a) Residence. No. 1108 S. Kimball St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5- 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elmer H. Spurgin
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2/23 1936

19. UNDERTAKER Pence & Lee
(Address) Caldwell Idaho

20. FILED MAR 5, 1936 W. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to Feb 22, 1936
I last saw h[e] alive on Feb 22, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
especially Coronary	
Arteries with thrombosis	several yrs
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Lee
(Address) Caldwell Idaho

9/23/35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97404

MAR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 21
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Winnefred Susan Hurst.

(a) Residence. No. 916 albany St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Hurst

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carlock Ill

FATHER
13. NAME King
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Brown
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT W. P. Hurst (Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Feb 26", 1936.

19. UNDERTAKER C. V. Beckham (Address) Caldwell Idaho

20. FILED 2/25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935, to Feb 23, 1936
I last saw h[illegible] alive on Feb 21, 1936: death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lymphatic Glands, upper J Groin	Aug-1934

Other contributory causes of importance:
Tumor removed from uterus year & five ago, Diagnosis of Broken of bowels

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cole, M.D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97405

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas F. Dryden

(a) Residence. No. ..... St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 13 - 1859

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	5 mo	8 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Union, Mo.
(State or country)

FATHER

13. NAME Wm Wallace Dryden

14. BIRTHPLACE (city or town) .....
(State or country) Scotland

MOTHER

15. MAIDEN NAME Ellen Reynolds

16. BIRTHPLACE (city or town) Indianapolis
(State or country) Ind

17. INFORMANT Mrs. L. Cruse
(Address) Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2-24, 1936

19. UNDERTAKER Paul D. Rose
(Address) Caldwell, Ida

20. FILED 2/29, 1936 Ed Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 -, 1931, to Feb. 22 -, 1936

I last saw him alive on 2-22, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Chr. Prostatitis	1931
Acute urinary suppression	Feb 20 1936
Uremia	Feb 20 1936
Other **contributory causes** of importance: Carcinoma of neck	1934

Name of operation Cystotomy Date, 2-20-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury ~~occurred~~ in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No To what extent? .....

(Signed) C. M. Bailey M.D.

(Address) Caldwell Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 97406

MAR 11 1936 RECEIVED
Registration District No. 1005 Local Registrar's No. 50

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James David Ashby

(a) Residence. No. Stevens Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Not known.
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Roy M. Ashby (Address) 1114 12th Ave. S. Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 2/28 1936

19. UNDERTAKER E. V. Pugh & Son
(Address) Caldwell Ida

20. FILED 2/27 1936 Thomas Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Feb 26 1936
I last saw him alive on Feb 23 1936: death is said to have occurred on the date stated above, at 3-30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Yesterday
Cerebral Hemorrhage	Feb 26-1936
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. A. Meeker M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97407

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 33

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Missouri Jane McCamley

(a) Residence. No. 504 E. Blaine St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 11-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Plains Missouri

FATHER

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Mrs. V. C. Hawley (Address) Palace Rooms

18. BURIAL, CREMATION OR REMOVAL Place Fairview Cem Date 3—1, 1936

19. UNDERTAKER E. V. Peckham (Address) Caldwell Ida

20. FILED 3/4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb 27, 1936

I last saw h[illegible] alive on Feb 27, 1936 death is said to have occurred on the date stated above, at 11-5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	1933
Cellulitis of Hand	Feb. 17
Cerebral Hemorrhage	Feb 27-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) [signature] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97408

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 35

(No. 49)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Alice E. Williams

(a) Residence. No. 1621 Filmore St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: E R Williams

6. DATE OF BIRTH (month, day, and year):

7. AGE — Years: 54 — Months: 4 — Days: 15 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gothenburg Sweden

MOTHER FATHER

13. NAME: John Peterson

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Eureka Peterson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): E. R. Williams

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 3-3, 1936

19. UNDERTAKER (Address): P. L. Case Caldwell Idaho

20. FILED ....., 1936. Mamie Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to Mar. 4, 1936

I last saw h[illegible] alive on Feb 28 1936. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum with general metastasis	May 1935

Other **contributory causes** of importance:

Name of operation Laparotomy Date of July 30-35

What test confirmed diagnosis? Opsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, [illegible]

(Signed) E. R. Williams M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97409

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 34

MAR 11 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Florence Evans

(a) Residence. No. 1716 Filmore St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 13 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Bend Indiana

FATHER

13. NAME Christopher Platz

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Amanda Hagelton

16. BIRTHPLACE (city or town) (State or country) South Bend Indiana

17. INFORMANT Mrs Lee
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kohlen Sawyer Date 3-4, 1936

19. UNDERTAKER C V Peckham
(Address) Caldwell Ida

20. FILED 3/4, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Feb 29, 1936

I last saw h— alive on 2/27, 1936 death is said to have occurred on the date stated above, at 4-10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Feb 27 36
Other contributory causes of importance:	
1st Stroke Nov 12 35	
Hypertension several yrs	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97410

MAR 11 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 96

(No. 98)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Eliza Taylor

(a) Residence. No. Middleton Eddy St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert S. Taylor

6. DATE OF BIRTH (month, day, and year) Dec 21 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Thos Wunder

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Carolyn Parrent

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Porter Taylor (Address) Middleton Ida

18. BURIAL, CREMATION OR REMOVAL Riverside Cem Date 3/11, 1936

19. UNDERTAKER S. V. Peckham (Address) Caldwell Ida

20. FILED 3/10, 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1936, to Mar 8, 1936

I last saw her alive on Mar 8, 1936; death is said to have occurred on the date stated above, at 9-40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostemina Pneumonia	
Coronary Thrombosis	Mar 8 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Langford M. D.

(Address) Caldwell Idaho

Dr Mitchell

MAR 11 1936 **RECEIVED**

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97411

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 71
(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME N. E. Heckethorne

(a) Residence. No. Parma Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 26, 1848
7. AGE: Years 88 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairfield Iowa

MOTHER FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): E. E. Parker Parma Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Roswell Cem. Date: 2/21, 1936
19. UNDERTAKER (Address): E. V. Peckham Caldwell Ida
20. FILED 3-9, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/19 1936
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1930, to 2/19, 1936.
I last saw him alive on 2/19, 1936; death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Coronary Occlusion	

Other **contributory causes** of importance: Prostatic Hypertrophy, Bladder infection

Name of operation: None Date of:
What test confirmed diagnosis: No. Was there an autopsy?:

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If ...
(Signed) E. M. Mitchell M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

1936 MAR 9 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97412

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Harrison Benson

(a) Residence. No. 1015 - 4th St. N. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Benson

6. DATE OF BIRTH (month, day, and year) 6-15-51

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER FATHER

13. NAME Hiram Benson

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Reinsman

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) B. H. Benson Jr. Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida. Date 2/16, 1936

19. UNDERTAKER (Address) F. K. Robinson Co. Nampa

20. FILED Mar. 6, 1936. Lyda Reddick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 2-14, 1936.

I last saw him alive on 1-14, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other **contributory causes** of importance:	
Senile dementia	1930

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Rodwell M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

DO NOT WRITE IN THIS SPACE

State File No. 97413

MAR 9 1936 RECEIVED

Registration District No. 1006 Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pett McMahan

(a) Residence. No. 815 - 13 Ave. So. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Geo Wamsley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Warden

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Leland McMahan Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Nampa, Ida. Date 2-22 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Mar. 6..., 1936. Lyda L. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to Feb 19, 1936.

I last saw h[illegible] alive on Feb 19, 1936; death is said to have occurred on the date stated above, at 7:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sq[illegible] her[illegible] the day she died.	
Excessive dropsy of abdomen + lower limbs	

Other **contributory causes** of importance:

A case of myocarditis chronic with enlargement of heart.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Murray, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97414

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 40

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah De Orsay

(a) Residence. No. 323-16 Ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18 - 1839

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
96	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Ireland

FATHER

13. NAME Scales

14. BIRTHPLACE (city or town). (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT E. H. Downey (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place N. Amps Ida Date 2-16 1936

19. UNDERTAKER F. K. Boleneus (Address)

20. FILED Mar. 6., 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193 5., to Date of death, 193...
I last saw h 4 alive on 2/13., 1936: death is said to have occurred on the date stated above, at 2:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	2/10/36

Other **contributory causes** of importance:

Chronic Myocarditis	
Chronic Nephritis	
Arteriosclerosis	

Name of operation..... Date of.....
What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....
(Signed) Lloyd A. Langston M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 18

DO NOT WRITE IN THIS SPACE

State File No. 97415

MAR 8 1936 RECEIVED

(No. 415 - 10th Ave So. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Washington Rawlings

(a) Residence: No. 415 - 10th Ave. So. St.
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nina Rawlings

6. DATE OF BIRTH (month, day, and year) July 4th - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Stephen Rawlings

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sally Sarah Cones

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Lew L. Rawlings
(Address) Nampa, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Twin Falls Ida. Date 2-22-1936

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Idaho

20. FILED Feb. 24, 1936. Lydia A. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-35, 193..., to 2-19, 1936

I last saw him alive on 2-19, 1936; death is said to have occurred on the date stated above, at 3:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, ...
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Horton, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO — Rodwell —
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97416

PLACE OF DEATH

County of Canyon

City of Nampa — Registration District No. 7

RECEIVED MAR 9 1936

Primary Registration District No. 1006 — Local Registrar's No. 21

(No.) Mercy Hospital, Nampa Ida. (If death occurred in a hospital or institution, give its name instead of street and number.)

153

2. FULL NAME Mr. George Longseth

(a) Residence. No. Main St. Nampa Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 6, 1875

7. AGE — Years: 60 — Months: 8 — Days: 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meonk Norland Norway

FATHER

13. NAME Hans Nilsen Longseth
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anne K. Anderson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMENT (Address) George Rumble Nampa, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Londonderry Date Jan 25, 1936

19. UNDERTAKER (Address) Keith Talkey Nampa Ida.

20. FILED Feb. 26, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22nd, 1936, to Jan 23rd, 193..
I last saw him alive on Jan 22nd, 1936: death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess	7 ds
Other contributory causes of importance: Otitis Media	2 mo?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Swayne

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97417

PLACE OF DEATH
County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 22
(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED MAR 9 1936

1. FULL NAME Mrs. Emma Waltman
(a) Residence. No. 122 - High St. St. Nampa Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Howard Conway Waltman
6. DATE OF BIRTH (month, day, and year) May 28 1872
7. AGE: Years 64 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME George Woods
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Samantha Waltman
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Mr. N. C. Waltman Nampa, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Cem Nampa Date Mar 6, 1936
19. UNDERTAKER (Address) Smith & Gatley Nampa
20. FILED Mar 2, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-4-1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to Feb. 4, 1936
I last saw her alive on Feb 4, 1936; death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs.	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193.
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) Samuel Swayne, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97418

MAR 9 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 27

(No. 212-12th Ave. No) 87 Dr

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Novella Claire Sharp

(a) Residence. No. 212-12th Ave. No St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Sharp

6. DATE OF BIRTH (month, day, and year): July 4th 1892

7. AGE — Years: 33 Months: 7 Days: 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dellemar Idaho

MOTHER FATHER

13. NAME: Harry Shane

14. BIRTHPLACE (city or town) (State or country): New York

15. MAIDEN NAME: Clara Brooks

16. BIRTHPLACE (city or town) (State or country): Boston Oregon

17. INFORMANT (Address): Mrs. John Sharp Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL: Fairlawn

Place Nampa, Ida. Date Feb. 24 1936

19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa Ida.

20. FILED Mar. 2, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Febr 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th, 1936, to Feb. 21, 1936.

I last saw her alive on Jn. 20, 1936: death is said to have occurred on the date stated above, at 9:45 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935

Other **contributory causes** of importance:

Acute embolism	?
Chronic hemorrhagic nephritis	1932

Name of operation: Exploratory appendectomy Date of Feb 4 1936

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to exter'l causes (violence) state also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Sodwell M. D.

(Address) Nampa Idaho

Dr. Nolte -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97419

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 20

MAR 9 1936 RECEIVED

(No. 10 miles so. Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susie Ann Clifton

(a) Residence. No. 10 mi So. Nampa St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 6 m[redacted]g in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ T. J. Clifton

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
81	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Thomas Allen

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Jinny Christon

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMENT (Address) A. L. Allen, Nampa, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dr. Kohlmeyer Date Feb 28, 1936

19. UNDERTAKER (Address) Keith Gallup, Nampa

20. FILED Feb 26, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193..., to ....., 193...

I last saw her alive on Jan. 31, 1936: death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W Clark, M.D.

(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AR 9

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97420

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 43

1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Nettleton

(a) Residence. No. 119 7th Ave. So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, ~~divorced~~ HUSBAND of (or) WIFE of: Austin G. Nettleton

6. DATE OF BIRTH (month, day, and year): May 10 1849

7. AGE: Years: 86 | Months: 9 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Medina / Ohio

FATHER
13. NAME: Marlin Parsons
14. BIRTHPLACE (city or town) (State or country): New York State

MOTHER
15. MAIDEN NAME: Electa Hart
16. BIRTHPLACE (city or town) (State or country): New York State

17. INFORMANT (Address): Mrs. Jesse Calkins 115-6th St. So.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 2-22 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Mar 6, 1936 Lyda A. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-21-1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1929, to 2-21-, 1936.
I last saw her alive on 2-20, 1936.; death is said to have occurred on the date stated above, at 4 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute failure of heart complicating influenza	2-13-36.
Other **contributory causes** of importance:	
Hypertension and Hemiplegia	12-1-29.

Name of operation: none Date of:
What test confirmed diagnosis? DS Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) Geo. D. A. Kellogg, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAR 9 1936 **RECEIVED**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97421

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 30

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Catherine Sylvia Patterson

(a) Residence. No. 707 - 9th Ave S St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-28-6

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

MOTHER FATHER

13. NAME John R. Patterson

14. BIRTHPLACE (city or town) ..... (State or country) Mo

15. MAIDEN NAME Wilma Randolph

16. BIRTHPLACE (city or town) ..... (State or country) Mo

17. INFORMANT J. R. Patterson (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 2-4, 1936

19. UNDERTAKER ..... (Address) F. K. Robinson Nampa Ida

20. FILED 3-2, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1936, to 2-3, 1936.

I last saw her alive on 2-3, 1936 death is said to have occurred on the date stated above, at 6a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature - Pneumonia	
Past 8 Mo	

Other **contributory causes** of importance:

Premature Past 8 Mo.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Chest Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Horace O. Belknap M. D.

(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97424

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 42

MAR 9 1936 RECEIVED

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Clements

49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/17/51

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Clements

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Joe Berry
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 2-22 1936

19. UNDERTAKER F. H. Lehmann
(Address) Nampa Idaho

20. FILED Mar. 6, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935, to Feb. 20, 1936

I last saw him alive on Feb. 20, 1936: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer L Left Hand and Neck	
Coroma	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Hall M. D., M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97425

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 44

990

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleopatra Parratt

(a) Residence. No. State School & Colony St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M.

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Frank Parratt

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 84 | Months | Days | If LESS than 1 day, .. hrs. or .. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Robt Kirton

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Christina Greenwood

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Dom Boyle Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa, Idaho Date Feb. 19, 1936

19. UNDERTAKER F. K. Peterson (Address) Nampa Idaho

20. FILED Mar. 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-16- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-18- 1935, to 2-15- 1936

I last saw her alive on 2-16- 1936: death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis (Chronic)	

Other contributory causes of importance:

Old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dom Boyle, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97426

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 31
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Eckert 88 Yr
(a) Residence. No. near Melba Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 3-62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Canada

FATHER
13. NAME Dawson Gill
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Amy Beck
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs L. J. Robinson (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 2/8, 193[illegible]

19. UNDERTAKER F.K. Robinson (Address) Nampa Ida

20. FILED 3-2, 193[illegible] Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 193[illegible], to 2-6, 1936
I last saw ~~him~~ alive on 2-5, 1936: death is said to have occurred on the date stated above, at 5:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1900
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193[illegible]
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — ~~If~~ so, specify —
(Signed) J. Horton, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 9 1936 RECEIVED

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97427

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 17

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David S. Grant

(a) Residence. No. 5 mile west of Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-31-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Iowa

FATHER

13. NAME David G. Grant

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dallas S. Grant

(Address) Nampa Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Randolph Iowa Date 2-13, 1936

19. UNDERTAKER F. K. Robinson

(Address) Nampa Idaho

20. FILED Feb. 24, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936 to Feb. 10, 1936

I last saw him alive on Feb. 10, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Rouser M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97428

Registration District No. 7

MAR 9 1936 RECEIVED

Primary Registration District No. 2006 Local Registrar's No. 19

(No. Rt. 2 East Power Line Rd.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie (Mrs A.J.) Smith

(a) Residence. No. Rt. 2 East Power Line St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred J. Smith

6. DATE OF BIRTH (month, day, and year) August 15 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durham City, Co. of Durham
(State or country) England

FATHER

13. NAME Launcelot Moses

14. BIRTHPLACE (city or town) Co. of Durham
(State or country) Durham England

MOTHER

15. MAIDEN NAME Jane Elizabeth Davidson

16. BIRTHPLACE (city or town) Newcastle on Tyne
(State or country) England

17. INFORMANT Miss Edna J. Moses
(Address) Nampa, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Denver, Colo Date 2-23, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Feb. 24, 1936 Lyl Dale Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934, to 2-20-, 1936
I last saw him alive on 2-20-, 1936; death is said to have occurred on the date stated above, at 7:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of tonsil	
Throat	1934 Dec

Other **contributory causes** of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. R. Reed M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

Nampa Ida. Registration District No. 7

MAR 9 1936 RECEIVED Primary Registration District No. 2006 Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97429

97

2. FULL NAME Samuel Isaac Lantzer

(a) Residence. No. Nampa # 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 22 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freeport Illinois

FATHER

13. NAME Samuel Lantzer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Wm H Lantzer (Address) Nampa Ida # 3

18. BURIAL, CREMATION OR REMOVAL Redland Cem Arcola Nebr Date 3-5, 1936

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED Mar 4, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2 3 1936 to 3/2 1936

I last saw h alive on , 193: death is said to have occurred on the date stated above, at 11-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Sudden

Other contributory causes of importance:

Chronic Nephritis	about 2 months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Lee

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97430

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 36

MAR 0 1936 RECEIVED

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Richard Rowe

(a) Residence. No. 1302 State St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 4, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleeverville (State or country) Idaho

FATHER
13. NAME Chas. F. Rowe
14. BIRTHPLACE (city or town) Youngstown (State or country) Ohio

MOTHER
15. MAIDEN NAME Josephine McDevitt
16. BIRTHPLACE (city or town) Idaho City (State or country) Idaho

17. INFORMANT Ethel Edna Rosenbaum (Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL To
Place Boise Date 2-28, 1936

19. UNDERTAKER Schrieber & McCann (Address) Boise Idaho

20. FILED Mar 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-27-1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1936, to Feb. 27th, 1936.
I last saw him alive on 2-27-, 1936; death is said to have occurred on the date stated above, at 1.25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart failure from loss of blood and surgical shock	
Other contributory causes of importance: Knife wound in left side of chest which ruptured spleen causing intra-abdominal hemorrhage	

Name of operation Exploratory Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, [redacted], or homicide? Date of injury 2-27, 1936.
Where did injury occur? Nampa, Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Received during fight
Nature of injury Stab wound.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Grace A. Kellogg, M. D.
(Address) Nampa, Idaho

YC-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97431

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 33

MAR 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) 4 miles west

2. FULL NAME Vaclav Blecha (Blecha) 49

(a) Residence. No. 4 miles west St.
(Usual place of abode)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or ~~WIFE of~~): Anna Blecha
6. DATE OF BIRTH (month, day, and year): March 28-1879
7. AGE: Years 56 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Checko-Slavokia

FATHER
13. NAME: Vaclav Blecha
14. BIRTHPLACE (city or town) (State or country): Checko-Slavokia

MOTHER
15. MAIDEN NAME: Elizabeth ——
16. BIRTHPLACE (city or town) (State or country): Checko-Slavokia

17. INFORMENT (Address): Mrs. Anna Blecha Nampa Ida.
18. BURIAL, CREMATION, OR REMOVAL: Place Nampa, Ida. Date 3-9, 1936 Kohlerlawn
19. UNDERTAKER (Address): Keith Galley Nampa, Idaho
20. FILED Mar 2, 1936 Lyda Rodgers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2—7—1936
22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to 2-7—, 1936.
I last saw him alive on 2-6-, 1936: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Pancreatic Gland.	
Other contributory causes of importance:	

Name of operation Exploratory Date of 2-14-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) V. G. Beeghly, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97432

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 28

MAR 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Samaritan Hospital)

2. FULL NAME Hazel Marie Luben

(a) Residence. No. ____ St. Payette Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Mar 11 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Indiana Oregon

FATHER
13. NAME R. G. Luben
14. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

MOTHER
15. MAIDEN NAME Anna Stamp
16. BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.

17. INFORMANT Anna Luben (Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 2-6-, 1936

19. UNDERTAKER Glenn C. Sanborn (Address) Payette Idaho

20. FILED Feb. 24, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 4, 1936
I last saw her alive on Feb 4, 1936: death is said to have occurred on the date stated above, at ____ p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Coccal Meningitis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. C. Coats, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97433

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 26

(No. 4 miles no. west)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lestie Lucretia Jordan

(a) Residence. No. 4 miles no. west St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred W. Jordon

6. DATE OF BIRTH (month, day, and year): July 31 1886

7. AGE — Years: 49 Months: 6 Days: 18 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Center Co. Penna.

FATHER

13. NAME: Samuel R. Leister

14. BIRTHPLACE (city or town) (State or country): Snyder Co. Penna

MOTHER

15. MAIDEN NAME: Lydia M. Lingle

16. BIRTHPLACE (city or town) (State or country): Center Co. Penna.

17. INFORMANT (Address): Mrs. Fred W. Jordan Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Wohlerlawn

Place Nampa, Ida. Date 2-22 1936

19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa Ida

20. FILED Mar. 2..., 1936. Lyda R. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 2-19....., 1936..

I last saw h.. alive on 2-18-, 1936.; death is said to have occurred on the date stated above, at 4:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	.....
Cerebral Hemorrhage	Jan 15 '36

Other **contributory causes** of importance: Extreme senility years

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Horace P. Raymond M. D.

(Address) Nampa Ida

Idaho

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97434

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 26

MAR 9 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) 9½ miles So.

2. FULL NAME Bert L. Hollingsworth 44

(a) Residence. No. 9½ miles So. St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 1 mos (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lera Hollingsworth

6. DATE OF BIRTH (month, day, and year) June 10th 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Albert Hollingsworth

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Janette Sartor

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. Lera Hollingsworth Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida Date 2-21, 1936

19. UNDERTAKER Keith Talley
(Address) Nampa Ida.

20. FILED Mar. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Feb 19, 1936
I last saw him alive on Feb 19 1936: death is said to have occurred on the date stated above, at 1:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcoma of Stomach	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. C. Arlt, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Idaho

State Board of Health MAR 11 1936 RECEIVED Certificate of Death

97435

1. PLACE OF DEATH

State Registered No.

County Canyon State Idaho Local Registered No. 1007 - 3

Township or Village (69) or

City Caldwell No. , St., Ward

(If death occurred in a hospital or institution, give its name instead of street number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Thomas.

(a) Residence: No. , St., 159 C

(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (Write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF DATE OF BIRTH (month, day and year) Feb 4, 1936

7. AGE	Years	Months	Days	If less than 1 day, ...hrs. ....min.
	X	X	X	30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME Tom Thomas.

14. BIRTHPLACE (city or town) (state or country) Warren Minn

MOTHER

15. MAIDEN NAME Esther Gustafson

16. BIRTHPLACE (city or town) (state or country) Elkhart Virginia

17. INFORMANT Tom Thomas

(address) Caldwell Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Caldwell Date Feb 4, 1936

19. UNDERTAKER none

(Address)

20. Filed 3-9, 1936 Ethel Jurries

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1936, to 2/4, 1936

that I last saw h. alive on 2/4, 1936 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Convulsions.	

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Barzyn, M. D.

(Address) J. J. Nyssa Ore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97436

PLACE OF DEATH
County of Canyon
City of Parma

Registration District No. 1069
Primary Registration District No. 3
Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judith Kathryn Applegate

(a) Residence. No. 13
(Usual place of abode) Parma Ida St
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day and year): Feb 3 1935
7. AGE: Years 1 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Parma Idaho

MOTHER FATHER
13. NAME: Samuel Applegate
14. BIRTHPLACE (city or town) (State or country): Pike Co. Missouri
15. MAIDEN NAME: Effie Meadows
16. BIRTHPLACE (city or town) (State or country): Mano Missouri
17. INFORMANT: Mrs Applegate (Address) Parma Ida
18. BURIAL, CREMATION OR REMOVAL: Place Parma Date 3/10, 1936
19. UNDERTAKER: C V Packham (Address) Caldwell Ida
20. FILED 3-9, 1936 Ethel Jarvis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/8 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 8, 1936
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ileo-Colitis	
and Mumps.	

Other **contributory causes** of importance:

No	

Name of operation... None ..... Date of.....
What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury... None.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) W M Mitchell, M. D.
(Address) Parma Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CARIBOU

City of WAYAN, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97437

Registration District No. 8

Primary Registration District No. 2159 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

MAR 3 1936 RECEIVED

FULL NAME JAMES HENRY JENSEN

(a) Residence. No. WAYAN, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of [illegible]
7. DATE OF BIRTH (month, day, and year): Feby. 22nd, 1861.
8. AGE: Years 74 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham City, Utah.

FATHER

13. NAME: Rasmus Jensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): DENMARK

17. INFORMANT (Address): Ernest W. Jensen, WAYAN, IDAHO.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place SODA SPRINGS, IDA Date 2/25/ 193 6

19. UNDERTAKER (Address): E. S. Whitman, Soda Springs, Idaho.

20. FILED 2/24/36 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20/1936

22. I HEREBY CERTIFY, That I attended deceased from May 19[illegible], 193..., to 2/20/36, 193...
I last saw him alive on 2/20/, 193 6. death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
None	

Name of operation [illegible] Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ELLIS KACHLEY, M. D.
(Address) Soda Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97438

Registration District No. 82

MAR 3 1936 RECEIVED

Registration District No. 2159

Local Registrar's No. 9

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Floyd Miller

(a) Residence. No. Soda Springs, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) May 25th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

FATHER

13. NAME Floyd D. Miller

14. BIRTHPLACE (city or town) Marysville (State or country) Mo.

MOTHER

15. MAIDEN NAME Bernice A. Finke

16. BIRTHPLACE (city or town) St. Louis (State or country) Mo.

17. INFORMANT J. D. Miller (Address) Soda Springs, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place Twin Falls, Ida. Date 2/12/ 1936

19. UNDERTAKER E. S. Hutchinson (Address) Soda Springs, Idaho.

20. FILED 2/10/36 1936 Dr. Bruce Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~2/3/36~~ 2/8, 1936, to 2/8/36, 1936

I last saw him alive on 2/8/36, 1936; death is said to have occurred on the date stated above, at 7.45 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Convulsions	
Other **contributory causes** of importance: History of Croup	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ELLIS KACKLEY M. D.

(Address) Soda Springs, Idaho.

FEB 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97439

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho. Registration District No. 82

Primary Registration District No. 7-159 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (SCOTTY) David Nicholson

(a) Residence. No. Soda Springs, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE — Years: Unknown | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Sheep herder

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): E. L. Whitman Coroner Soda Springs, Idaho.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Soda Springs, Idaho. Date: Jany 2 1936.

19. UNDERTAKER (Address): E. L. Whitman Soda Springs, Idaho.

20. FILED 2-10..., 1936. Dr Russell Tyler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/25/35, 193.., to 1/1/36, 193..

I last saw him alive on 1/1/36, 193..; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Burger's Disease	

Other **contributory causes** of importance:

0

Name of operation: 0 Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Ellis Kackley Ellis Kackley M. D.

(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97440

PLACE OF DEATH

County of Oakley

City of Cassia

Registration District No. 117

Primary Registration District No. 2190 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Rex Schiferl

(a) Residence. No. Oakley, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 9, 1935

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	( )	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oakley (State or country) Idaho

FATHER

13. NAME Rex Schiferl

14. BIRTHPLACE (city or town) Oakley (State or country) Idaho

MOTHER

15. MAIDEN NAME Dorothy Read

16. BIRTHPLACE (city or town) ..... (State or country) Utah

17. INFORMANT Rex Schiferl (Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Oakley, Idaho Date 2/15, 193 6

19. UNDERTAKER R. C. Johnson (Address) Burley, Idaho.

20. FILED 2/13, 193 6 Laura G. Sprachen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12/36

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 193 6, to 2/12, 193 6.

I last saw him alive on 2/12, 193 6; death is said to have occurred on the date stated above, at 1 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2/11/36

Other **contributory causes** of importance:

Rhino-Pharyngitis	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Eugene Schreiber M. D.

(Address) Oakley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97441

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 9

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Clarence Lyle Huston

(a) Residence. No. Burley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8 ~~Aug~~ 1914

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
21	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (mo. and yr.) 1/18/36

11. Total time (years) spent in this occupation 2yrs.

12. BIRTHPLACE (city or town) Burley (State or country) Idaho

FATHER

13. NAME Earl Clifford Huston

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Clara Elizabeth Graham

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Earl Clifford Huston
(Address) Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho. Date 1/29/ 1936

19. UNDERTAKER R. E. Johnson
(Address) Burley, Idaho.

20. FILED 1/27/36 1936 Laura M. Thacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/26/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1936., to 1-26, 1936.

I last saw him alive on 1-26, 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(Right) Fracture Shaft of Femur	1-19-36
Comminuted	

Other **contributory causes** of importance:

Shock from trauma	1-19-36

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.. 193.
Where did injury occur?..Twin Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury Fell on Stairs
Nature of injury Fracture femur & shock

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. W. Reilly M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97442

MAR 10 1936 RECEIVED

Registration District No. 117
Registration District No. 2196
Local Registrar's No. 18

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Gertrude Child Burnett.

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ellis J. Burnett.

6. DATE OF BIRTH (month, day, and year) Dec. 8. 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	12.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverdale Utah.

FATHER
13. NAME Myron B. Child
14. BIRTHPLACE (city or town) (State or country) Riverdale Utah

MOTHER
15. MAIDEN NAME Caroline Carlsen
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMANT Ellis Burnett (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Ut. Date Feb 23, 1936

19. UNDERTAKER Jos. P. Payne (Address) Burley Ida.

20. FILED 2-21, 1936 Lena G Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1936., to 2-20-, 1936.
I last saw her alive on 2-20-1936.: death is said to have occurred on the date stated above, at 5-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from perforated ulcer	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 2-19-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specify
(Signed) L. P. Cooper, M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Elba, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97443

MAR 9 1936 RECEIVED

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Delcar Whitaker

74a

(a) Residence. No. 0 Elba, Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Josephine Whitaker

6. DATE OF BIRTH (month, day, and year) Aug. 13 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.) 2/14/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Soloman Whitaker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sophia Sanford

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Miss Ida M. Whitaker Salt Lake Cy. Utah

18. BURIAL, CREMATION OR REMOVAL Place Elba Ida Date 2/29, 193 6

19. UNDERTAKER D. E. Johnson (Address) Burley Ida.

20. FILED Mar 3 193 6 L. J. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 193 6, to Feb 26, 193 6

I last saw him alive on Feb 23, 193 6: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/14/36
Other contributory causes of importance: Arterio sclerosis	1 year

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Slater M. D.

(Address) Malta, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97444

MAR 10 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 19

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Helen Carson Yaman

(a) Residence. No. N. Hansen St. Burley
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael D. Yaman — Deceased

6. DATE OF BIRTH (month, day, and year) Oct. 5th 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Yes

12. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

MOTHER FATHER
13. NAME Wm A Sloan
14. BIRTHPLACE (city or town) (State or country) Ft Dodge Iowa
15. MAIDEN NAME Margaret Hendricks
16. BIRTHPLACE (city or town) (State or country) Washington Indiana

17. INFORMANT (Address) Byron Yeamans Burley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date Feb. 22 1936

19. UNDERTAKER Geo. P. Parsons (Address) Burley Ida

20. FILED 2-21, 1936 Laura G Thrasher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17-, 1936, to 2-20-, 1936
I last saw her alive on 2-19-, 1936; death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Parke, M. D.
(Address) Burley

MAR 1 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Declo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97445

Registration District No. 117
Primary Registration District No. 2194 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice Geo. Bench

(a) Residence. No. D eclo, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 21, 1932

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
3	II	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2/1/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Declo (State or country) Idaho

FATHER

13. NAME Geo. Bench

14. BIRTHPLACE (city or town) Logan (State or country) Utah

MOTHER

15. MAIDEN NAME Ruby Packer

16. BIRTHPLACE (city or town) Preston (State or country) Utah

17. INFORMANT Geo. Bench (Address) Declo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah. Date 2/19/36 193 6

19. UNDERTAKER D. O. Johnson (Address) Burley, Idaho.

20. FILED 2/15/36 193. Laura D. Sprachen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12/36 193

22. I HEREBY CERTIFY, That I attended deceased from 2-5- ....., 1936., to 2-11- ....., 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
Scarlet Fever	

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Joseph Frezzatal M. D.

(Address) Burley Idaho

MAR 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97446

PLACE OF DEATH
County of Oakley
City of Cassia

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 15
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Gorringe

(a) Residence. No. Oakley, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

980

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mildred Fairchild Gorringe

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1906

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
29	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1/30/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

FATHER

13. NAME E.V.Gorringe

14. BIRTHPLACE (city or town) (State or country) Bountifull Utah

MOTHER

15. MAIDEN NAME Josephine Read

16. BIRTHPLACE (city or town) (State or country) Jordon Co. Utah

17. INFORMANT (Address) Mildred F. Gorringe Oakley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Oakley, Idaho. Date 2/16/36 193..

19. UNDERTAKER (Address) D.C.Johnson Burley, Idaho.

20. FILED 2/13 193.6 Laura G. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12/36

22. I HEREBY CERTIFY, That I attended deceased from 10/10 193~~5~~, to 2/10 193.6.
I last saw him alive on 2/10, 193.6.; death is said to have occurred on the date stated above, at 3 P .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	2
Lymphadenitis	2

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Eugene S. Sprecher M. D.
(Address) Oakley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97447

PLACE OF DEATH

County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susanty Nelson

(a) Residence. No. Oakley - Ida, St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

890

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Charlottie Johnson

6. DATE OF BIRTH (month, day, and year) Oct. 15 - 1853

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Anders Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Lena Jacobson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida Date 2/13.., 1936

19. UNDERTAKER D. E. Johnson (Address) Burley Idaho

20. FILED 2/11/36 Laura M. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/9/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 193.5, to 2/1, 193.6.
I last saw him alive on 2/1, 193.6; death is said to have occurred on the date stated above, at 1.0 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	1/1/30
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Eugene Schreiber M. D.
(Address) Oakley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR [illegible] 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97448

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 14
(No. Fremstad Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jon F. Kennedy

(a) Residence. No. ..... Burley Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown about 55 or 60

7. AGE — Years: About 55 or 60 yrs. | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farm Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 26, 36
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Fremstad Hospital Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 2/1/, 1936

19. UNDERTAKER (Address): L. C. Johnson Mortuary Jerry McCulloch

20. FILED 2/4/, 1936 Laura B. Fischer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2/36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1936, to Feb. 2, 1936
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance	
Myocarditis	
Hypostasis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) C. B. Fremstad M. D.
(Address) Burley Idaho.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97449

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvia May Reynolds Middleton

(a) Residence. No. ..... Burley ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph Middleton

6. DATE OF BIRTH (month, day, and year) April 30 - 1913.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
22	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Denver (State or country) Colo.

FATHER

13. NAME John Milton Reynolds

14. BIRTHPLACE (city or town) Ind. (State or country) Kansas

MOTHER

15. MAIDEN NAME Minnie Maude Ireland

16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Don Middleton (Address) Burley

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place... Burley ..... Date Feb. 2 1936

19. UNDERTAKER ..... (Address) Joe. P. Payne

20. FILED Jan. 30 1936. Laura E. Starcher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1936., to 1-30, 1936.

I last saw her alive on 1-29, 1936.; death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal infection	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97450

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 20

MAR 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Fry Crawford. 90

(a) Residence. No. Burley (Usual place of abode) Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Wife

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct 10 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho.

FATHER

13. NAME George G. Fry.

14. BIRTHPLACE (city or town) (State or country) Marion Co Iowa.

MOTHER

15. MAIDEN NAME Laura A Walk.

16. BIRTHPLACE (city or town) (State or country) Harrison Co Indiana.

17. INFORMANT Mrs. Crawford (Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL Place Burial Burley Date 2-23, 1936

19. UNDERTAKER Jas. P. Payne (Address) Burley Ida.

20. FILED 2-21, 1936 Laura F Gracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1935, to 2-21-, 1936

I last saw her alive on 2-20-, 1936. death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED MAR 9 1936

DO NOT WRITE IN THIS SPACE

State File No. 97451

Registration District No. 119

Primary Registration District No. 2198 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Peter Rasmussen

(a) Residence. No. Malta St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia K. Rasmussen

6. DATE OF BIRTH (month, day, and year) Feb. 3rd 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Child

12. BIRTHPLACE (city or town) (State or country) Malta Idaho

FATHER

13. NAME Julius K. Rasmussen

14. BIRTHPLACE (city or town) (State or country) Neath Cardigan Wales

MOTHER

15. MAIDEN NAME Elinor Lloyd

16. BIRTHPLACE (city or town) (State or country) Denbigh Wales

17. INFORMANT (Address) Julius K. Rasmussen Malta

18. BURIAL, CREMATION OR REMOVAL

Place Malta Date , 193

19. UNDERTAKER (Address) Jos. Rasmussen Burley Idaho

20. FILED May 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 17, 1936

I last saw him alive on Feb 17, 1936; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia following Influenza	Feb 3, 1936

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address) Malta Idaho

MAR 1 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97452

PLACE OF DEATH
County of Cassia
City of Oakley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 13

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Gustave Eckland

(a) Residence. No. Oakley Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Magareta Jensen Eckland

6. DATE OF BIRTH (month, day, and year) July 31, 1852

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	83	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming
10. Date deceased last worked at this occupation (mo. and yr.) 1/28/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER
13. NAME Andrew Peter Eckland
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Helen Jonson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Edgar Eckland Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 2/12/, 1936

19. UNDERTAKER (Address) W. E. Johnson Burley Idaho

20. FILED 2/5/, 1936 Laura D. Strachen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1936, to 2-4, 1936.
I last saw him alive on 2-4, 1936 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	2/2/36
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Eugene Schreiber, M. D.
(Address) Oakley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97454

MAR 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 21
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 91F

2. FULL NAME Ella Drummond

(a) Residence. No. St. Lakeview, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Drummond

6. DATE OF BIRTH (month, day, and year) January 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lamoyen City Oregon

FATHER
13. NAME Allen Knight
14. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER
15. MAIDEN NAME Abby Severance
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Guards: State Hospital North - Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/1, 1936

19. UNDERTAKER W. R. Hart
(Address) Moscow, Idaho

20. FILED 2-29, 1936 W. A. Thain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 29 1936

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1936, to Feby 29, 1936
I last saw her alive on February 29, 1936; death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance: Psychosis with Cerebral arteriosclerosis	

Name of operation Kaye Sign Date of
What test confirmed diagnosis? Phys. Signs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97455

Registration District No. 90

MAR 5 1936 RECEIVED

Registration District No. 2167 Local Registrar's No. 30

(No. if any, of house in which death occurred. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Laura M. Noah

(a) Residence. No. Orofino St. Ida. RI St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homer C. Noah

6. DATE OF BIRTH (month, day, and year) Oct. 23- 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Campbell

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margarete Joyce

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Homer C. Noah
(Address) Orofino Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gilbert Ida. Date 3/1/36 193...

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/1-, 1936 W. E. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 193.6, to 2/27, 193.6.
I last saw h~~e~~r alive on 2/26, 193.6: death is said to have occurred on the date stated above, at 6:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute appendicitis	2/24/36
Other contributory causes of importance:	
Lobar pneumonia	2/24/36
Influenza	2/20/36

Name of operation Appendectomy Date of 2/28/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97456

MAR 5 1936

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 28

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

76

2. FULL NAME Reuben W. Overman

(a) Residence. No. ..... St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? -yrs. -mos. -ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie S. Overman.

6. DATE OF BIRTH (month, day, and year) November 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER
13. NAME Cyrus Overman
14. BIRTHPLACE (city or town) (State or country) Okumwa Iowa

MOTHER
15. MAIDEN NAME Alice Watson
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Records: State Hospital North Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 2-29, 1936

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 2-17, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 27 1936

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935 to February 27, 1936
I last saw him alive on February 26 1936: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General paralysis of the insane.	July, 1935
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97457

MAR 5 1936 RECEIVED

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. 27

(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Jackson

(a) Residence. No. ..... St. Moscow - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? 7 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 11 - 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2/26, 1936

19. UNDERTAKER W. R. Schat
(Address) Moscow Idaho

20. FILED 2-27, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1926 to February 23, 1936
I last saw him alive on February 22, 1936.: death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance:	
Senile Psychosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97458

MAR 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 25
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. J. Bickers 44

(a) Residence. No. State Hospital North St. Orofino - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. 6 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 24, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Hospital Attendant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Night watchman
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1935
11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (city or town) (State or country) Redondo Beach Washington

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) John Irvine McKelvey Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 3/21, 1936

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 3/20, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 19 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1936, to February 19, 1936
I last saw him alive on February 18, 1936: death is said to have occurred on the date stated above, at 4:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other **contributory causes** of importance: General arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in **also** the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97459

Registration District No. 20
Primary Registration District No. 257
Local Registrar's No. 24

MAR 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) State Hospital North

2. FULL NAME Edward Brown

(a) Residence. No. ..... St. Elk City - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT Records: State Hospital North
(Address) Orofino — Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 3/6, 1936

19. UNDERTAKER G. H. Eiler
(Address) Grangeville

20. FILED 3/6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Feby 15, 1936
I last saw him alive on Feby 14, 1936.: death is said to have occurred on the date stated above, at 7:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 8. 1936
Other contributory causes of importance: Psychosis with Cerebral arteriosclerosis	

Name of operation None Phys. Signs. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2107

DO NOT WRITE IN THIS SPACE

State File No. 97460

Local Registrar's No. 23

MAR 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mead Stanley Maynard

(a) Residence. No. ..... St. Greer Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 21, 1915

7. AGE: Years 17 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oreg

FATHER

13. NAME: Daniel O Maynard

14. BIRTHPLACE (city or town) (State or country): Oreg

MOTHER

15. MAIDEN NAME: Nancy Wilson

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT (Address): L. O. Maynard Greer Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Orofino Date: 2/15, 1936

19. UNDERTAKER (Address): W. A. Robertson Orofino

20. FILED: 2/16, 1936 W. A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Only 1 time ..., 193..., to after demise, 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Frozen to death	
Exposure	2/14/36
Just examined after death	

Other **contributory causes** of importance:

Name of operation: none Date of: -

What test confirmed diagnosis?: - Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?: No Date of injury: -, 193.

Where did injury occur?: Clearwater County. (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**: Public highway

Manner of injury: -

Nature of injury: -

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify:

(Signed) W. A. Robertson M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97461

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 22

MAR 5 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) State Hospital North

2. FULL NAME Warren Daylong

(a) Residence. No. ..... St. Moscow - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None given
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/17, 1936

19. UNDERTAKER H. R. Stout
(Address) Moscow, Idaho

20. FILED 3/14, 1936 Vida O. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 13 1936

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1935, to February 13, 1936.
I last saw him alive on Feby 12, 1936; death is said to have occurred on the date stated above, at 12 10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance:	
Psychosis with cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thos. Howie McKelway, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97462

Registration District No. 90

MAR 5 1936 RECEIVED

Primary Registration District No. 2157 Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number) State Hospital North

2. FULL NAME William D. Dibert

(a) Residence. No. ..... St. Plummer, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) April 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tremont Ohio

FATHER

13. NAME Isaac Dibert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Plummer Date 2-16, 1936

19. UNDERTAKER W. A. Shaw
(Address)

20. FILED 2/13, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 17 1936

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1935, to February 17, 1936.

I last saw him alive on February 17, 1936: death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Other contributory causes of importance:	
Senile psychosis	

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97463

MAR 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 20
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos Main

(a) Residence. No. ..... St. Genesee, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date 2-11, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 2/11, 1936 W. A. Shain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to February 7, 1936
I last saw him alive on February 7, 1936; death is said to have occurred on the date stated above, at 5.05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-7-36
Other contributory causes of importance: Psychosis with cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Louie McKelvey, M. D.
(Address) Orofino - Idaho

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97464

PLACE OF DEATH
County of Clearwater
City of Pierce

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 19

(No. 37a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rossie Thompson

(a) Residence. No. St. Pierce Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 3- 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maine
(State or country)

FATHER

13. NAME Rossie Thompson

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Lulu Lane

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT V. A. B. R. Luthey
(Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Date 2-12 1936

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 2-11, 1936 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16 1936, to Feb. 8, 1936.
I last saw him alive on Jan. 16, 1936.; death is said to have occurred on the date stated above, at 6 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Disseminated tuberculosis	
(Pulmonary " "	
Tuberculosis of intestines)	

Other **contributory causes** of importance:

Name of operation none Date of
What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harlan P. Kahler M. D.
(Address) Orofino, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 5 1936 REGISTERED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97465

County of Shoshone

City of Wallace

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Maude Hutchins

(a) Residence. No. St. Weippe Ida (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Orval Hutchins

6. DATE OF BIRTH (month, day, and year) Sept 12-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stites Ida.

FATHER

13. NAME Lee Carpenter

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Carry Fling

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Orval Hutchins Weippe Ida

18. BURIAL, CREMATION, OR REMOVAL Place Weippe Ida Date 2-6, 1936

19. UNDERTAKER (Address) Morfin Montgomery Orofino Ida

20. FILED 2-5, 1936 H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-6 1936

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1936, to February 6, 1936

I last saw her alive on February 6, 1936, death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paratyphoid-Toxemia	2-3-36
Influenza	

Other contributory causes of importance:

Diabetes long time

Name of operation Date of

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Robertson, M. D.

(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97466

MAR 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 17
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Reuben Dennis

(a) Residence. No. ..... St. White Bird, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of Unascertained (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 27, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oregon
(State or country)

FATHER
13. NAME Lewis Dennis
14. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

MOTHER
15. MAIDEN NAME Anne Everest
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Feby 7, 1936

19. UNDERTAKER F. A. Billberg, Hosp. attdt.
(Address) Orofino, Idaho

20. FILED 2-7-, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to Feby 6, 1936
I last saw him alive on Feby 5, 1936; death is said to have occurred on the date stated above, at 7:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance:	
Senile psychosis	

Name of operation None Date of .....
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Lonnie McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97467

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2187 (No. State Hospital North)
Local Registrar's No. 16
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Hastings

(a) Residence. No. ____ St. Gem, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. ? mos. ? ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H H Hastings

6. DATE OF BIRTH (month, day, and year) August 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Schlesmd Holstein

FATHER
13. NAME Frederick C. Melson
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Dorothea Petersen
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 2-5, 1936

19. UNDERTAKER (Address) [signature]

20. FILED 2-3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1936, to February 3, 1936
I last saw her alive on February 3, 1936: death is said to have occurred on the date stated above, at 1.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan. 30, 1936
Other contributory causes of importance: Psychosis with Cerebral arterio sclerosis	About 6 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so specify ____

(Signed) John Irvine McElwain M. D.
(Address) Orofino - Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97468

Registration District No. 90
Primary Registration District No. 2197 Local Registrar's No. 36

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Sadie Bernice Thomas

(a) Residence. No. 447 Kalaspa ave St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 6 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

FATHER
13. NAME Richard E. Thomas
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Anna Mae Barnhart
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) R. E. Thomas Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 2-20, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 2/20, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16-36, 193..., to 2-17, 1936
I last saw her alive on 2-17, 1936: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Cerebral injury - Fracture Skull	2-16-36
Other contributory causes of importance: Comminuted fracture both femurs - left Compound	2-16-36

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-16-36 193..
Where did injury occur? Clearwater county
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway (Auto)
Manner of injury Collision
Nature of injury Fracture of Skull and both Legs

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Capper M. D.
(Address) Orofino Idaho

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97469

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 206
(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Belding Drake

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 8 yrs. 10 mos. 10 ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 7th, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Challis, Idaho

PARENTS

10. NAME OF FATHER Merle L. Drake
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Pattersons, Idaho
12. MAIDEN NAME OF MOTHER Christine Rose
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Salmon, Idaho

14. Informant (Address) Mrs. Drake Challis, Idaho

15. Filed Feb. 12, 1936 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 10 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 10, 1936, that I last saw him alive on Feb 10th, 1936, and that death occurred, on the date stated above, at 12 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Spastic Ileus

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Lot Evening Speakers

for appendicitis (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? yes Date of 2/3-36
Was there an autopsy? a Pathologists opinion
What test confirmed diagnosis? .....
(Signed) C. L. Hartley, M. D.
....., 19..... (Address) Challis Ida

19. Place of Burial, ~~Cremation, or Removal~~	Date of Burial
Challis Idaho	Feb. 12 1936
20. Undertaker	Address
W. C. Dobler	Salmon Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Clayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97470

MAR 9 1936 RECEIVED

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 208

(No. _____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Richyzel Combs

(a) Residence. No. Clayton Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 15 - 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Rockport Idaho.
(State or country)
13. NAME Coulen Combs

MOTHER

14. BIRTHPLACE (city or town) Bradleyville Mo.
(State or country)
15. MAIDEN NAME Lola Breezee
16. BIRTHPLACE (city or town) Wabash
(State or country) Indiana

17. INFORMANT Edith M. Hardy
(Address) Clayton Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Clayton Ida. Date Feb. 27, 1936

19. UNDERTAKER Relatives & Friends
(Address) Clayton Idaho

20. FILED Feb. 29, 1936 Elena Mc Kenzie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-25 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193...
I last saw h... alive on _____, 193...: death is said to have occurred on the date stated above, at 12 M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I was called to see this child 2/25-36 but it was dead before I arrived. Friends thot the cause was catarrhal croip. Probably	
Other contributory causes of importance: a severe case of pneumonia	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193...
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. C. Hartley M. D.
(Address) Clayton Ida

MAR 5 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97471

County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 179

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Rhuley Jeffers.

(a) Residence. No. St. Glenns Ferry Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Myrtle Jeffers

6. DATE OF BIRTH (month, day, and year) 4-23-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Railroad Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 9-11-29

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Cash Jeffers.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Myrtle Jeffers

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Los Angeles Cal. Date Jan 28, 1936

19. UNDERTAKER Fisher Funeral Home. By J. Crowther. Mountain Home. Ida.

20. FILED Jan 25, 1936 Mary Lee Blanchard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1935, to Jan 25, 1936
I last saw him alive on Jan 25, 1936; death is said to have occurred on the date stated above, at 8.20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Occlusion~~	
Chronic Interstitial Nephritis	1928
Coronary occlusion	Jan 23 1936

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John W. Harris, M. D.
(Address) Glenns Ferry, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97472

PLACE OF DEATH
County of Elmore
City of King Hill

Registration District No. 33
Primary Registration District No. 2021
Local Registrar's No. 90

MAR 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bertha Winifred (Cook) Morrison

(a) Residence. No. King Hill Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis James Morrison

6. DATE OF BIRTH (month, day, and year) 12-27-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Cherokee Kansas

FATHER

13. NAME Albert N. Cook

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Anna Hook

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMENT (Address) Lewis James Morrison King Hill. Ida.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Glenns Ferry, Ida. Date 2-10, 1936

19. UNDERTAKER J. F. McCann (Address) Boise. Idaho

20. FILED Feb 9, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-8-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th, 1936, to Feb 7th, 1936

I last saw h~~e~~r alive on Feb 7th, 1936; death is said to have occurred on the date stated above, at 3.02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured compensation from Mitral Stenosis	
Other contributory causes of importance:	
Acute Bronchitis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Houston E Snyder, M. D.

(Address) Glenns Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97473

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 1

MAR 11 1936 RECEIVED

(No. 31)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gilbert Carl Zacker

(a) Residence. No. Mountain Home, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Henrietta X. Zacker

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mortician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Gilbert C. Zacker

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Emma Eibergen

16. BIRTHPLACE (city or town) (State or country) Penn Ill.

17. INFORMENT (Address) Henrietta X. Zacker

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mountain Home Date 2-11-, 1936

19. UNDERTAKER J. T. McCann
(Address) Boise Ida Rt.

20. FILED Feb 14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to 2-8-, 1936
I last saw him alive on February 8, 1936; death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Fibrosis Tuberculer	1932
Gastric Atrophy tuberculer	Jan. 1935
Peritonitis Tuberculosis	" "

Other contributory causes of importance:

Name of operation Bacteriological + Physical of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Evans, M.D.
(Address) Mountain Home Ida

MAR 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97474

PLACE OF DEATH
County of Elmore
City of Mtn Home
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 2

(No. 100 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Gilbert Denten

(a) Residence. No. ..... St. Mountain Home - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Denten

6. DATE OF BIRTH (month, day, and year) Nov 22 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) about 1916

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME James Denten

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Groves

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mary Mc Grath

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mountain Home Date Feb - 24, 1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mountain Home Ida.

20. FILED Feb 25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 15 - 1936, to 2 - 20 - 1936

I last saw him alive on 2 - 19 - 1936: death is said to have occurred on the date stated above, at 10. 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	2-12-36

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J E Evans, M.D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 36

Primary Registration District No. 2621

DO NOT WRITE IN THIS SPACE

State File No. 97475

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Jerome Owens

(a) Residence. No. ... St. Bruneau Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. ~~yrs.~~ ~~mos.~~ 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel B. Owens

6. DATE OF BIRTH (month, day, and year) Oct 15-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Sheep & Cattle Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) Feb-1936

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Nephi Owens

14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Campbell.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Hazel B. Owens

18. BURIAL, CREMATION, OR REMOVAL Place Bruneau Date Feb 25, 1936

19. UNDERTAKER Barker Funeral Home

(Address) Mountain Home Idaho

20. FILED Feb 24, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to Feb 23, 1936

I last saw him alive on Feb. 23, 1936: death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1936
Other contributory causes of importance:	
None	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Work If so, specify

(Signed) Houston E. Snyder, M. D.

(Address) Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Glenns Ferry.

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97476
State File No.

Registration District No. 35

Primary Registration District No. 3021 Local Registrar's No. 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Frances Gates.

(a) Residence. No. St. Glenns Ferry Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Harry Gates

6. DATE OF BIRTH (month, day and year) Nov. 30-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME John Fowler

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Harriet Faulkner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Harriet Evans

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Glenns Ferry Date Feb. 5 1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mountain Home Ida.

20. FILED Feb 5, 1936 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1935, to Feb, 1936.

I last saw her alive on Feb 2, 1936: death is said to have occurred on the date stated above, at 1:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1921
Myocarditis	1930
Cerebral hemorrhage	Dec 22 1935
Hypostatic Pneumonia	Jan 29, 1936
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis, M. D.

(Address) Glenns Ferry Ida

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97477

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriet Rebecca Bullock Wilson

(a) Residence. No. Logan State St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 Lr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph W. Wilson

6. DATE OF BIRTH (month, day, and year): Sept 18 1870

7. AGE: Years 64 | Months 5 | Days 9 | If LESS than 1 day, .. hrs. or .. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): .....

FATHER
13. NAME: Henry Bullock
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Harriet Rebecca Bullock
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Loretta Maughan Preston Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Logan Date Mar. 1, 1936

19. UNDERTAKER: Kingsbury & Sons (Address) Logan Utah

20. FILED 3-8, 1936 G. W. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 2-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936, to 2-27, 1936
I last saw her alive on 2-24, 1936; death is said to have occurred on the date stated above, at 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
& Nephritis	
Complete Uremia	Oct 1935
Other contributory causes of importance:	
Uremia	Feb 23 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. R. Peterson, M. D.
(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97478

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 22
Primary Registration District No. 2119 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Warren Tingey

(a) Residence. No. Weston, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Tingey

6. DATE OF BIRTH (month, day, and year): April 3 1840

7. AGE — Years: 45 | Months: 10 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham, Utah

MOTHER FATHER

13. NAME: James H. Tingey
14. BIRTHPLACE (city or town) (State or country): Bountiful Utah
15. MAIDEN NAME: Sarah Baird
16. BIRTHPLACE (city or town) (State or country): Brigham Utah

17. INFORMANT (Address): Maurice Tingey Weston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Brigham Ut. Date: [illegible] 1936

19. UNDERTAKER (Address): H. W. Heydrick Preston, Idaho

20. FILED 3-8..., 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936 1936, to Feb. 20, 1936.
I last saw h[illegible] alive on Feb. 20, 1936.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 17, 1936
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. Warren Tingey M. D.
(Address) Preston Ida.

MAR 12 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9747

Registration District No.....

Primary Registration District No..... Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Lee Geddes

1610

(a) Residence. No..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. I hour yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 21 1936

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Preston
(State or country)

MOTHER FATHER

13. NAME Moses Geddes

14. BIRTHPLACE (city or town) Preston Idaho
(State or country)

15. MAIDEN NAME Mae Reed

16. BIRTHPLACE (city or town) Payson Utah
(State or country)

17. INFORMANT Moses Geddes
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Feb 23 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED ....., 193... G. W. Slade
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-22 ....., 1936 ..., to 2-23 ....., 1936 ..
I last saw h[illegible] alive on 2-23 ....., 1936 ..; death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Contributing factors	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) W. Cutler, M. D.
(Address) .....

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9748

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No.....

Primary Registration District No..... Local Registrar's No. 16

(No. Clair)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Baby Boy Rawlings

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 29, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston

FATHER

13. NAME Oscar R. Rawlings

14. BIRTHPLACE (city or town) Fairview (State or country) Ida.

MOTHER

15. MAIDEN NAME Novella Wiser

16. BIRTHPLACE (city or town) Lewiston (State or country) Utah

17. INFORMANT .. Oscar R. Rawlings (Address) Fairview, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fairview Date Feb. 29 1936

19. UNDERTAKER ... ~~None~~ M. W. Hennefer
(Address)

20. FILED 3-8 ..., 1936 G. W. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on 2-29..., 1936: death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Lived 7 hrs.	
Immaturity Prematurity	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. V. Kelly, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1 1936

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9748i

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Faye Inglet

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Preston Idaho
(State or country)

FATHER

13. NAME Melvin Joseph Inglet

14. BIRTHPLACE (city or town) ..... Fairview Idaho
(State or country)

MOTHER

15. MAIDEN NAME Zelda Lewis

16. BIRTHPLACE (city or town) .. Smithfield Ut
(State or country)

17. INFORMANT Melvin Joseph Inglet .....
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview ..... Date 2/3 ..., 1936

19. UNDERTAKER None
(Address)

20. FILED 3-8..., 1936 ..... G. W. State
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 1, 1936.

I last saw h... alive on Feb 1, 1936, death is said to have occurred on the date stated above, at 2:38 .m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
Twin	7 mo-

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orson L. Daines, M. D.
(Address) Preston Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97482

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 7

(No. 161 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kaye Inglet

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 1 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min
				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER FATHER

13. NAME Melvin Joseph Inglet

14. BIRTHPLACE (city or town) (State or country) Fairview Idaho

15. MAIDEN NAME Zelda L ewis

16. BIRTHPLACE (city or town) (State or country) Smithfield Ut

17. INFORMANT Melvin Joseph Inglet
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date 3/3, 193 6

19. UNDERTAKER None
(Address)

20. FILED Mar 8, 1936 G. W. Stale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2 / 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193 6 to Feb 1, 193 6
I last saw h alive on Feb 1, 193 6; death is said to have occurred on the date stated above at 12 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Infant	7 mo

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Orval D Davis M. D.
(Address) Preston Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 13 1936 RECEIVED

PLACE OF DEATH

County of Franklin

City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97483

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME James William Plummer Atkinson

(a) Residence. No. Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emmiline Vale Atkinson

6. DATE OF BIRTH (month, day, and year) July 26 1848

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	87	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). England
(State or country)

FATHER

13. NAME James W[illegible] Atkinson

14. BIRTHPLACE (city or town).... England
(State or country)

MOTHER

15. MAIDEN NAME Louise Plummer

16. BIRTHPLACE (city or town).. England
(State or country)

17. INFORMANT Alvin Atkinson
(Address) Franklin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Franklin Id. Date Mar 3 36, 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED 3-6, 1936 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1., 1935., to Feb 29., 1936.
I last saw him alive on Feb 28 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Chronic Myocarditis	
Other **contributory causes** of importance:	
Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm. Wyeth Hooley M. D.
(Address) Preston, Ida.

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97484

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Hardy Esplin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vera Virginia Whittle

6. DATE OF BIRTH (month, day and year) Oct 29, 1907

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
28	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Ether Esplin
14. BIRTHPLACE (city or town) (State or country) Orderville Utah

MOTHER
15. MAIDEN NAME Sarah Alice Hardy
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Alice Hardy Esplin
(Address) Preston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Feb. 28 1936

19. UNDERTAKER W. A. Hendricks
(Address) 1596 Yale Parkway

20. FILED 3-6-, 1936. G. A. Slade
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1936, to 2-26, 1936
I last saw him alive on 2-22, 1936.: death is said to have occurred on the date stated above, at 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, following Operation for Repair Inguinal Hernia & Appendicitis	2-15-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. V. Dudley, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR ...

MAR 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97485

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Weston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

71 f

2. FULL NAME Keith Lenard Jensen

(a) Residence. No. Weston Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 19 1931

7. AGE	Years	Months	Days	If LESS than 1 day,
	4	5	21	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Weston Idaho
(State or country)

PARENTS

10. NAME OF FATHER Alfred Jensen

11. BIRTHPLACE OF FATHER (city or town) Weston Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Ethel Jacobson

13. BIRTHPLACE OF MOTHER (city or town) Weston Idaho
(State or County)

14. Informant Alfred Jensen
(Address) Weston Idaho

15. Filed 3-8, 1936 G. W. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH February 11, 1936.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb. 11, 1936.
that I last saw him alive on Feb. 11, 1936
and that death occurred, on the date stated above, at 3 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Otitis Media.
Non-specific Meningitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Orson S. Haynes M. D.
Feb 15, 1936 (Address) Preston

19. Place of Burial, Cremation, or Removal: Weston Idaho — Date of Burial: Feb 14 1936

20. Undertaker: M. W. Hendricks — Address: Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

MAR 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97486

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Franklin
City of Glendale
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 10
(No. 180)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elden Thomas Owens

(a) Residence. No. Glendale St.
(Usual place of abode.)
Length of residence in city or town where death occured. Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec I6 I9I9

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	I6	I	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Glendale Idaho

PARENTS

10. NAME OF FATHER Herbert Owens

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Anna L Larsen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Logan Utah

14. Informant Herbert Owens
(Address) Glendale

15. Filed 3-8, 1936 G. W. Stale Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9 I936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ---, 19...., to ---, 19....
that I last saw h.... alive on ...., 19....
and that death occurred, on the date stated above, at ....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Was after a load of straw
and the stack caved of on
him death was caused by same
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [signature] Coroner
Feb 13, 1936 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal: Preston Idaho — Date of Burial: 2-13 1936

20. Undertaker: M W Hendricks — Address: Preston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97487

FEB 19 1936 RECEIVED

Registration District No. 99
Registration District No. 2177
Local Registrar's No. 203

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Calvin James Roach

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 6-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony Idaho
(State or country)

FATHER

13. NAME Calvin E. Roach
14. BIRTHPLACE (city or town) Lake Idaho
(State or country)

MOTHER

15. MAIDEN NAME Grace Powell
16. BIRTHPLACE (city or town) Egin Idaho
(State or country)

17. INFORMANT Calvin E. Roach
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 1/19, 1936

19. UNDERTAKER W. M. Pearson
(Address) St. Anthony Idaho

20. FILED 1/19, 1936 Sarah B. Daunt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936, to Jan. 18, 1936
I last saw h[im] alive on Jan. 12, 1936: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Palsy	Jan. 7.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Newell M. D.
(Address) St. Anthony, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97488

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 204

FEB 1 1936 RECEIVED

(No. 3) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta Rose

(a) Residence. No. Chester Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28-1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Idaho

FATHER

13. NAME George Emery Rose

14. BIRTHPLACE (city or town) (State or country) Chester Idaho

MOTHER

15. MAIDEN NAME Edna Frick

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT George E. Rose
(Address) Chester Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Chester Date Jan. 23 1936

19. UNDERTAKER W. H. Hammond
(Address) St. Anthony Idaho

20. FILED 1/23 1936 Sarah B. Munds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936, to Jan 21, 1936.
I last saw had alive on Jan 21 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Myocarditis	
Pericarditis	
Rheumatic fever	
Chorea.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. K. Worrell M. D.
(Address) St. Anthony Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Chesler

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97489

Registration District No. 99

MAR 13 1936 RECEIVED Registration District No. 2177 Local Registrar's No. 209

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Sarah Olivia Palmer

(a) Residence. No. Chesler Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carl A. Palmer

6. DATE OF BIRTH (month, day, and year) Dec. 11-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

FATHER
13. NAME John Elder
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Ann Hornock
16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT Mrs Leola Irish
(Address) Ogden Utah

18. BURIAL, CREMATION OR REMOVAL
Place Nieford Date 2/16 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 2/15 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw her alive on ——, 193...; death is said to have occurred on the date stated above, at 7-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? ——

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury —, 193...
Where did injury occur? ——
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ——
Manner of injury ——
Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? —— If so specify ——

(Signed) W. M. Hansen Co. Coroner M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97490

Registration District No. 99
Primary Registration District No. 2177 Local Registrar's No. 210

MAR 14 1936 RECEIVED

(No. if) 48 F
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Sophia Anderson

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Andrew Anderson

6. DATE OF BIRTH (month, day, and year) June 27-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galva Ill.

FATHER
13. NAME John Peter Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Carolina Nerner
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Velma Nelson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Feb 13, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED March —, 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from None, 193..., to None, 193...
I last saw her alive on ——, 193...: death is said to have occurred on the date stated above, at about 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Weak Heart	

Name of operation ✓ Date of ——
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Hansen Co Coroner
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Penn Grove

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9749

MAR 13 1936 RECEIVED

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 211

(No. 5) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry L Dayton

(a) Residence. No. Justin Grove Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 21-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Grove

MOTHER FATHER

13. NAME Don C. Dayton

14. BIRTHPLACE (city or town) (State or country) Weiford Idaho

15. MAIDEN NAME Eunice Laron Rhodes

16. BIRTHPLACE (city or town) (State or country) Weiford Idaho

17. INFORMANT Don C Dayton
(Address) St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiford Date 3/18, 1936

19. UNDERTAKER D. M. Musick
(Address) St. Anthony Idaho

20. FILED March, 1936. Sarah B. Musick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to 2/16 1936 only

I last saw him alive on 2/16, 1936; death is said to have occurred on the date stated above, at 10 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastroenteritis &	
Convulsions	

Other contributory causes of importance:

Double Otitis Media

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Jackson M. D.
(Address) St. Anthony Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97492

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 212

MAR 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leland Edward Nathaway

(a) Residence. No. Chesler Idaho St. 183
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5-1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesler Idaho

FATHER

13. NAME Robert Nathaway

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

MOTHER

15. MAIDEN NAME Johannah Johnson

16. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

17. INFORMANT Mrs. Lester Nyborg
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Firemore Date 2/20, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 2/19, 1936 Ruth B. Musick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193..., death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Shot	

Other contributory causes of importance:

While Hoping In Wild Warriors	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. M. Hansen Co. Coroner M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97493

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 214

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lellan Edna Section

(a) Residence. No. St. Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Judge Chas. Section

6. DATE OF BIRTH (month, day, and year): May 22 - 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muscatine (State or country) Iowa

FATHER

13. NAME Samuel F. Patterson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth E. Wyman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Judge Chas. Section St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Riverview Date 3/2, 1936

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED March, 193 6 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 1936

22. I HEREBY CERTIFY That I attended deceased from July, 193 5, to Feb. 29, 1936:

I last saw her alive on Feb. 28 1936: death is said to have occurred on the date stated above, at 7:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Mitral disease	
Decompensation	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. F. Merrill M. D.

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97494

County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 213

MAR 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Palmer Crabb

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, and year) April 19 - 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clinton (State or country) Ind.

FATHER

13. NAME Wesley G. Crabb

14. BIRTHPLACE (city or town) (State or country) America

MOTHER

15. MAIDEN NAME Mary Hansen

16. BIRTHPLACE (city or town) (State or country) America

17. INFORMANT W. R. Crabb (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Parker Date 3/21, 1936

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED 3/20, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1936, to 2/17, 1936. I last saw h. ~~m~~ alive on 2/17, 1936: death is said to have occurred on the date stated above, at 8. P. m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Degenerative heart disease	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Russell M. D.
(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97495

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 215

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rexford McArthur

(a) Residence. No. St. Anthony Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Myrtle Birch McArthur

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Pennington Idaho

FATHER

13. NAME John McArthur

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Elizabeth Abbit

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs Rexford McArthur (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL Place Welford Date 2/26, 1936

19. UNDERTAKER W. M. Hansen (Address) St. Anthony Idaho

20. FILED 2/24, 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~me~~ Feb 23 1936 to 1936 July 193

I last saw him alive on 2/23, 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal tract infection Source and type not determined	
Other contributory causes of importance: None	

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury None

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. E. Allison M. D.

(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97496

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 216

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Harry A. Blanchard

(a) Residence. No. 1 Chester Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesley Idaho

FATHER

13. NAME Virgil A. Blanchard

14. BIRTHPLACE (city or town) (State or country) Chesley Idaho

MOTHER

15. MAIDEN NAME Blanche Winters

16. BIRTHPLACE (city or town) (State or country) Chesley Idaho

17. INFORMANT (Address) Virgil A. Blanchard Chesley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Pineview Date 2/25, 1936

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED 2/24, 1936. Sarah B. Musk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1936, to 2/18, 1936.
I last saw him alive on 2/18, 1936: death is said to have occurred on the date stated above, at 1a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) St. Anthony Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N # 9

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony Idaho

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97497

Registration District No. 99

Registration District No. 2177

Local Registrar's No. 217

(No. 6)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Emma Birch Allgood

(a) Residence. No. St. Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Skilling Allgood

6. DATE OF BIRTH (month, day, and year) Jan 16-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hayesville Utah

FATHER

13. NAME Richard Birch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Birch

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm Allgood Jr.
(Address) Rigby Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 2/12 1936

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED March 1, 1936 Sarah B. Hunt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935, to Feb. 1936

I last saw her alive on Feb 7, 1936; death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of Brain	
Other contributory causes of importance:	
Cachexia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. G. Worrell, M. D.

(Address) St. Anthony, Ida.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 1 1936 RECEIVED

State File No. 97498

Local Registrar's No. 205

1. PLACE OF DEATH
County of Fremont
City of Parker
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2177
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orson Lewis Terry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6. DATE OF BIRTH
May (Month) 11th (Day) 1932 (Year)

7. AGE
3 Yrs. 8 Mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF Father Orson Melvin Terry

11. BIRTHPLACE OF FATHER (State or Country) Fairview Utah

12. MAIDEN NAME OF MOTHER Mallie Burbank

13. BIRTHPLACE OF MOTHER (State or Country) Lincoln Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orson Melvin Terry
(Address) Parker Idaho

15.
Filed Feb - 1936 Sarah B Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
2 (Month) 8 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1936 to Feb 8 1936, that I last saw him alive on Feb. 8 1936, and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:
Ruby Lattic Laryngitis.
a few days
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. K. Yewell M. D.
2/10 1936 (Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL — none —
DATE OF BURIAL 2/10 1936

20. UNDERTAKER
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97500

PLACE OF DEATH
County of FREMONT
City of ASHTON

Registration District No. 102
Primary Registration District No. 6
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME THERON H. KIDD.

(a) Residence. No. ASHTON IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 3rd. 1935.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** AT HOME
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ASHTON. (State or country) IDAHO

FATHER
13. NAME THERON KIDD.
14. BIRTHPLACE (city or town) ASHTON. (State or country) IDAHO.

MOTHER
15. MAIDEN NAME VENA GILBERT.
16. BIRTHPLACE (city or town) CHESTER. (State or country) IDAHO

17. INFORMANT THERON KIDD. (Address) ASHTON IDAHO.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place ASHTON IDAHO. Date 1/6/36 193..

19. UNDERTAKER LEWIS KISER (Address) ASHTON IDAHO.

20. FILED 1/4.36., 193.. Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 ....., 1936., to Jan. 4 ....., 1936.
I last saw him alive on Jan. 4., 1936.; death is said to have occurred on the date stated above, at 2.00 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 week ago
Acute Coryza & pharyngitis	2 WEEKS

Other **contributory causes** of importance:

Bronchopneumonia	1 WEEK ago

Name of operation None Date of.....
What test confirmed diagnosis? Physical findings. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) David C. Harris M. D.
(Address) Ashton Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1936 BURIED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9750

PLACE OF DEATH

County of Fremont

City of Ashton.

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME EDNA? MAY LARSON.

(a) Residence. No. ASHTON IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) SEPT. 16th 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** AT HOME.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO.

FATHER

13. NAME EDWARD LARSON.

14. BIRTHPLACE (city or town) (State or country) ASHTON IDAHO.

MOTHER

15. MAIDEN NAME Edna Groner

16. BIRTHPLACE (city or town) (State or country) BURLEY IDAHO.

17. INFORMANT (Address) EDWARD LARSON. ASHTON IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place ASHTON IDAHO Date 1/17th 1936.

19. UNDERTAKER NONE.
(Address)

20. FILED 1/16th, 1936. Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 193..., to Jan 15, 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Was dead when seen and never likely died of bronco pneumonia	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) O. L. Ellsworth, M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97502

Registration District No.

Primary Registration District No. 6

Local Registrar's No.

1936 RECEIVED 9

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Edward Schiller

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett, (State or country) Idaho

FATHER

13. NAME Gustava Paul Schiller

14. BIRTHPLACE (city or town) Emmett (State or country) Idaho

MOTHER

15. MAIDEN NAME Erma Flowers

16. BIRTHPLACE (city or town) Sommerset, (State or country) Nebraska

17. INFORMANT Gustava Paul Schiller (Address) Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL Place Emmett, Ida Date Feb 23, 1936

19. UNDERTAKER C D Buckmaster (Address) Emmett, Ida

20. FILED 2/23, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 193[illegible], to Feb. 22, 1936

I last saw him alive on Feb. 22, 1936; death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis	Feb 20/36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Emmett

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97503

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edgar Allen Collier

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 2 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Feb 21 - 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME James Collier
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Chamberlin
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ed Collier
(Address) Farmington Wash

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 3/8, 1936

19. UNDERTAKER D Breakenridge
(Address) Emmett Idaho

20. FILED 3/7, 1936 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Mar 6, 1936
I last saw him alive on March 5, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. L. Reynolds M. D.
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97504

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

MAR 9 1936 RECEIVED

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Anna Strang

(a) Residence. No. 3 Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of E H Strang

6. DATE OF BIRTH (month, day, and year) Oct 31 - 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 2 mo
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ray County Missouri

FATHER
13. NAME Geo T. Carl
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME ____
16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT E H Strang (Address) ____

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/28, 1936

19. UNDERTAKER C D Buckner (Address) Emmett Idaho

20. FILED 2/28, 1936 J H Rynyon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1936, to Feb. 25, 1936
I last saw her alive on Feb. 24, 1936: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast with metastases to liver and lungs	Aug. 1933
Other contributory causes of importance:	

Name of operation Removal right breast Date of Aug. 1933
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) J H Barnes, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97505

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)

1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Charles Barringer

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	wht	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Peter Barringer

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Bonni Burkhard
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 3/5, 1936

19. UNDERTAKER E D Buckmaster
(Address) Emmett Idaho

20. FILED 3/5, 1936 J R Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1935, to March 2, 1936.

I last saw him alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Stomach atrophies Glandulus Condition	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J R Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97506

Registration District No. ____

Primary Registration District No. 6

Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Livingston Wells

74-0

(a) Residence. No. Emmett Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 2/2 mo

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Mt Carroll Illinois

FATHER

13. NAME David C. Wells

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Anna Wolf

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Frank H. Wells (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2/24 1936

19. UNDERTAKER C D Buckmaster (Address) Emmett Idaho

20. FILED 2/24, 1936. J F Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1935 to Feb. 22, 1936

I last saw him alive on Feb. 22, 1936: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy with Left Hemiplegia	Dec 4/35
Other contributory causes of importance: Hypertension	?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A H Barnes, M. D.

(Address) Emmett

MAR 1936

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97507

Registration District No. 22

Primary Registration District No. 2018 Local Registrar's No.

(No. St Valentines Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Chisham

For Record = Frank Fewel Chisham

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 25 1936

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
		-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wendell, Idaho

MOTHER FATHER

13. NAME Wm. F. Chisham

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Beulah L. Hann

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT (Address) Wm. Chisham Buhl Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl, Ida Date Jan 27 1936

19. UNDERTAKER Evans & Adams
(Address) Buhl Ida

20. FILED 1-29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 193.6, to 1/25, 193.6

I last saw him alive on Jan 25 193.6: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prolonged tedious labor of mother, slow dilatation of cervix with partial uterine inertia, forceps	
Other **contributory causes** of importance: Cerebral pressure from above condition	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Zeller M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MA[illegible]

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97508

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. St Valentine Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katie Goldman

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 7 ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Goldman

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE: Years 47 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Sherwin Kadion

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Abraham Goldman Jerome Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Chicago Ill Date ....., 193[illegible]

19. UNDERTAKER (Address) F. R. Wiley Jerome Idaho

20. FILED 2/23/36 193.. C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936, to Feb. 22, 1936.

I last saw her alive on Feb. 22 1936; death is said to have occurred on the date stated above, at 5:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
following hysterectomy	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Ida.

FORM V. S. No. 5-A—25 M—1-18.

MAR 3 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 97509
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
(No. ..... St.)
Registration District No. 22
Primary Registration District No. 2018

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Wesley Beck

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: June (Month) 12 (Day) 1860 (Year)

7. AGE: 76 Yrs. 1 Mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Janitor
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Wm Beck

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Lucinda Smith

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grace Hartwell
(Address) Wendell Ida

15. Filed Feb 13 1936 E L Simonton Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51067

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 12 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-9 1936 to 2-12 1936
that I last saw him alive on 2-12 1936
and that death occurred on the date stated above, at 10:40 PM
The CAUSE OF DEATH* was as follows:
Cardio-renal vascular disease
(Duration) 7 Yrs. — mos. — ds.
Contributory (Secondary) Arteriosclerosis
(Duration) 1 yrs. mos. 1 ds.
(Signed) E. L. Simonton M. D.
2-13 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida
DATE OF BURIAL ..... 19.....

20. UNDERTAKER: L. Harmon
ADDRESS: Jerome Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of "

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97510

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 654

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Quick (Quick) 101 a

(a) Residence. No. ____ Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Quick

6. DATE OF BIRTH (month, day, and year) Dec 7 1858

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Wisconsin

FATHER

13. NAME Dan Quick

14. BIRTHPLACE (city or town) ____ (State or country) (")

MOTHER

15. MAIDEN NAME (")

16. BIRTHPLACE (city or town) (") (State or country)

17. INFORMANT ____ (Address) Harold Quick

18. BURIAL, CREMATION OR REMOVAL Place Elmwood Cemetery Date 2-17 193..

19. UNDERTAKER ____ (Address) ____

20. FILED 2-29 193.. J. H. Cameron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10 193.6, to 2-15 193.6

I last saw him alive on 2-13 193.6 death is said to have occurred on the date stated above, at 7 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-10-
Other **contributory causes** of importance:	
Senility - asthma,	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ____ Date of injury .., 193.

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) James B. [redacted]

(Address) [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97511

Registration District No. 24

MAR 11 1936 RECEIVED

Registration District No. ____ Local Registrar's No. 653

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Jane Padgett

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Padgett

6. DATE OF BIRTH (month, day, and year) 8-10-1842

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
93	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Spalding (State or country) Ohio

FATHER
13. NAME Elijah Lyster
14. BIRTHPLACE (city or town) ____ (State or country) Pa.

MOTHER
15. MAIDEN NAME Betty Mace
16. BIRTHPLACE (city or town) ____ (State or country) Pa.

17. INFORMANT Mrs Lee Bayer (Address) Hagerman Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 3/15 1936

19. UNDERTAKER Cragun & Johnson (Address) L. Johnson Funeral

20. FILED 2-29-, 1936 J. P. Comwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4/36, 193..., to 2/12/36, 193...
I last saw h alive on 2/11/36, 193...: death is said to have occurred on the date stated above, at 2 45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	2 years ago
Cerebral thrombosis	

Other contributory causes of importance:
Arteriosclerotic heart disease
Arteriosclerosis peripheral Gangrene
Chronic bronchitis

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Howard H. Clakpka M. D.
(Address) Hagerman, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97512

PLACE OF DEATH
County of Gooding
City of Hagerman

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 652
(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Edward Burgy 41
(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Burgy.

6. DATE OF BIRTH (month, day and year) Oct 15 1885

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
50	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep Raiser
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Peoria (State or country) Ill.

FATHER
13. NAME Phillip Burgy
14. BIRTHPLACE (city or town) Peoria (State or country) Ill

MOTHER
15. MAIDEN NAME Emma Arnal
16. BIRTHPLACE (city or town) Peoria (State or country) Ill

17. INFORMANT Mrs Jos. E. Burgy (Address) Hagerman Ida
18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date Feb 14 1936
19. UNDERTAKER Evans & Johnson (Address) Buhl - Evans & Johnson
20. FILED 2-29 1936 J H Cummins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1936, to 2-12, 1936
I last saw him alive on 2-11, 1936; death is said to have occurred on the date stated above, at 9:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus blood stream infection	2-8-36
Other contributory causes of importance: Lobar pneumonia	2-1-36

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John P. Loughlin M. D.
(Address) Twin Falls Idaho

FEB 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97513

PLACE OF DEATH.
County of Gooding
City of Wendell

Registration District No. 22
Primary Registration District No. 2018
(No.)

Local Registrar's No.

109 Fr

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. **FULL NAME** Shirley McMutt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) July 24, 1935

7 AGE — Years: 0 — Months: 5 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Gooding, Idaho

PARENTS

10 NAME OF FATHER: Harry Edgar McMutt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Noble County, Ohio

12 MAIDEN NAME OF MOTHER: Lily Gould

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Noble County, Ohio

14 Informant: Father
(Address): Wendell, Ida

15 Filed Jan 9, 1936 — E. L. Simonton, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 9 (Day) 1936 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 8, 1936,
that I last saw her alive on Jan 8, 1936,
and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:
Acute Tonsillitis and pharyngitis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W. G. Rulien, M. D.
Jan. 9, 1936 (Address) Wendell, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of ~~Burial, Cremation~~, or Removal	Date of Burial 19
Buhl, Idaho	
20. Undertaker: Johnson	Address: Buhl, Ida

...should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... CUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

MAR 10 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH — Registration District No. 105

County of Idaho — Primary Registration District No. 2183 — File No. 97515

City of Cottonwood Hospital (No. ..... St.) — Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. J. H. Knorr (Amanda Hannah Grangeville)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word.)
female	W.	Married

6. DATE OF BIRTH — Jan. (Month) 30 (Day) 1883 (Year)

7. AGE — 53 Yrs. 3 Mos. 3 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): at home

9. BIRTHPLACE (State or Country) Quincy, Ill.

10. NAME OF FATHER Peter Heitholt

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Minnie Bresser

13. BIRTHPLACE OF MOTHER (State or Country) Quincy, Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John D Knorr
(Address) Grangeville Idaho

15. Filed Feb 3 1936 — W. F. Orr, Local Registrar per J. B.

MEDICAL CERTIFICATE OF DEATH

60 a

16. DATE OF DEATH — February (Month) 2 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan - 21 1936, to Feb. 2 1936, that I last saw her alive on Feb. 1st 1936, and that death occurred on the date stated above, at 5:00 P.M.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation,
(Due Jan 21 '36 Sub total Hysterectomy)
(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary) Toxic Goiter, Diabetes
(Duration) 4 yrs. ..... mos. ..... ds.
(Signed) Wesley F. Orr M. D.
2/2 1936 (Address) Cottonwood

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 13 days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? Grangeville Ida.
Former or usual residence Grangeville Ida.

19. PLACE OF BURIAL ~~OR REMOVAL~~ Grangeville, Idaho — DATE OF BURIAL Feb 4 1936

20. UNDERTAKER Hancock Funeral Home — ADDRESS Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97516

MAR 10 1936 RECEIVED

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 3

88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Peter Jentges

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Jentges

6. DATE OF BIRTH (month, day, and year) June 23, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Gaesdorf,
(State or country) Luxemburg

FATHER

13. NAME William Jentges

14. BIRTHPLACE (city or town) .....
(State or country) Luxemburg

MOTHER

15. MAIDEN NAME Katherine Katz

16. BIRTHPLACE (city or town) .....
(State or country) Luxemburg

17. INFORMANT Mrs. Katherine Jentges
(Address) Cottonwood, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Greenacre, Idaho Date Feb. 10, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Feb. 10, 1936. W. F. Orr
Registrar.
per J. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-1, 1935, to Feb. 7, 1936.
I last saw him alive on Feb. 4, 1936; death is said to have occurred on the date stated above, at 1-P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Embolism,	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... Harley F. Orr, M. D.
(Address) Cottonwood, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson.
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97517

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 13 1936 RECEIVED

1000

2. FULL NAME Margaret Angla Lowder.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER
13. NAME Thomas Gabriel Lowder.
14. BIRTHPLACE (city or town) (State or country) Rigby, Ida.

MOTHER
15. MAIDEN NAME Dorothy Irene West.
16. BIRTHPLACE (city or town) (State or country) Forsyth, Mont.

17. INFORMANT Thomas Lowder
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 2/29, 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 2-29, 1936 A B Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936, to 2-27, 1936.
I last saw h— alive on 2-26, 1936.: death is said to have occurred on the date stated above, at 4:17 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-23-36
Influenza Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson.
City of Annis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97518

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 12

MAR 1 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159c

2. FULL NAME Baby Hanson.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	8 hrs. 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

FATHER
13. NAME Fabyn Albert Hanson.
14. BIRTHPLACE (city or town) (State or country) Annis, Idaho.

MOTHER
15. MAIDEN NAME Norma Scott.
16. BIRTHPLACE (city or town) (State or country) Menan, Idaho.

17. INFORMANT Fabyn Hanson
(Address) Lorenzo, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 3/2, 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 3-2, 1936 A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1936, to Mar. 1, 1936
I last saw her alive on Mar. 1, 1936.: death is said to have occurred on the date stated above, at 8:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Suffocation and not Exposure	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C B Brown M. D.
(Address) Rigby Idaho

MAR 1 1934 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of or N.E. Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97520

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME James Harrison Culver

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Culver

6. DATE OF BIRTH (month, day, and year) Oct 30 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
45	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Elk City (State or country) Kansas

MOTHER FATHER

13. NAME Leo Culver

14. BIRTHPLACE (city or town) ..... (State or country) Kansas

15. MAIDEN NAME Eva Bifield

16. BIRTHPLACE (city or town) ..... (State or country) N. Kansas

17. INFORMANT Mrs. Emma Culver (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Jerome Cem Date 2/25, 1934

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 2/23, 1934 C. A. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Disease	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following: —
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) J R Wiley Coroner M. D.

(Address) Jerome Idaho

MAR 12 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97521

Registration District No.

Primary Registration District No. Local Registrar's No. X

(No. 88)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Elovenia Casto

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L C. Casto

6. DATE OF BIRTH (month, day, and year) March 28. 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME David A Pulley

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Lydia Moon

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT L. C. Casto (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Feb 27, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 3/2, 1936 Cid Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Febr. 24, 1936.

I last saw her alive on Febr. 23, 1936.; death is said to have occurred on the date stated above, at 11:20 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Other **contributory causes**, of importance: Hypertension	1920

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson M. D.
(Address) Jerome Ida

MAR 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97522

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Sarah Jane Lee Kersey

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James B Kersey

6. DATE OF BIRTH (month, day, and year) March 18 1873

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) James B Kersey Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Feb 27, 1936

19. UNDERTAKER (Address) J. R. Wiley Jerome Idaho

20. FILED 2/26, 1936 C. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd, 1936, to Feb. 24, 1936.
I last saw her alive on Feb. 24, 1936.: death is said to have occurred on the date stated above, at 12:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Hypertension	Not Known

Name of operation None Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. E. T. Rees, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97523

Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 37

MAR 4 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustaf Johnson

(a) Residence. No. Best Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Hannah Johnson

6. DATE OF BIRTH (month, day, and year) 1-18-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroader
10. Date deceased last worked at this occupation (mo. and yr.) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Johnson (Address) Kellogg - Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Forest Cem., Date 2/[illegible], 1936

19. UNDERTAKER Casady Home (Address) Cda. Idaho

20. FILED Feb 22, 1936 E. J. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-~~15~~ 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12-, 1936, to 2-15, 1936
I last saw ~~him~~ alive on 2-15, 1936; death is said to have occurred on the date stated above, at 10 53 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

Lester C. Krotcher, M. D.
12 NORTH FOURTH STREET
P. O. BOX 642
Coeur d' Alene, Idaho

MAR 19 1936 RECEIVED

March 17, 1936

Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

Death Certificate, Local Registrar's number 37, for Gus Johnson, Coeur d' Alene, Idaho, shows the date of death to be February 15, 1936. Date of death should be changed to February 17, 1936.

L. C. Krotcher M.D.

L. C. Krotcher, MD
(Acting Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97524

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 2

FEB 14 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hermann Neubauer.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda
6. DATE OF BIRTH (month, day, and year) Nov. 6- 1858
7. AGE Years 77 Months 2 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** /
10. Date deceased last worked at this occupation (mo. and yr.) 12 years.
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME William Neubauer.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Louise Elsas.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Augusta C. Neubauer

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Ida Date 1/15, 1936.

19. UNDERTAKER (Address) Casey Funeral Home Spirit Lake, Ida

20. FILED 1-14, 1936. A. C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936, to Jan. 12, 1936.
I last saw him alive on Jan. 12, 1936, death is said to have occurred on the date stated above, at 7.00 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Chronic Nephritis	
Myocardial insufficiency	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. M. Schmidt M. D.
(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97525

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 34

MAR 4 1936 RECEIVED

(No. 518 Coeur d'Alene Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alene Meredith

(a) Residence. No. Gaiwood, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Meredith

6. DATE OF BIRTH (month, day, and year) 7-10-1887

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
48	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mgr. Warehouse

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Dis. Match Co. at Coeur

10. Date deceased last worked at this occupation (mo. and yr.) 11/1935.

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Walla Walla, Wn.

MOTHER/FATHER

13. NAME — Spencer

14. BIRTHPLACE (city or town) (State or country) Wn.

15. MAIDEN NAME Minerva Scott

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) John C. Meredith

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 3/9, 1936

19. UNDERTAKER (Address) Moon Mortuary

20. FILED Feb. 11, 1936 E. J. Strahm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to Feb. 5, 1936.

I last saw her alive on Feb. 5, 1936: death is said to have occurred on the date stated above, at 3 1 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Septicemia	Feb 3-36
Other **contributory causes** of importance:	
Septic Pharyngitis	Jan 31-36
Chronic Arterial Hypertension	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury .., 193.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Unattended, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97526

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 32

MAR 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Ray Anderson

(a) Residence. No. 1521 Lakeside Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-31-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Salle
(State or country) Colorado

FATHER
13. NAME Ernest R. Anderson
14. BIRTHPLACE (city or town) Dickson Co
(State or country) Kans.

MOTHER
15. MAIDEN NAME Christine Wilmar
16. BIRTHPLACE (city or town) Dickinson Co.
(State or country) Kans.

17. INFORMANT E R Anderson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest-Coeur d'Alene Date 1-26 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Feb 6 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/24/36 to 1/24/36
I last saw him alive on 1/24/36; death is said to have occurred on the date stated above, at 9:25a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental drowning	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 24 1936
Where did injury occur? Lake Fernan near Coeur d'Alene, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drow
Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E R Anderson Coroner
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97527

MAR 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 31

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles F. Will

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Will

6. DATE OF BIRTH (month, day, and year) Jan. 29 - 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
74	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 16 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McArthur Ohio

FATHER
13. NAME George Will
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Helen French
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Ida M. Will Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Waterville Wash Date 2-5, 1936

19. UNDERTAKER Cossedy Funeral Home
(Address) Rathdrum Ida.

20. FILED Feb 6, 1936 C. L. Tyndon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to 2/2, 1936
I last saw her alive on 2/2 1936; death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis ✓	2/2/36
Uremic Poisoning ✓	10 years
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Related Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) F. C. Norris M. D.
(Address) Coeur d'Alene Idaho

Permit Issued

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ko Otenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

DO NOT WRITE IN THIS SPACE
State File No. 97528

MAR 4 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna T. Watkins 90

(a) Residence No. (Usual place of abode) St. Athol Ida. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W. | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. H. Watkins

6. DATE OF BIRTH (month, day, and year) August 31-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
73	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Nelson
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas. Talbot Jr. (Address) Salt Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Cemetery Athol Ida. Date 1-22, 1936

19. UNDERTAKER Cassidy Funeral Home (Address) Rathdrum Ida.

20. FILED Feb 5, 1936 E. L. Lyon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1935, to Jan. 19, 1936.
I last saw her alive on Jan. 18 1936; death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease	10 yrs
Weakness following a feed indigestion	6 days.
Other contributory causes of importance: Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) E. L. Lyon M.D.
(Address) Rathdrum Idaho

Permit issued.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97529

Registration District No. 30
Primary Registration District No. 1030 Local Registrar's No. 26

MAR 4 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Pearson

(a) Residence. No. 817 Indiana Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-30-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

FATHER
13. NAME Robert Pearson
14. BIRTHPLACE (city or town) Spokane
(State or country) Wash

MOTHER
15. MAIDEN NAME Arden Hickman
16. BIRTHPLACE (city or town) Westmond
(State or country) Idaho.

17. INFORMANT Robert Pearson
(Address) Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Forest Coeur d'Alene Ida Date 1-31, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Feb. 4, 1936 E. L. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1935, to Jan. 29, 1936
I last saw her alive on Jan. 29, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions of Infantile Tetany	about Jan. 19 1936
Other contributory causes of importance:	
Septic Arthritis	Nov. 29-1935
Pneumococcus Meningitis	Dec. 23-1935

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. W. Rusted M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97536

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 33

MAR 4 1936 RECEIVED

123

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah A. Ford

(a) Residence. No. Post Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Ford

6. DATE OF BIRTH (month, day, and year) 6-15-1861 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peoria, Ill.

FATHER

13. NAME Joseph La Brie

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Flavia Simmons

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. B. C. Ward Kettle Falls, Wn.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Rathdrum, Ida. Date 2/8, 1936.

Rathdrum

19. UNDERTAKER (Address) Mowery Mortuary Elva Spokane

20. FILED Feb. 11, 1936. E. J. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to Feb. 5, 1936.

I last saw her alive on Feb. 5, 1936.; death is said to have occurred on the date stated above, at 3:25 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Billiary Calculi	Feb 1 - 1936
(Stone in Commonduct)	
Other **contributory causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? —

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. Crawley M. D.

(Address) Post Falls, Ida.

Dr. Fanning

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

MAR 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97531

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 28

(No. Lane Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Frances Collins 41

(a) Residence. No. Hayden Lake Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 1 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 3-23-1912

7. AGE | Years 23 | Months 10 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Seamstress

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** W. P. A.

10. Date deceased last worked at this occupation (mo. and yr.) 1-28-36

11. Total time (years) spent in this occupation 6 Mo

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Wilfred Doucette

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Angeline De Grandpre

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT (Address) Mrs Emil Braemert Hayden Lake

18. BURIAL, CREMATION OR REMOVAL Thomas C W A Date 2-3 1936

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED Feb 3, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1936, to 1-31, 1936.

I last saw h[er] alive on 1-31, 1936: death is said to have occurred on the date stated above, at 7:35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General peritonitis following Ruptured Pyosalpenx bilateral	1-27-36

Other **contributory causes** of importance:

Name of operation Salpingectomy Date of operation 1-29-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. Fanning M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97532

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 269

MAR 4 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. George Melrose Hunter. 90

(a) Residence. No. 521 Wallace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth yrs. 39 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Hunter - 1919

6. DATE OF BIRTH (month, day, and year) 7-25-1865? Not definite

7. AGE — Years 70 — Months 6 — Days 7 — If LESS than 1 day, ... hrs. or ..... min. Not definite

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER/FATHER

13. NAME Alexander Melrose

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Kenneth M. Hunter
(Address) Spokane, Wn

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho Date 2-5 1936

19. UNDERTAKER Mooney Mortuary
(Address) Lewiston, Idaho

20. FILED Feb 4, 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1935, to 2/2, 1936.

I last saw h alive on 2/2 1936. death is said to have occurred on the date stated above, at 3:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	2/2/36
Other **contributory causes** of importance:	
Hypertension	6 yrs
senile debility	10 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton J. Higgins M.D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Ward,

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97533

MAR 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1150
Local Registrar's No. 27

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary H. Freeman

(a) Residence. No. 1108 - B - St. ....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed or divorced
~~HUSBAND~~ of
(or) WIFE of John Freeman

6. DATE OF BIRTH (month, day, and year) 1862 - 12 - 14

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 14 - 1936

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) A. C. Freeman Sullivan Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Date ....., 193...

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene

20. FILED Feb. 4, 1936 E. S. Strahorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936, to Jan. 31, 1936
I last saw h[illegible] alive on Jan 31, 1936: death is said to have occurred on the date stated above, at 7⁰⁵ P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Jan. 19 1936
Other contributory causes of importance:	
Influenza	Jan. 10 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John O'Lloyd M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of C. D'A

MAR 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97534

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Terry Albyn

(a) Residence. No. 813 Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nils Albyn
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Cora Flink
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Frank J. Elwell

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Date Mar 2 - 3, 1936
Fred

19. UNDERTAKER (Address) Casket by Funeral Home Coeur d'Alene Ida.

20. FILED Feb. 4, 1936 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to Jan 30 '36, 193.. I last saw him alive on Jan 30, 1936; death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1930 ?
Other contributory causes of importance:	
Pneumonia	
3 yr. old Hemoplegia	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Hubert Burgess, M. D.
(Address) Coeur d' Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 97535

MAR 4 1936 RECEIVED

Local Registrar's No. 43

2. FULL NAME Elmer M. Shaffer

(a) Residence. No. 952 - 5th St.

(Usual place of abode) St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): 10-4-1865

7. AGE — Years: 70 — Months: 4 — Days: 17 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York State

FATHER

13. NAME: John Cook

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Cynthia Cook

16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMANT (Address): Wm. J. Shaffer, Wife

18. BURIAL, CREMATION OR REMOVAL: Forest Cem. Co. Date 3-7-36

19. UNDERTAKER (Address): Mowen Mortuary

20. FILED Mar. 24, 1936 E. S. Spaulding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1936, to Feb. 21, 1936.

I last saw him alive on Feb. 21, 1936.: death is said to have occurred on the date stated above, at 11:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physician's findings. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ted S. Henaman M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97536

PLACE OF DEATH

County of Latah
City of Coeur d'Alene

MAR 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1650
Local Registrar's No. 42

(No. Sacred Heart Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Mae Ball

(a) Residence. No. 723 - 2nd St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 7 mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): 7-2-1935
7. AGE — Years: — Months: 7 Days: 16 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Coeur d'Alene

FATHER
13. NAME: Ted Ball
14. BIRTHPLACE (city or town) (State or country): N. Carolina

MOTHER
15. MAIDEN NAME: Mercedes Ball
16. BIRTHPLACE (city or town) (State or country): Kellogg, Ida.

17. INFORMANT (Address): Mrs. Mercedes Ball

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Forest C.D.A. Date: 2 20, 1936

19. UNDERTAKER (Address): Mowry Mortuary Coeur d'Alene

20. FILED Feb. 24, 1936 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1936, to 2/18, 1936.
I last saw her alive on 2/17, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	
Scurvey	
Congenital syphilis	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. F. Manning, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97537

Registration District No. 30
Primary Registration District No. 1058 Local Registrar's No. 41

MAR 4 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie McKinney

(a) Residence. No. 806 - 6th St. (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Geo. McKinney

6. DATE OF BIRTH (month, day, and year) 1860 - 4 - 27

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2-12-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Dam Wis.

MOTHER FATHER
13. NAME Geo. W. Redding
14. BIRTHPLACE (city or town) (State or country) Vermont
15. MAIDEN NAME Johanna Pleed
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edith McKinney (Address)

18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Date 2-15, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Feb 24, 1936 Ed Jeakins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-15 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to Feb 15, 1936
I last saw her alive on Feb 15, 1936; death is said to have occurred on the date stated above, at 8.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Coronary Obstetia	

Other contributory causes of importance:

old age	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ed Keeske, M. D.
(Address)

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97538

County of [illegible]
City of [illegible]

MAR 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 40

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara A. Root

(a) Residence. No. 823 Pine St.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Root

6. DATE OF BIRTH (month, day, and year) 12-1-1863

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER / FATHER
13. NAME — Wickline
14. BIRTHPLACE (city or town) (State or country) U.S.
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Harry Root C.D.A.
(Address)

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Forest C.D.A. Date 2-22-1936

19. UNDERTAKER Mason Mortuary
(Address)

20. FILED Feb 24, 1936 E. L. Spahn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936, to Feb. 18, 1936.
I last saw he alive on Feb. 18, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Failure myocarditis	
	2 yrs

Other **contributory causes** of importance:

old age	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Lucy Rogers, M. D.
(Address) 442 Lake Ave
C.D.A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Worley, Ida. R.F.D.

MAR 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1038

DO NOT WRITE IN THIS SPACE

State File No. 97540

Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August William Haefer

(a) Residence. No. Worley Idaho St. R.F.D. 90

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Katie L. Haefer.

6. DATE OF BIRTH (month, day, and year): April 13th 1871.

7. AGE: Years 64 — Months 10 — Days 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 8-30-35

11. Total time (years) spent in this occupation: All his life

12. BIRTHPLACE (city or town) (State or country): Urban Minnesota

MOTHER FATHER

13. NAME: Carl William Haefer.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Cristina

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Harry Lamport Worley, Ida. R-1.

18. BURIAL, CREMATION OR REMOVAL Place: Worley Ida. Date: 2-23, 193 6

19. UNDERTAKER (Address): Jaeger Funeral Dir. Fernwood

20. FILED 2/21, 193 6 C. L. Sparkman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2-20- 193 6.

22. I HEREBY CERTIFY, That I attended deceased from He was found Dead in Truck on the way to Worley 193... to ... 193..., that I last saw h... alive on ..., 193..., death is said to have occurred on the date stated above, at ... a.m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Attact	

Other **contributory causes** of importance:

Exertion - Loading Grain Sacks.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ... C. C. Farrington, M. D.

(Address) ... Worley, Idaho

County Coroner.

Dr. Bartley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97541

PLACE OF DEATH
County of Kootenai
City of Medimont

Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 35

MAR 4 1936 RECEIVED

1. (a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Alice West
Medimont, Idaho.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. N. West

6. DATE OF BIRTH (month, day, and year)
Jan. 13, 1882

7. AGE: Years 54 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER
13. NAME W. H. Stafford
14. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER
15. MAIDEN NAME No infotmation
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. N. West
Medimont, Idaho.

18. BURIAL, CREMATION OR REMOVAL Medimont 2/18/36
Place ..... Date ....., 193..

19. UNDERTAKER (Address) M. C. Thornhill
Kellogg, Idaho.

20. FILED Feb 20, 1936 C. O. Heaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/15/36

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935, to Feb 11, 1936.
I last saw her alive on Feb 11, 1936.; death is said to have occurred on the date stated above, at 12 m. Noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinma of Breast.	
Other **contributory causes** of importance:	
Visceal metastases including spinal cord.	

Name of operation Biopsy Date of 12-2-35
What test confirmed diagnosis? A. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Alexander Barclay, M. D.
(Address) Coeur d'Alene

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97542

MAR 2 1936 RECEIVED

Registration District No.

Primary Registration District No.

Local Registrar's No. 46

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Mills

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. Not Known

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Tim Albert
(Address) Bovill, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 2/7, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 15, 1936 Mrs E. David
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed	
Probably Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short Coroner, M. D.

(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97543

Registration District No. 61
Primary Registration District No. 1611 Local Registrar's No. 97

MAR 10 1936 RECEIVED

(No. 1028 S. Harrison)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Harold C. Fields

(a) Residence. No. 1028 S. Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fields

6. DATE OF BIRTH (month, day, and year) Aug. 31, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 12/35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Oslo
(State or country) Norway

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Mrs. Anna Fields
(Address) Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 3/3, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 3/2, 193 6 Chas. Fenbourne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 28, 193 6

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 193 6, to Feb. 28, 193 6, I last saw h[illegible] alive on 2/28, 193 6; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Coronary Sclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Thompson, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97544

MAR 10 1936 RECEIVED

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph T. Smith

(a) Residence. No. Kendrick St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Waterloo Iowa

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Elizabeth Bowers

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. Alice Nichols (Address) Pond Creek, Okla.

18. BURIAL, CREMATION OR REMOVAL
Place Sand Point Ida. Date March 1 1936

19. UNDERTAKER Jack Richard (Address) Troy Idaho

20. FILED Mar 28, 1936 Ruth Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 26, 1936

Other contributory causes of importance:

Coronary sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. D. Christiansen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97545

Registration District No. 6 j

MAR 1, 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 91

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) 1010 Almond St.

2. FULL NAME Bertha Pudwill Johnson

(a) Residence. No. Almond St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ole K. Johnson

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herreid S. Dak.

FATHER

13. NAME Fred Pudwill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ole K. Johnson
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/5, 1936

19. UNDERTAKER H.B. Short
(Address) Moscow, Ida.

20. FILED 3/2, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/24/36, 193..., to 2/29/36, 193...

I last saw her alive on 2/29/36, 193...; death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary occlusion	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lochri, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97546

Registration District No. 41

MAR 10 1936 RECEIVED

Primary Registration District No. 1011

Local Registrar's No. 95

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John L. Dresher

(a) Residence. No. ..... St. Genesee, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elma Dresher

6. DATE OF BIRTH (month, day, and year) ~~May~~ May 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) ..... (State or country) "

17. INFORMANT Dewey Dresher (Address) Genesee, Ida.

18. BURIAL, CREMATION, OR REMOVAL

Place Genesee Date 3/2, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Ida.

20. FILED 2/29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb. 28, 1936

I last saw him alive on Feb. 28, 1936; death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the salivary gland	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Evely M. D.

(Address) Genesee, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of ~~Moscow~~ Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97547

Registration District No. 61

MAR 10 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 94

1. (a) Residence. No. 611 S. Wash. St.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard E. Campbell

(a) Residence. No. 611 S. Wash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Campbell

6. DATE OF BIRTH (month, day, and year) Aug. 18, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wayne County Ill.

FATHER

13. NAME Alexander A. Campbell

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Susan Boone

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Kenneth Campbell (Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Moscow Date 3/1, 1936

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 2/29, 1936 Harry Imbrie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936 to 2/27, 1936.

I last saw him alive on 2/18, 1936; death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis & Endocarditis	Unknown
Other contributory causes of importance: Cancer of Rectum	
Ulcers	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Imbrie, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

MAR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97548

Registration District No. 6-1

Primary Registration District No. 1011

Local Registrar's No. 93

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Gritman Hospital)

1000

2. FULL NAME James Monroe Barnes

(a) Residence. No. Route # 3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Retired~~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Wm. Barnes

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Cynthia Zumwalt

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Frank Neely (Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL

Place Moscow Date 3/1, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED 2/29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1932, to Feb. 27, 1936

I last saw him alive on Feb. 27, 1936; death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance: Arteriosclerosis, hypertension cerebral hemorrhage.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lyda M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97549

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 92

MAR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lincoln Martin Gilmore

(a) Residence. No. 525 S. Wackson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Yola Martin Gilmore

6. DATE OF BIRTH (month, day, and year) FeB.16,1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2/10/33
11. Total time (years) spent in this occupation 9 yr.

12. BIRTHPLACE (city or town) Palouse.
(State or country) Wash.

FATHER

13. NAME Thomas Gilmore
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Bennett
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Mrs. Yola M. Gilmore
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date 2/23, 193 6

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 2/26, 193 6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 20, 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 193 5, to Feb. 20, 193 6
I last saw him alive on Feb. 20, 193 6: death is said to have occurred on the date stated above, at 6:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	
Other contributory causes of importance:	
Chr. Hypertension.	
Chr. Myocarditis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) [signature], M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97550

MAR 10 1936 RECEIVED

Registration District No. 61
Registration District No. 1011 Local Registrar's No. 91
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin E. O'Dell

(a) Residence. No. RFD. #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel O'Dell

6. DATE OF BIRTH (month, day, and year) May 28 ~~1891~~ 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~44~~ 46	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12/35
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) Colton
(State or country) Wash.

FATHER
13. NAME David O'Dell
14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER
15. MAIDEN NAME Ellen Lemons
16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT Mrs. Ethel O'Dell
(Address) Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2/18, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 2/17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/1/35, 193..., to 2/16/, 1936
I last saw him alive on 2/16/, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas, with general Carcinomatosis.	5 1
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) Doyle M. Lyche M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

MAR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97551

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 96

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Haynes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Elmer Haynes
14. BIRTHPLACE (city or town) Whitman County
(State or country) Wash.

MOTHER
15. MAIDEN NAME Ruby Hall
16. BIRTHPLACE (city or town) .....
(State or country) Mo.

17. INFORMANT Elmer Haynes
(Address) Rt.4. Moscow

18. BURIAL, CREMATION, OR REMOVAL
Place Clinton Cemetery Date 2/13/36 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 2/13, 193.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/9, 1936, to 2/12, 1936
I last saw him alive on 2/12, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Pneumococcus.	

Other contributory causes of importance:
None detected.

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Armstrong M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97552

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 79A

MAR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Thatuna Apt.

2. FULL NAME Ernest William Kemna

(a) Residence. No. Thatuna Ant. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grangeville Ida.

FATHER

13. NAME Gus A. Kemna

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Iola Dawn Casseday

16. BIRTHPLACE (city or town) (State or country) Holden Mo.

17. INFORMANT Gus Kemna
(Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Colfax, Wash. Date 2-5-, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 2/5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feby 2, 1936

I last saw him alive on Feby 2, 1936; death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria — Date of onset Jan 30

Other contributory causes of importance:

Toxic Myocarditis

Name of operation No — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Grantham

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97553

Registration District No. 61

MAR 10 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 77A

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Knut Hippe

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Hippe

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan. '36

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Lars Hippe

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Rande

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Margaret Hippe
(Address) Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2-6-1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 2/4, 1936 H. Sampenhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935 to Feb. 2, 1936
I last saw him alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at 2 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	

Other contributory causes of importance:

Chronic myocarditis	
Chron. hypertension	
Chron. Interstitial Nephritis	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. Lamphere, M. D.
(Address) Moscow Idaho

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97554

MAR 10 1936 RECEIVED

Registration District No. 1011
Local Registrar's No. 76 A

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wylie A. Lauder

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Lauder

6. DATE OF BIRTH (month, day, and year) July 18, 185

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Feed & Bld.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Materials, Cement.
10. Date deceased last worked at this occupation (mo. and yr.) 1/1/36
11. Total time (years) spent in this occupation 51 yr.

12. BIRTHPLACE (city or town) Canisteo,
(State or country) N. Y.

FATHER
13. NAME William Lauder
14. BIRTHPLACE (city or town) ....
(State or country) Scotland

MOTHER
15. MAIDEN NAME Mary Cameron
16. BIRTHPLACE (city or town) Schnectudy,
(State or country) N. Y.

17. INFORMANT Mrs. W. A. Lauder
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2/4, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 2/3, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1936, to Feb. 1st, 1936
I last saw h[illegible] alive on Feb 1st, 1936: death is said to have occurred on the date stated above, at 12-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Followed by Purulent Pneumonia Left Lung.	
Occlusion of Coronary artery	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 1936....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) W H Lauder M.D.
(Address) ....

FEB 14 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97555

PLACE OF DEATH
County of Latah
City of Potlatch

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No. 1000

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Ann Whitney

(a) Residence. No. St. Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 22, 1934

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Potlatch, Idaho

FATHER

13. NAME: George Whitney
14. BIRTHPLACE (city or town) (State or country): Princeton, Idaho

MOTHER

15. MAIDEN NAME: Selma Anderson
16. BIRTHPLACE (city or town) (State or country): Troy, Idaho

17. INFORMANT (Address): George Whitney, Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date Feb. 5, 1936

19. UNDERTAKER (Address): D. D. Kimball, Palouse, Washington

20. FILED Feb 5th, 1936. Jos. Thumpe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1936, to Feb 3rd, 1936.
I last saw her alive on Feb 3rd, 1936; death is said to have occurred on the date stated above, at 5 A.M. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 28th
Acute Bronchitis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. E. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97556

Registration District No. 41

MAR 10 1936 RECEIVED

Primary Registration District No. 1011

Local Registrar's No. 784

(If not in hospital or institution, give street address or location)

Gritman Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Clara Kissinger

(a) Residence. No. ..... St. Viola, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B. Kissinger

6. DATE OF BIRTH (month, day, and year) May 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER

13. NAME Jacob Minton

14. BIRTHPLACE (city or town) ..... (State or country) Ill.

MOTHER

15. MAIDEN NAME Charlott Lewis

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Homer Kissinger
(Address) Viola, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Viola, Ida. Date 2/3, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 2/2, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/30, 1935, to 2/1, 1936.

I last saw her alive on 2/1, 1936.: death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/29/36
Other contributory causes of importance:	
Fractured Femur	1/31/36 ?
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Fall in Bed Room

Nature of injury Fracture neck of Femur

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lyda, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Salmon

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97557

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Muriel Hudlow McPherson

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dan McPherson

6. DATE OF BIRTH (month, day, and year) Jan 2 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Store Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Feb 24 | 11. Total time (years) spent in this occupation Four years

12. BIRTHPLACE (city or town) (State or country) Billings Mont

FATHER
13. NAME George Hudlow
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Ester Davis
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT George Hudlow (Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cem Date 3/4/ 1936

19. UNDERTAKER Jno C. Hoobler (Address) Salmon Ida

20. FILED March 13 1936 Chas E. Bellomy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 29, 1936, to March 2, 1936.
I last saw her alive on March 2, 1936; death is said to have occurred on the date stated above, at 9-30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lock Jaw Tetanus	
due to Gun Powder Burns	
by adhesion due to	
operation 1 year ago	
Other contributory causes of importance:	

Name of operation Opening abdomen Date of September
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P S Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97558

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

MAR 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irwin Dean Lisle

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14 Feb 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salmon Idaho

FATHER
13. NAME Irwin Lisle
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Hazel Pugh
16. BIRTHPLACE (city or town) (State or country) Salmon

17. INFORMANT Irwin Lisle
(Address) Salmon

18. BURIAL, CREMATION OR REMOVAL
Place Salmon County Date 3-19" 1936

19. UNDERTAKER W. C. Noble
(Address) Salmon

20. FILED March 19 1936 Otto E. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18" 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1936, to Feb. 16, 1936.
I last saw h[illegible] alive on Feb 16, 1936: death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Delirium	
Other contributory causes of importance:	
Premature birth	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F Hamner, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97559

MAR 13 1936 REGISTERED
District No. 41
Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Smith

(a) Residence. No. Carmen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Born March 4 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs E Haehlen
(Address) Salmon

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 3/9, 1936

19. UNDERTAKER Mrs C Haehlen
(Address) Salmon

20. FILED March 13 1936 Chas C. Bellomy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27, 1936, to 3/7, 1936

I last saw him alive on 3/7, 1936; death is said to have occurred on the date stated above, at 11-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bi Lateral	2/25/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hanner, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97560

MAR 13 1936 RECEIVED

Registration District No. 41
Registration District No. 2116
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Matics

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE 84 Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. Abra
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cemetery Date 3-26, 1936

19. UNDERTAKER W. M. C. Woodbey
(Address) Salmon Idaho

20. FILED March 10 1936 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12-AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Myocarditis	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. C. Woodbey Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97561

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 1898

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norman C. Olson

(a) Residence. No. St. Berg, North Dakota
(Usual place of abode)
Length of residence in city or town where death occurred. About 1 1/2 months (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Singer

6. DATE OF BIRTH (month, day, and year) June 4, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salmon National Forest
10. Date deceased last worked at this occupation (mo. and yr.) Feb. 21, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berg, North Dakota

FATHER
13. NAME Bertha Olson.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Lt. Garvey. Camp 401 Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rutland North Dakota Date Mar. 26, 1936

19. UNDERTAKER W. C. Dalgleish
(Address) Salmon Idaho

20. FILED March 13 1936 Chas C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 8.00 P.M. Feb. 22, 1936, to 3.15 a.m. Feb. 23, 1936.
I last saw him alive on Feb. 23, 1936; death is said to have occurred on the date stated above, at 3.15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion and laceration of Brain	
Fracture of Skull, Basilar	
Sub-Dural Hematoma, left	
Fracture of Skull, multiple	
Other contributory causes of importance:	
Shock.	
Fracture Left femur	

Name of operation none Date of no
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb. 22, 1936
Where did injury occur? 1/4 mile North East of Camp 401, Salmon River Road, Salmon, Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Rock slide
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Edward J. Graves, M. D.
(Address) Co. 588 CCC, Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Leadore

MAR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97562

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucille Virginia Williams 8

(a) Residence. No. Leadore St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11-1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leadore Idaho

FATHER
13. NAME William Virginia
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Amanda Carlson
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Minnie Clark
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Leadore Ida Date 2-29 1936

19. UNDERTAKER Jno C. Hoobler
(Address) Salmon Ida

20. FILED Mar. 10, 1936 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-29th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1936, to 2/14, 1936.
I last saw h[illegible] alive on 2/14, 1936: death is said to have occurred on the date stated above, at 3-40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	2/11/36
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas F Hammer, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97563

MAR 13 1936 RECEIVED

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Emmy Palmer

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Palmer

6. DATE OF BIRTH (month, day, and year) May 6th 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER
13. NAME Charles W. Temple
14. BIRTHPLACE (city or town) (State or country) United States

MOTHER
15. MAIDEN NAME Cora Dalaggar
16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT (Address) James Palmer Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 3/20, 1936

19. UNDERTAKER (Address) J. M. C. Tarbet Salmon Idaho

20. FILED March 16 1936 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov - 23, 1935, to Feb - 16, 1936
I last saw her alive on Feb - 16, 1936: death is said to have occurred on the date stated above, at 10-40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis - Chronic rheumatism.	
Goitre -	

Other contributory causes of importance:
Two operations one some 8 yrs ago and last one in 1935 —

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 193
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X X
Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. H. McFarland, M.D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97564

Registration District No. 41
MAR 13 1936 RECEIVED
Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Davies

(a) Residence. No. Salmon St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining Mills

10. Date deceased last worked at this occupation (mo. and yr.) 10 years

11. Total time (years) spent in this occupation 40 Years

12. BIRTHPLACE (city or town) (State or country) Wakefield England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) R. M. Grayson Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cemetery Date 3-/14, 193 6

19. UNDERTAKER Geo C. Thacker
(Address) Salmon Ida

20. FILED Mar 10, 193 6 Chas C. Dillaway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-13" 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 193 6, to Feb. 13, 193 6.
I last saw him alive on Febr 8, 193 6: death is said to have occurred on the date stated above, at 10-45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/4/36

Other contributory causes of importance:

Arterio Sclerosis	Years
Senile debility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas P Hammack, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — MAR 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97565

County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Ryan 90

(a) Residence. No. Knox Co. Nebraska St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 2½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Relief

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anne C. Loebler
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Feb 26th Date Salmon 1936

19. UNDERTAKER Anne C Loebler
(Address) Salmon Ida

20. FILED March 19, 1936 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 11, 1936

I last saw him alive on Feb 11, 1936; death is said to have occurred on the date stated above, at 11-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mania Pneumonia	2 days
Other contributory causes of importance:	
Cardiac arrhythmia	months

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas F Hanauer, M. D.
(Address)

MAR 1 19[illegible] RECEIVED

PLACE OF DEATH

County of Lemhi

City of Gibbonsville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97566
State File No.

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene T. Partelo

(a) Residence. No. North fork Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 L

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Moore
(Address) Gibbonsville

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonsville Cem Date 3/10/, 1936

19. UNDERTAKER Wm C Taehle
(Address) Salmon Ida

20. FILED March 10 1936 Wm C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-7 " 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 3 A - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	
acute	2/6/36
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C. Taehle M.D.

(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97567

PLACE OF DEATH

County of Bear Lake
City of Craigmont
Registration District No. 60
Primary Registration District No. 2124
Local Registrar's No. 1

MAR 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Esther Florence Henry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Henry

6. DATE OF BIRTH (month, day, and year) June 15 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Bend Iowa
(State or country)

FATHER

13. NAME Adolph Philip Minger

14. BIRTHPLACE (city or town) West Bend Iowa
(State or country)

MOTHER

15. MAIDEN NAME Dinah Eliza Groon

16. BIRTHPLACE (city or town) Clayton Iowa
(State or country)

17. INFORMENT (Address) Chas. G. Henry Soda Springs

18. BURIAL, CREMATION, OR REMOVAL
Place Soda Date , 193

19. UNDERTAKER C. E. Evans - Summers & Hughes - Soda
(Address)

20. FILED 3/7, 1936 R. E. Dunnelak
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Feb 26, 1936.
I last saw h alive on Feb 26, 1936; death is said to have occurred on the date stated above, at 4 AM p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic	
Carcinoma	
chest	2 months.

Other contributory causes of importance:

Carcinoma	
Heart	2 yrs.

Name of operation None Date of Aug-35.
What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) R. E. Dunnelak M. D.
(Address) Soda Springs Ida

Collins

PLACE OF DEATH

County of Lewis

City of Winchester

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE

State File No. 97569

Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse E. Walker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lavina May Walker

6. DATE OF BIRTH (month, day, and year) April 30 - 1881

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** 1. Laborer in woods - to 1933

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 2. Minister in Brethren church 1910 - 1933

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wichita (State or country) Kansas

MOTHER FATHER

13. NAME A. T. Walker

14. BIRTHPLACE (city or town) (State or country) Not on record

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) Not on record (State or country)

17. INFORMANT Mrs. Jesse E. Walker (Address) Winchester, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Winchester, Idaho Date Feb 19, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED 2/28, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Feb. 17, 1936. I last saw h.. alive on Feb. 16, 1936; death is said to have occurred on the date stated above, at 4 P. m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1.	
Parkinsons Disease	1933
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. A. Collins, M. D.

(Address) Craigmont, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-16-13

MAR 16 1936 RECEIVED

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 47

County of Lewis Primary Registration District No.

File No. 97570

City of Myrtle Lake (No. , St.)

Registered No. 207

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Rollin Dunham

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Married

6. DATE OF BIRTH. July 27 1874
(Month) (Day) (Year)

July 27th

7. AGE 61 Yrs. 5 Mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Clark Co Missouri

10. NAME OF FATHER Joseph Rollin Dunham

11. BIRTHPLACE OF FATHER (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Ardella Gammon

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Maude M Dunham
(Address) Nezperce, Idaho

15.
Filed Mar 13 1936 Albert Hoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 23 1936
(Month) (Day) (Year)

89

17. I HEREBY CERTIFY, That I attended deceased from June 1935, to Jan 23 1936, that I last saw h. alive on Jan 23 1936, and that death occured on the date stated above, at 8.15A M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(1st severe attack fatal)

(Duration) 1½ Yrs. mos. ds.

Contributory (Secondary) cholecystitis

(Duration) some yrs. mos. ds.

(Signed) R G Dunneth M. D.

1/29 1936 (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days In the State ..... yrs ..... mos ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Myrtle Cemetery — DATE OF BURIAL Jan 26 1936

20. UNDERTAKER Albert Hoff — ADDRESS Myrtle Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & STNRS. 24854

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97571

PLACE OF DEATH

County of Madison
City of Plano
Rural #3.

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 15

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Thomas Robertson

(a) Residence. No. Rexburg #3. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 2. 1862.
7. AGE: Years 73 | Months 9 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: for Himself
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Ont. Canada.

FATHER
13. NAME Charley Robertson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): ....

17. INFORMANT Mrs. Robertson (Address) Rexburg #3.
18. BURIAL, CREMATION OR REMOVAL Place Plano Date Mar. 11 1936
19. UNDERTAKER Joseph Killian (Address) Rexburg Ida.
20. FILED 3-10..., 1936. Mina H. Eyring Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 - 8 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw her alive on Feb. 10 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Duration	Date of onset
Arteriosclerosis	7 years	
Cardiac Decompensation	2	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) W. H. Eyring, M. D.
(Address) Rexburg

MAR 17 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97572

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 14

(No. 144)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Safford

(a) Residence. No. Thornton # 1 St.
(Usual place of abode) " "
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Safford

6. DATE OF BIRTH (month, day, and year) Oct 31 1900

7. AGE: Years 35 yrs. Months 5 Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Andrew Christensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Amanda Anderson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) George Safford Thornton # 1

18. BURIAL, CREMATION OR REMOVAL
Place Sutton Cem. Date Mar. 4 1936

19. UNDERTAKER (Address) Geo. J. Kullenberg Rexburg Ida

20. FILED 3-10..., 1936. Mo. W. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1936, to Mar. 1, 1936.
I last saw her alive on Mar. 1, 1936.; death is said to have occurred on the date stated above, at 1:.... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Post Partum	
Uterine Hemorrhage	
Retained Fetal wtr	
Arrested	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ....., M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97573

MAR 14 1936 RECEIVED

Registration District No. 10

Primary Registration District No. 2178

Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Bigler

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Mark S. Bigler

6. DATE OF BIRTH (month, day, and year) Aug. 8-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riverdale Idaho

FATHER

13. NAME George Davis

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Celestia Green

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mrs. Vern T. Clark
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date 2/24, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 3-7, 1936 Mrs. P. B. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936, to Feb. 21, 1936

I last saw he alive on Feb. 21, 1936: death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Septic Jaundice (Streptococcic)	
Cervical Glands	Feb. 10th
Bilateral Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Hansen, M. D.
(Address) St. Anthony Idaho

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97574

PLACE OF DEATH

County of Madison
City of Rexburg #1.
Independence

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 12

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

78

2. FULL NAME Elmer Louis Larsen.

(a) Residence. No. Rexburg #1. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug - 20th 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15.	5	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Student.
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER

13. NAME Alma M. Larsen
14. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER

15. MAIDEN NAME Vera Daniels
16. BIRTHPLACE (city or town) Independence
(State or country) Rexburg #1.

17. INFORMANT Alma M. Larsen
(Address) Rexburg #1.

18. BURIAL, CREMATION OR REMOVAL
Place Burton, Idaho Date Feb 18th, 1936

19. UNDERTAKER Vern J. Kellet
(Address) Rexburg, Idaho.

20. FILED Mar 3, 1936 Mrs. H. B. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to Feb 14, 1936
I last saw him alive on Dec. 15, 1936: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	
Died with Convulsion	
Other **contributory causes** of importance:	

Name of operation.... Date of....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify....
(Signed) H. B. Young, M. D.
(Address) Rexburg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97575

PLACE OF DEATH
County of Madison
City of Rexburg, Idaho

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 11
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rada White

(a) Residence. No. .... St. Plano, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John White

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Heman Hunter

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Francis Fawson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT John White
(Address) Plano, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 2/24, 193 5

19. UNDERTAKER Russell Adamson
(Address) Rexburg, Idaho

20. FILED 3-7-1936. Mrs. H. Kellogg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936, to Feb. 20, 1936

I last saw her alive on Feb 20, 1936; death is said to have occurred on the date stated above, at 4:00 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
1 Right upper lobe	
2 16th day in left upper lobe	
3 17th day in entire left lung.	

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) H. E. Kellogg, M. D.
(Address) Rexburg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97576

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 10
(No. Rexburg Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Bishoff 1010

(a) Residence. No. ..... St. Sugar City, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1934

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sugar City
(State or country) Idaho

FATHER
13. NAME Henry Bishoff
14. BIRTHPLACE (city or town)
(State or country) Russia

MOTHER
15. MAIDEN NAME Katie Weimer
16. BIRTHPLACE (city or town)
(State or country) Russia

17. INFORMANT Henry Bishoff
(Address) Sugar City, Rt.1

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City. Date 2/13, 1936.

19. UNDERTAKER Russel Flamm
(Address) Rexburg, Idaho

20. FILED 2-17, 1936. Mrs. H. E. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936, to Feb. 10, 1936.
I last saw her alive on Feb. 10, 1936; death is said to have occurred on the date stated above, at 9 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	About
Bilateral	2-6-36

Other **contributory causes** of importance:

None.	

Name of operation None. Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....
(Signed) H. H. Beck Jr., M. D.
(Address) Rexburg, Idaho.

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97577

PLACE OF DEATH

County of Madison
City of Rexburg,

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Taylor

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) Rexburg, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: ~~Mrs Peter Taylor~~ Margaret E Dannell

6. DATE OF BIRTH (month, day, and year): Dec, 29th 1858

7. AGE: Years 77 | Months 1 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Deputy Treasure
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Madison County
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Carron Scotland

FATHER
13. NAME: Peter Taylor
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Elizabeth Hastings
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Judge C J Taylor, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burton, Idaho Date: Feb, 11, 1936

19. UNDERTAKER (Address): Vern J Keller, Rexburg, Idaho

20. FILED: 3-7-, 1936. Mrs H E Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb 8, 1936.
I last saw him alive on Feb 8, 1936; death is said to have occurred on the date stated above at 12:30 p.m.
The **principal cause of death** and related ~~secondary~~ important ~~causes~~ were as follows:

	Date of onset
Acute Dilatation of Heart	
Myocardial Degeneration	Feb 8 36
Senility	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. W. Young, M. D.
(Address) Rexburg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 7 1936 RECEIVED

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97579

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Albert A Stewart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Allen Stewart
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Hanna Grove Missouri

17. INFORMANT Mrs E E Conner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Paul Cem Date Fri 28 1936

19. UNDERTAKER W A Goodman
(Address) Rupert Idaho

20. FILED 3/3, 1936 E P Eliason
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935, to Feb 24, 1936
I last saw him alive on 2-24, 1936: death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E B Kerr, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 7 1936 RECEIVED

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97581

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 4
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack M Barton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Adult
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 16 1935
7. AGE: Years: 1 | Months: 6 | Days: 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Fred Barton
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Ruth McGregor
16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT (Address): Fred Barton Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Rupert Cem Date: Jan 28 1936
19. UNDERTAKER (Address): W A Goodman Rupert Idaho
20. FILED: 3-5-, 1936 C E Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936, to Jan 26, 1936
last saw h[illegible] alive on Jan 26, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: None

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H Berry, M. D.
(Address) Rupert Idaho

10 6 a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

K.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97585

MAR 7 1936 RECEIVED

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 13

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Rickert

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Ollelia Rickert

6. DATE OF BIRTH (month, day, and year) Apr 27 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wm Carl Rickert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Katherine Rickert
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Rickert Jr
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Jan 27, 1936

19. UNDERTAKER W A Goodman
(Address) Rupert Idaho

20. FILED 3/3, 193.6 Earl E Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 193.5, to Jan 10, 193.6
I last saw h~~e~~r alive on Jan 10, 193.6: death is said to have occurred on the date stated above, at 9:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate	
Other contributory causes of importance: Metastasis in dorsal spine	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J H Gregg, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 97590

MAR 1 1936 RECEIVED

Local Registrar's No. 1614

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Taylor

(a) Residence. No. ..... St. Juliaetta Idaho
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	w	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
				3.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER

13. NAME Ted Taylor

14. BIRTHPLACE (city or town) (State or country) Hayesville, Ida.

MOTHER

15. MAIDEN NAME Caudell Groseclose

16. BIRTHPLACE (city or town) (State or country) Juliaetta Ida.

17. INFORMANT (Address) Lamar Groseclose Juliaetta Ida

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta Date Feb. 27, 1936

19. UNDERTAKER Norma
(Address)

20. FILED Feb 27, 1936. B. P. Herbert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to Feb. 26, 1936.
I last saw him alive on Feb 26, 1936.: death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity (7 mos)	
Eclampsia neo	
mother	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. A. Armstrong M. D.
(Address) Kendrick, Idaho

MAR 1 1936 RECEIVED

Garssen

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97591
State File No.....

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.....

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Carl C. Petersen

(a) Residence. No. 1305 - 11th Avenue St .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Petersen

6. DATE OF BIRTH (month, day, and year) May 28, 1885

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
50	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Chief Auditor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Camas Prairie R.R.

10. Date deceased last worked at this occupation (mo. and yr.) Feb 7, 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Christian Petersen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Clara Petersen (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho. Date Feb 13 1936

19. UNDERTAKER Brower-Wann Company (Address) Lewiston, Idaho

20. FILED Feb 18 1936 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1934, to Feb. 10, 1936.

I last saw him alive on Feb. 10, 1936.: death is said to have occurred on the date stated above, at 7 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Feb. 9-1936

Other **contributory causes** of importance:

Mitral Regurgitation & Ruptured Compensation

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) ..... M. D.

(Address) Lewiston, Idaho

Carsson

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewistan

MAR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97592

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Nelson Rogers

(a) Residence. No. 454 G Street
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia Pierce Rogers

6. DATE OF BIRTH (month, day, and year) Sept. 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation Entire life

12. BIRTHPLACE (city or town) Mt. Spring's (State or country) Kentucky

FATHER

13. NAME John W. Rogers

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Susan Watson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs W.N. Rogers
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place. Lewiston, Idaho. Date. Feb. 11, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED. Feb 18 1936 J.M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, to Feb. 8, 1936.

I last saw him alive on Jan. 7 1936; death is said to have occurred on the date stated above, at 11:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of thyroid	about Dec 15 '35
Other **contributory causes** of importance:	
Don't know	

Name of operation None Date of

What test confirmed diagnosis? Pathologic Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) O.C. Carsson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 97593

Local Registrar's No. 1

MAR 1 1936 REGISTERED

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Infant) Curtiss

(a) Residence. No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Feb 28, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

MOTHER FATHER

13. NAME Ralph R Curtiss

14. BIRTHPLACE (city or town) (State or country) Genessee Idaho

15. MAIDEN NAME Philo H Ergo

16. BIRTHPLACE (city or town) (State or country) Paris France

17. INFORMANT ...Ralph R Curtiss
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 3/1 ..., 1936

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Washington

20. FILED Mar 1, 1936 J. M. Ryle
By ----------
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to Feb. 28, 1936.
I last saw her alive on Feb. 28, 1936; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	2-28/1936
4½ mos. gestation	
Other **contributory causes** of importance:	

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ...Ell Broadbent..., M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

MAR 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97594

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 1116 – 12th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie A. Holander

(a) Residence. No. 1116 – 12th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Holander

6. DATE OF BIRTH (month, day, and year) Oct 26th 1884

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
51	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Millwright foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Gustav C. Holander

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Christina Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Edith Holander
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 3/20, 1936

19. UNDERTAKER Brown-Wann Co
(Address) Lewiston Idaho

20. FILED Mar 1936 J. M. Kyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 17th 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Feb 17, 1936.
I last saw him alive on Feb 16, 1936: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. O. Clark M. D.
(Address) Lewiston Idaho

Carrow

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97595

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

MAR 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

2. FULL NAME Carrie Myrtle Day

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) April 16, 1891

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
44	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 35

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Grangeville, Idaho

FATHER

13. NAME Garard Hashagen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ale Eller

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Cora DeVine
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Feb. 24 6

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED Mar 1 193 6 J. M. Ryle
Registrar.
ray Ryle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 22 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936 to Feb 22nd, 1936.
I last saw h[illegible] alive on Feb 22 193 6: death is said to have occurred on the date stated above, at [illegible] m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 20th 36

Other **contributory causes** of importance:

Cardio Renal [illegible]	4 months
Vascular Disease	

Name of operation none Date of
What test confirmed diagnosis? signs Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. E. Carrow M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97596

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 1[illegible] 1936 RECEIVED

1010

2. FULL NAME Frank Orlando Green

(a) Residence. No. St. Genesee, Ida. Rt. #1
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Green

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dayton (State or country) Wash.

FATHER
13. NAME Joseph Green
14. BIRTHPLACE (city or town) Pelflower (State or country) Ill.

MOTHER
15. MAIDEN NAME Alice Rogers
16. BIRTHPLACE (city or town) Ill. (State or country)

17. INFORMANT Mrs. Mabel Green (Address) Genesee, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Genesee, Ida. Date 2/29, 1936

19. UNDERTAKER H.R. Short (Address) Moscow Idaho

20. FILED Mar 1 1936 J M Lyle Registrar
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1936, to 2/27, 1936.
I last saw h[illegible] alive on 2/26 27, 1936. death is said to have occurred on the date stated above, at 5 40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	2/19/36
Myocardial Degeneration	2/23/36

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Joseph E. Baldwin, M. D.
(Address) Genesee Idaho

MAR 1 1936 RECEIVED

Carsons

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97597

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 1103 - 12th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Elsander Thayer

(a) Residence. No. 1103 - 12th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Euphemia M. Thayer

6. DATE OF BIRTH (month, day, and year): July 12, 1855

7. AGE — Years: 80 | Months: 7 | Days: 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Mail-carrier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Rural route

10. Date deceased last worked at this occupation (mo. and yr.): 1931

11. Total time (years) spent in this occupation: 26

12. BIRTHPLACE (city or town) (State or country): Boston Massachusetts

MOTHER FATHER

13. NAME: Elsander Thayer

14. BIRTHPLACE (city or town) (State or country): Massachusetts

15. MAIDEN NAME: Tryphosia Gurney

16. BIRTHPLACE (city or town) (State or country): Massachusetts

17. INFORMANT (Address): Ben Thayer Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston, Idaho. Date: Feb 27 1936

19. UNDERTAKER (Address): Brower Wann Company Lewiston, Idaho

20. FILED: Mar 1 1936 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 25 1936

22. I HEREBY CERTIFY, ~~That~~ I attended deceased from Feb 23rd, 1936, to Feb 25, 1936.
I last saw him alive on Feb 23 1936: death is said to have occurred on the date stated above, at N. Um.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	+ years
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? History & Physical Ex Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) O. C. Carsons, M. D.
(Address) Lewiston, Idaho

MAR 1[illegible] 1936 RECEIVED

Shinnick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 37598

PLACE OF DEATH

County of Nez Perce

City of Spalding

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Pond

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elias Pond

6. DATE OF BIRTH (month, day, and year)
Not on record

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	63	-	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

MOTHER FATHER

13. NAME Powers

14. BIRTHPLACE (city or town)
(State or country) Idaho

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Lizzie Powers
(Address) Kamiah, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spalding, Idaho Date Feb 27, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Mar 1936 J. M. Lytle
By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Feb 24, 1936.
I last saw h[illegible] alive on Feb 24 1936; death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	Feb 19-36
Other **contributory causes** of importance:	
Cerebral Hemorrhage	Sept 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. D. Shinnick, M. D.
(Address) Grandeville, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1 1936

Her Habel

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97599

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Ira Nowling

(a) Residence. No. Elk's Temple St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Nowling

6. DATE OF BIRTH (month, day, and year) April 30, 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Janitor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Elk's club

10. Date deceased last worked at this occupation (mo. and yr.) Jan, 1936

11. Total time (years) spent in this occupation 5 or 6

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Not on record

14. BIRTHPLACE (city or town) Not on record
(State or country)

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) Not on record
(State or country)

17. INFORMANT Jasper Nowling
(Address) Lewiston, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Feb 8, 1936

19. UNDERTAKER Brewer Wann Company
(Address) Lewiston, Idaho

20. FILED Feb 11 1936 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1936, to ....., 193....

I last saw him alive on Feb 7, 1936; death is said to have occurred on the date stated above, at 2:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
	[redacted]
Angina	2/7/36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Melvin P. Habel, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Lewiston

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37600

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 1
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta A. Judkins

(a) Residence. No. St. Lenore, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Judkins

6. DATE OF BIRTH (month, day and year) June 5th 1864

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Drunkhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ewert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eugene Judkins
(Address) Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lenore Wash Date 1/26, 1936

19. UNDERTAKER Bower-Wamp Co.
(Address) Lewiston Idaho

20. FILED Mar 6 1936 J. M. Hyde Registrar.
Copy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1936, to 2/26, 1936.
I last saw h alive on 2/26, 1936: death is said to have occurred on the date stated above, at 11 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. nephritis	
with acute	
failure	
Other **contributory causes** of importance:	
cerebral hemorrhage	
& hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. Paul Young M. D.
(Address) Lewiston Idaho

1 1936 Kt

PLACE OF DEATH

County of Nez Perce

City of Spalding

CE[illegible] UBLIC WELFARE
[illegible]AL STATISTICS
[illegible] OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97601

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Esther Collins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Collins

6. DATE OF BIRTH (month, day, and year): December 1, 1850

7. AGE — Years: 85 | Months: 2 | Days: 8 | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: John R. Wood

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Palmer

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. Martha L. Hatley, Spalding, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Moscow, Idaho Date: Feb. 12 1936

19. UNDERTAKER (Address): Brower-Wynn Company, Lewiston Idaho

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to Feb. 9, 1936.

I last saw her alive on Feb. 8, 1936: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza & pneumonia	
	Feb. 1-1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, state .....

(Signed) William A. Hatley, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Broadlawn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97602

PLACE OF DEATH

County of Nez Perce
City of Lewiston
MAR 10 1936
Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Faye Templeton Hensley

#9

(a) Residence. No. 1424 Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Hensley
6. DATE OF BIRTH (month, day, and year): October 10, 1891
7. AGE — Years: 44 — Months: 4 — Days: 4 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Walla Walla, Washington

FATHER
13. NAME: George W. Hadley
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Anna Mathews
16. BIRTHPLACE (city or town) (State or country): Ontario, Canada

17. INFORMANT (Address): Carl Hensley, Lewiston, Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Lewiston, Idaho Date: Feb 16 1936
19. UNDERTAKER (Address): Brower Wann Co. Lewiston, Idaho
20. FILED: Mar 1936 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 14 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 13..., 1936., to Feb 14...., 1936.
I last saw he alive on Feb 14 1936. death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma	1935
Obstruction common bile duct.	1935
Other **contributory causes** of importance:	
marked jaundice	1935

Name of operation: none Date of:
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Elbert Brandt M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

[illegible] WRITE IN THIS SPACE
State File No. 97603

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

MAR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary C Moxley

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas C Moxley

6. DATE OF BIRTH (month, day, and year)
Feb 9 1849

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	87	--	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Hiram W Dean

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Zerilda ~~Dean~~ Thomas

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Thornton Moxley
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 2/22 1936

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Washington

20. FILED Mar 1 1936 J. M. Ryle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18th 1936, to Feb 19th 1936.
I last saw her alive on 2/18/36, 1936; death is said to have occurred on the date stated above, at 8.30A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2/17/36

Other **contributory causes** of importance:

Influenza	2/16/36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 1936.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify
(Signed) J. E. Carrasco, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97604

Registration District No. 1009

MAR 1 1936 RECEIVED

Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1012

2. FULL NAME Larry Robert Springer

(a) Residence. No. St. Genesee, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of *----------
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 2, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee,
(State or country) Idaho

FATHER

13. NAME Dereall Springer

14. BIRTHPLACE (city or town)
(State or country) Michagan

MOTHER

15. MAIDEN NAME Margaret Allen

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Dereall Springer
(Address) Genesee, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Genesee, Idaho Date Feb. 6, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Mar 1, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to Feb. 4, 1936

I last saw him alive on Feb 4, 1936, death is said to have occurred on the date stated above, at 8:30 p/m.

The principal cause of death and related causes of importance were as follows:

[illegible] Date of onset Jan 31-35

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis A. Baldwin, M. D.

(Address) [illegible]

Dr. Carssow

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97605

Registration District No. 1009

MAR 10 1936 RECEIVED Registration District No. 96 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

1016

2. FULL NAME Elden Wayne McKay

(a) Residence. No. (Usual place of abode) St. Myrtle, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) August 6, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culdesac, Idaho

FATHER

13. NAME Verner McKay

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Christle Wyman

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Verner McKay, Myrtle, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho Date Feb. 10, 1936

19. UNDERTAKER (Address) Vassar-Shaughnessy Co., Lewiston, Idaho

20. FILED Mar. 1936 J. M. Lyle By D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 2nd, 1936 to Feb. 9, 1936 I last saw him alive on Feb 9th, 1936: death is said to have occurred on the date stated above, at 2:05 a/ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Pulmonary	Feb 2/36
Other contributory causes of importance:	
Scarlet fever	about two weeks ago
Pulmonary T.B. with Cavitation	4 months

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) D. E. Carssow, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Lyle

PLACE OF DEATH
County of Lewiston
City of Nez Perce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97606

Registration District No. 1009
Primary Registration District No. 9-6 Local Registrar's No.

MAR 10 1936 RECEIVED

(No. 1132-Idaho St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Hanna

(a) Residence. No. 1132-Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Oregon

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Martin Madison
(Address) Colfax, Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Feb. 4, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Mar. 1936 J M Lyle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936, to Feb. 2, 1936
I last saw her alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at 8:00 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	2

Other contributory causes of importance:

Pneumonia, Hypostatic	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)
(Signed) [illegible] M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Johnson

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAR 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97607

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 113-DelSol Lane)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Clara Lyons

(a) Residence. No. 113-DelSol Lane St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julius Lyons

6. DATE OF BIRTH (month, day, and year) Aug 20, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known
(State or country) Wisconsin

FATHER

13. NAME Peter Amell

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Ella Amell

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Julius Lyons
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Feb. 5, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED March, 1936 J. M. Pyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Feb. 1, 1936

I last saw her alive on Feb. 1, 1936; death is said to have occurred on the date stated above, at 6:30 p/ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	Feb 1-36
Knocked down by an automobile, fractured skull.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 1 1936

Where did injury occur? Lewiston Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Street.

Manner of injury Run over by car.

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul H. Johnson M.D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. White

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97608

MAR 10 1936 RECEIVED

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
No. 623-D St.
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME Wilma Bahms

(a) Residence. No. 623-D St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not obtainable

6. DATE OF BIRTH (month, day, and year): May 6, 1900

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
35	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pullman, (State or country) Washington

FATHER

13. NAME Charles Braham
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Alice Doak
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Loyal Braham
(Address) Clarkston, Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Feb. 15, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Mar. 6, 1936 J. M. Lyle
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Feb. 6, 1936
I last saw her alive on Feb. 6, 1936: death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	Past 5 yrs.

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to ext'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 9 1936 RECEIVED

PLACE OF DEATH
County of Owyhee
City of Nurala

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97609
State File No.

Registration District No. 74
Primary Registration District No. 9006215 Local Registrar's No. 3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Koeppe

(a) Residence. No. Orana, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Koeppe

6. DATE OF BIRTH (month, day, and year) Dec 23 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Stuckman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME ~
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Koeppe
(Address) Orana Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 2-6, 1936

19. UNDERTAKER F. R. Peterson
(Address) Nampa Ida

20. FILED Mar 2, 1936 Alice L. Erickbrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-4 1936

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 31, 1936, to FEBRUARY 4, 1936
I last saw her alive on FEBRUARY 4 1936: death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	NOT KNOWN
Other contributory causes of importance: PLEURAL EFFUSION	

Name of operation NONE Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193...
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ~

(Signed) Robert J Collins, M. D.
(Address) ORANA IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owhyee
City of Near Murphy.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97611

MAR 12 1936 RECEIVED

Registration District No. 43rd
Primary Registration District No. 2120 Local Registrar's No. 42
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Hansen.

(a) Residence. No. 1014. Euclid Avenue. St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December. 13. 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denmark.
(State or country)

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) Denmark.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Denmark.
(State or country)

17. INFORMANT William. C. Hansen.
(Address) 1503. State St. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho. Date Feb. 13, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED Feb. 17, 1936 H.H. Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936 to 1936 at about 11 P.M.
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 9. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown, but no signs of violence; and apparently died an easy death.	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Earl Grant M.D.
(Address) J.P.--Acting Coronor Murphy, Idaho.

MAR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97612

PLACE OF DEATH
County of Payette
City of Payette

Registration District No. 4-1008
Primary Registration District No. ____ Local Registrar's No. 13

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

45

2. FULL NAME Henry Samuel Wayne

(a) Residence. No. 7 St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Metha Wayne

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boydton
(State or country) Wisconsin

FATHER

13. NAME Isaac Wayne

14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mary Ann Burgess

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Mrs. Mary Rupp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Riverside Cemetery Date 2/26, 1936

19. UNDERTAKER Peterson Furniture Co
(Address) Payette

20. FILED 2/28/36 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Feby, 1936,
I last saw h alive on Feby 20, 1936; death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Some intestinal growth, possible of a carcinomatous nature	Cannot say

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autop...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. C. Paxton, M.D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Feb 16-'36 18-30

6

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97613

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 14

MAR 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorthea Gene Fansen

(a) Residence. No. 1618 1st ave South, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Mar 31 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

FATHER
13. NAME Miles W. Fansen
14. BIRTHPLACE (city or town) Tarkio
(State or country) Iowa

MOTHER
15. MAIDEN NAME Naomi D Yount
16. BIRTHPLACE (city or town) Hagerstown
(State or country) Maryland

17. INFORMANT, Mrs M. W. Fansen
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 2-18- 1936

19. UNDERTAKER Jesse C Landon
(Address) Payette Idaho

20. FILED 2/21/36 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 193 6, to Feb 16, 193 6
I last saw h alive on Feb 16, 193 6: death is said to have occurred on the date stated above, at 10.30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	Feb 11/36
Other contributory causes of importance: Lobar pneumonia	Feb 13/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H R Woodward M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sat 15-34

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97614

Registration District No. 4.
Primary Registration District No. 1008.
Local Registrar's No. 13.

MAR 7 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME George Andrew Applegate. 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Leona Applegate.

6. DATE OF BIRTH (month, day, and year) Oct 8 - 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gayette Idaho.

MOTHER FATHER
13. NAME John Applegate.
14. BIRTHPLACE (city or town) (State or country) Walla Walla Co Oregon.
15. MAIDEN NAME Elizabeth Craig.
16. BIRTHPLACE (city or town) (State or country) Carroll Co Indiana.

17. INFORMANT Leona Applegate (Address) Gayette Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida Date Feb 18, 1936

19. UNDERTAKER Reuse C. Sanders (Address) Gayette Idaho

20. FILED 2/21/36 1936 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 15, 1936
I last saw him alive on Feb 15, 1936: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 2 yrs	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. Woodward M. D.
(Address) Gayette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette.

City of Payette

MAR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 97615

Local Registrar's No. 12

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emil Schumacher

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alda Bertha Schumacher

6. DATE OF BIRTH (month, day, and year) 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT W. W. Sims (Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Payette Idaho Date 3-20-, 193 6

19. UNDERTAKER Glenn C. Sanders (Address) Payette Idaho

20. FILED 3/21/36 193.. J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 18 193 6.

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 193 3, to Feby 18, 193 6.

I last saw him alive on Feb 18, 193 6.; death is said to have occurred on the date stated above, at 3 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Cannot say

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Taylor, M. D.

(Address) Payette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97616

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 11

MAR 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Robert Howard. 1000

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Feb 16 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	—	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Co. Ida.

FATHER
13. NAME Robert Howard
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Mc Gowan
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Mrs Howard (Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Feb 20, 1936

19. UNDERTAKER Glenn C. Sanders (Address) Payette Idaho

20. FILED 2/21/36 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18-1936.

22. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1936, to Feby 18, 1936
I last saw him alive on Feb 18, 1936: death is said to have occurred on the date stated above, at 4 15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	about Feby 12th 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Carlton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97617

Registration District No. 4
Registration District No. 1008
Local Registrar's No. 10

MAR 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Michael Gladhart.

(a) Residence. No. 333 4th Ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alma Gladhart.

6. DATE OF BIRTH (month, day, and year) June 30 - 1877.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Michel Gladhart.
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Margret Willie
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT David L. Gladhart (Address) Gooding Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Idaho. Date 2-19-, 1936.

19. UNDERTAKER Reuss C. Saunders (Address) Gooding Idaho.

20. FILED 2/21/36 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, to Feby 17, 1936.
I last saw him alive on Feby 17, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Cannot say

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Carlton M.D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette.
City of Gayette.

MAR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97618

Registration District No. 4.
Primary Registration District No. 1008.
Local Registrar's No. 8.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Agnes Jacobi Sattig.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary E. Sattig.

6. DATE OF BIRTH (month, day, and year) July 30. 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	5	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Orangeville (State or country) Ill.

FATHER
13. NAME Peter Sattig.
14. BIRTHPLACE (city or town) .... (State or country) Penn.

MOTHER
15. MAIDEN NAME Mary Arndt.
16. BIRTHPLACE (city or town) .... (State or country) Penn.

17. INFORMANT J. G. Sattig (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette, Idaho Date 1-27-, 1936.

19. UNDERTAKER Glenn C. Saunders (Address) Gayette, Idaho.

20. FILED Feb. 1, 1936. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-25 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1-23-, 1936, to 1-25, 1936
I last saw him alive on Jan 25, 1936: death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease -	
Coronary occlusion.	
Other contributory causes of importance:	

Name of operation.... Date of....
What test confirmed diagnosis?.... Was there an autopsy?....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?.... Date of injury....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
(Signed) Lee Cutler, M. D.
(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97619

MAR 7 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008.
Local Registrar's No. 9.

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Vivian C Brakeman.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Jan 5 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gayette (State or country) Idaho.

FATHER
13. NAME James Brakeman.
14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER
15. MAIDEN NAME Eunice Horn.
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT James Brakeman
(Address) Gayette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho. Date Jan 28 1936

19. UNDERTAKER James Brakeman
(Address) Gayette, Idaho

20. FILED Feb 1, 1936. J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to Jan 28, 1936.
I last saw h.s.v. alive on Jan 26, 1936: death is said to have occurred on the date stated above, at 1.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Child	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Paxton M.D.
(Address) Gayette Idaho

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97620

MAR 7 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 19
(No.) 51
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Elizabeth Young

(a) Residence. No. Payette, Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter T. Young

6. DATE OF BIRTH (month, day, and year) 6-13-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 2-25-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Joseph Hynes
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Eliza Whitteer
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Richard Young Payette Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ontario, Oreg. Date 3-3-, 1936

19. UNDERTAKER Asal Richardson
(Address) Ontario, Oreg.

20. FILED 2-29-, 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27, 1936, to 2/28, 1936. Sps.
I last saw her alive on 2/27, 1936; death is said to have occurred on the date stated above, at 1. 1th a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	
Cardiac Asthma	

Other **contributory causes** of importance:

Bronchial Pneumonia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. F. Clark, M. D.
(Address) Payette, Ida.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97621

PLACE OF DEATH
County of Payette
City of Fruitland
Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 16

MAR 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) Home

2. FULL NAME John Melvin Howe

(a) Residence. No. Fruitland, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

205-F

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 4-7-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wood River Neb

FATHER
13. NAME Leo Howe
14. BIRTHPLACE (city or town) (State or country) Wood River Neb.

MOTHER
15. MAIDEN NAME Lettie Taylor
16. BIRTHPLACE (city or town) (State or country) Neb

17. INFORMENT (Address) Leo Howe Fruitland Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Ontario Date 2-25, 1936

19. UNDERTAKER (Address) H. L. Peterson Ontario Ore

20. FILED 2/28/36 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ...., 193 , to ....., 193 ...

I last saw h.... alive on ....., 193 .... : death is said to have occurred on the date stated above, at 1 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I knew this young man several years. He was taken to Mayos and other prominent men in this case was never diagnosed. The	
Other contributory causes of importance: entire sickness covered a period of about ten years.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. A. Paxton M. D.

(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Fernside

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97622

MAR 7 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008.
Local Registrar's No. 17.
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Mrs Celsus C. Fernside.

(a) Residence. No. 622 N. 10th. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Addison Fernside

6. DATE OF BIRTH (month, day, and year) April 30 1887.

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
48	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Bolivar (State or country) Missouri.

FATHER
13. NAME Wm D. Bailey.
14. BIRTHPLACE (city or town) .... (State or country) Kentucky.

MOTHER
15. MAIDEN NAME Laura Sawyer
16. BIRTHPLACE (city or town) .... (State or country) Missouri.

17. INFORMANT Anita Fernside (Address) Fernside Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mem Gardens Idaho. Date 2-27-, 1936.

19. UNDERTAKER Glenn C. Saunders (Address) Fernside Idaho

20. FILED 2/28/36 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-24-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-11-, 1935, to 2-24-, 1936
I last saw h.e.v. alive on 2-24-, 1936: death is said to have occurred on the date stated above, at 7 30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (Left)	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) M. F. Clarke M. D.
(Address) Fernside Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97623

PLACE OF DEATH

County of Power.

City of Am. Falls.

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 47

(No. 161 a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Feld

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M. W.	W.	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/27/36

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Am. Falls Ida.

FATHER

13. NAME Wm Feld.

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Olga Rathie

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs. Wm Feld.

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ....., 193..

19. UNDERTAKER (Address) None.

20. FILED 2-27..., 1936. Gertrude Trumbull... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from ...2/27..., 1936.., to ...2/27..., 193.6...

I last saw h.. alive on ...2/27..., 193.6.: death is said to have occurred on the date stated above, at 6 P. ..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematue	
6 Mo gestation	
Other **contributory causes** of importance:	

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. H. Farrell M. D.

(Address) Am. Falls Ida.

MAR 12 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97626

PLACE OF DEATH

County of Power
City of Am. Falls, Ida

Registration District No. 25
Primary Registration District No. 2022 Local Registrar's No. 46
(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Michael Campbell

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 6 - 1935
7. AGE: Years: 1 | Months: 0 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): American Falls Ida.

MOTHER FATHER
13. NAME: Wallace Campbell
14. BIRTHPLACE (city or town) (State or country): Seattle Wash.
15. MAIDEN NAME: Lillah Brown
16. BIRTHPLACE (city or town) (State or country): Minneapolis Utah.
17. INFORMANT (Address): Lillah Campbell American Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Feb. 23, 1936
19. UNDERTAKER (Address): A. W. Dame Am. Falls, Ida
20. FILED 2-23..., 1936.. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 19..., 1936.., to Feb 20..., 193.6.
I last saw h...alive on Feb 20 193.6.: death is said to have occurred on the date stated above, at 10A..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	Feb 15 1936
Other **contributory causes** of importance:	
General Peritonitis	Feb 17 1936

Name of operation Laparotomy Date of 2-19-36
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) M. L. C. MacKinnon, M. D.
(Address) Aberdeen

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97627

FEB 9 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 911
Local Registrar's No. 16
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

2. FULL NAME Emil Mathew Johnson

(a) Residence. No. Mullan Idaho St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elma Johnson

6. DATE OF BIRTH (month, day, and year) Feb 23

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	0	2.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Elma Johnson
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Feb 11, 1936

19. UNDERTAKER J A Bower (Wants)
(Address) Wallace Ida

20. FILED Feb 26, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Feb 25, 1936
I last saw him alive on Feb 23, 1936 death is said to have occurred on the date stated above, at 9 15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	
Secondary Tuberculosis	
Other contributory causes of importance:	
Influenza	Feb 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) W. H. Lillie M.D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Calder Ida.

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97628
State File No.....

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 15

(No. 188 a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew J. McCoy

(a) Residence. No..... St. Newport Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. A. J. McCoy

6. DATE OF BIRTH (month, day and year) ?

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**..... Bridge carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**..... Railroad

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town).....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town).....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town).....
(State or country)

17. INFORMANT (Address) Personal effects

18. BURIAL, ~~CREMATION OR REMOVAL~~
Burial Place Newport Wn. Date Feb. 24 1936

19. UNDERTAKER (Address) Stapish Funeral Home St Maries Ida.

20. FILED Feb. 24 1936 John Boer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at 3:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Struck by C. M. St. P. & P. Ry	
train No. 264	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/21/1936
Where did injury occur? Calder Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Struck by train
Nature of injury mangleing injuries

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [redacted] M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97629

Registration District No. 70
Primary Registration District No. 701 Local Registrar's No. 12
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED 1936

2. FULL NAME Violet L. Burke

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Burke

6. DATE OF BIRTH (month, day, and year) May 11 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20.	6	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Hall (State or country) Mont.

FATHER
13. NAME Ben Roberts
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Mamie Kilbride
16. BIRTHPLACE (city or town) Butte (State or country) Mont.

17. INFORMANT John Burke. (Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Feb 11, 1936

19. UNDERTAKER J. A. Bivens (Wards) (Address) Wallace Ida

20. FILED Feb 8, 1936 John Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to Feb 7, 1936
I last saw ... alive on Feb 7, 1936; death is said to have occurred on the date stated above, at 4:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchopneumonia	
Influenza both lungs	2 days
Other contributory causes of importance:	
Coronary Thrombosis	
Arteriosclerosis	3 days

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

RECEIVED MAR 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97636

Registration District No. 10

Primary Registration District No. 1011 Local Registrar's No. 17

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Viola Young McLeod

(a) Residence. No. (Usual place of abode) Pinehurst, Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Alex McLeod

6. DATE OF BIRTH (month, day, and year): Jan 26, 1895

7. AGE — Years: 41 | Months: 1 | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER FATHER

13. NAME: W. N. Young

14. BIRTHPLACE (city or town) (State or country): Indiana

15. MAIDEN NAME: Minerva J Hayes

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): W. N. Young Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg, Ida. Date: Feb 29, 1936

19. UNDERTAKER (Address): M. C. Trumbull Kellogg Idaho

20. FILED: Feb. 29, 1936 John B. Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH (mowery)

21. DATE OF DEATH (month, day and year): Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936, to Feb 26 1936.
I last saw her alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 3:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Several wks
Peritonitis	
Colon	
Other **contributory causes** of importance: Obstruction Duodenum	3 wks
	2 yrs

Name of operation: Laparotomy Date of: 2-22-36

What test confirmed diagnosis: Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. W. Wood M. D.
(Address) Wallace Ida

MAR 12 1936

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. C 97631

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Barker 31

(a) Residence No. 828 South Elm St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Janey Barker

6. DATE OF BIRTH (month, day, and year) Nov. 22 - 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** B.N. & Co

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Barker

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Nordy.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Sidney Barker
(Address) Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Ida Date Mch 2, 1936

19. UNDERTAKER M. C. Thornton
(Address) Kellogg Ida

20. FILED Mar. 1, 1936. Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-17....., 193.5., to .....2-24....., 193.6.

I last saw him alive on .2-24..., 1936.; death is said to have occurred on the date stated above, at 9:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	2-24-36

Other **contributory causes** of importance:

pulmonary tuberculosis	2
pulmonary silicosis	3
	1

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray chest Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If yes specify miner

(Signed) Glenn McCaffery M. D.

(Address) Kellogg, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97632

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 3281
Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Murphy

(a) Residence. No. Pine Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mary Murphy

6. DATE OF BIRTH (month, day, and year) Oct 21-1863

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER
13. NAME James Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ann Moran
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Murphy
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Kellogg Cemetery Date Feb 19, 1936

19. UNDERTAKER R.L. Stout
(Address) Kellogg Idaho

20. FILED Mar 19, 1936. Mrs. Helen M. Bird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Feb 15, 193 6.
I last saw him alive on Feb 15, 1936: death is said to have occurred on the date stated above, at 12 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis and	
Chronic myocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W.L. Lindsay M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97633

PLACE OF DEATH

County of Shoshone
City of Pinehurst

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 13

(No. 101)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Sumner Decker

(a) Residence. No. Pinehurst St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of. Willie Decker

6. DATE OF BIRTH (month, day, and year) May 17 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John Decker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna Redmon

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) G. B. Decker Pinehurst, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kingston, Ida. Date Feb 5, 1936

19. UNDERTAKER (Address) W. C. Trumbull Kellogg Idaho

20. FILED Mar 10 1936 Mod. Helen M. Bunde
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936, to Feb 11, 1936.
I last saw him alive on 2/11, 1936: death is said to have occurred on the date stated above, at 8 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. P. Mason M. D.
(Address) Kellogg Ida.

MAR 12 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97634

PLACE OF DEATH

County of Shoshone
City of Kellogg
(If death occurred in a hospital or institution, give its name instead of street and number)

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 12
(No.)

2. FULL NAME Moses Sherman Merrick

(a) Residence. No. Kellogg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Merrick

6. DATE OF BIRTH (month, day, and year): Mar 23 - 1875

7. AGE: Years 60 | Months 10 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Devier Mo.

FATHER
13. NAME: John Merrick
14. BIRTHPLACE (city or town) (State or country): Ky

MOTHER
15. MAIDEN NAME: Anna Williams
16. BIRTHPLACE (city or town) (State or country): Ky

17. INFORMANT (Address): Mrs. R. S. Merrick Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Cem Date: Feb. 11, 1936

19. UNDERTAKER (Address): M. Stout Kellogg Ida

20. FILED Mar 10 1936 Mrs. Helen M. Beale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ..2-6.., 1936, to ..2-7.., 1936
I last saw him alive on ..2-7.., 1936; death is said to have occurred on the date stated above, at 7:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-6-36
Other **contributory causes** of importance: Hypertension	Many years
Nephritis	

Name of operation: ..... Date of:
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Harold T. Anderson, M. D.
(Address) Kellogg Idaho

MAR 12 1936 RECEIVED [redacted] IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97635

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 11

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph D McDonald 90

(a) Residence. No. Pine Creek St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 7-1856

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	80	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) .....
(State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Not Known

17. INFORMANT Probate Court
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date 2-7, 1936

19. UNDERTAKER L. D. Hunt
(Address) Kellogg Ida

20. FILED Mar 10 1936 Mrs. Helen M. Brule
Registrar.

MEDICAL CERTIFICATE OF DEATH 2-4-36

21. DATE OF DEATH (month, day and year) 2-7-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935, to Feb 4th, 1936.

I last saw him alive on Jan 10, 1936; death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular heart disease, broken compensation	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Duncan ..., M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97636

PLACE OF DEATH
County of Teton
City of Driggs, Idaho
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1002

2. FULL NAME Erwin Lee Briggs

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 23, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Babe
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs, Idaho, R.F.D.

PARENTS

10. NAME OF FATHER H. N. Briggs

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Cora Larsen

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Driggs, Idaho

14. Informant H. N. Briggs
(Address) Driggs, Idaho

15. Filed Mar 6, 1936 Chas M Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 20 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1936, to Feb. 20, 1936
that I last saw him alive on Feb. 20, 1936
and that death occurred, on the date stated above, at 9:40 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (Secondary) Acute Bronchitis
(duration) ..... yrs. ..... mos. 4 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Diagnosis

(Signed) L. P. Palmer, M. D.
2/21, 1936 (Address) Driggs, Ida.

19. Place of Burial, Cremation, or Removal Warby — Date of Burial Feb 22 1936
20. Undertaker — Address

MAR 3 1936 RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9763?

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Deitzinger

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Big Rapids
(State or country) Mich.

MOTHER FATHER

13. NAME Suman Deitzinger

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Henrietta Yager

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Albert Deitzinger
(Address) Lyons, Kan.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 2/29, 1936

19. UNDERTAKER Evans & Thuesen
(Address) Buhl Ida

20. FILED Feb 29, 1936 L. L. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen to alive, 193...

I last saw h...alive on ..., 193... death is said to have occurred on the date stated above at approx. 8 A.M. P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other **contributory causes** of importance:

Name of operation.. Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No. If so, specify.....

(Signed) W. L. Stowe, M. D.
(Address) Kimberly Ida
Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97638

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 42

MAR 11 1936 RECEIVED

(No. 3rd St. W.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Moore

(a) Residence. No. 3rd St. W. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
----	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Fred Moore
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Laura Wahlstrom
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Fred Moore
(Address) Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Date Feb. 16, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3/10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ 2/14, 1936
I last saw her alive on 2/14, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/10/36
Bronchial	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Wheeler, M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97640

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 37

1. (If not in hospital or institution, give street address or location) Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Tiernan

(a) Residence. No. Twin Falls Idaho St. Sunday
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 14-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	1 1/2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Erhardt Lierman
14. BIRTHPLACE (city or town)
(State or country) Neb

MOTHER
15. MAIDEN NAME Wanda Peterson
16. BIRTHPLACE (city or town) Neb
(State or country)

17. INFORMANT Erhardt Lierman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Clover Date Feb 17, 1936

19. UNDERTAKER Fred E. Drake
(Address) Twin Falls

20. FILED 2-15, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936, to Feb 15, 1936
I last saw h in alive on Feb 15, 1936: death is said to have occurred on the date stated above, at 2 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage of the Newborn	
Other contributory causes of importance: Prematurity	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Fuendling M. D.
(Address) 228 Main Ave. South

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

R.F.D.

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97642

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number) (Twin Falls, Idaho R.F.D.)

2. FULL NAME Eddie Mae Dodson

(a) Residence. No. Twin Falls R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Raybron (State or country) Missouri

FATHER

13. NAME Marion T. Dodson

14. BIRTHPLACE (city or town) Raybron (State or country) Missouri

MOTHER

15. MAIDEN NAME Dessie Phillips

16. BIRTHPLACE (city or town) Raybron (State or country) Missouri

17. INFORMANT M.T. Dodson (Address) Twin Falls, Idaho RFD

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida Date 2/25, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 2/25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1936, to 2/23, 1936

I last saw her alive on 2/22, 1936: death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/20/36

Other contributory causes of importance:

Scarlet fever	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~exter'l~~ causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C.D. Weaver M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97643

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 49

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

Weaver
118

2. FULL NAME Lennie M. Vulgamore

(a) Residence. No. Rogerson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(a) WIFE of N. M. Vulgamore

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Maben
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Edna Swartz
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT N. M. Vulgamore
(Address) Rogerson, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 2/25/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Mar 6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936 to Feb. 20, 1936
I last saw her alive on 2/20/, 1936: death is said to have occurred on the date stated above, at 1:35 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia - umbilical - incarcerated	1928
Other contributory causes of importance:	
Obstruction of bowel	2-18-36
Gangrene of ileum	2-19-36
Polarity Question of Bowel	1906.

Name of operation Resection Date of
What test confirmed diagnosis? Sy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) C. Russell Weaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97644

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Richard Morgan

(a) Residence. No. 126 Main Ave. South St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~Edna~~ Edna Irene Morgan

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Willard, (State or country) Utah

FATHER
13. NAME Edward Morgan
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Rachel Cole
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. J. R. Morgan (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION~~
Place Twin Falls Cem. Date 2-24-, 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 2-25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1936, to Feb. 20, 1936
I last saw him alive on Feb. 19, 1936: death is said to have occurred on the date stated above, at ? a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-18-36
Other contributory causes of importance:	
None	

Name of operation None Date of -
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury -, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Kimberly,

MAR 11 193[illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 97645

Local Registrar's No. 47b47

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Wilda Elizabeth Baggs,

(a) Residence. No. Kimberly, Idaho. St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Weaver 90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Richard Baggs

6. DATE OF BIRTH (month, day, and year) June 18 - 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Spring Green Wisconsin

MOTHER FATHER

13. NAME Jeremiah Carpenter,

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Wilimina Rowalt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Cora Baggs,
(Address) Kimberly, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Date 2-26, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) TwinFalls, Idaho.

20. FILED 3-25, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb. 23, 1936
I last saw her alive on Feb., 23, 1936: death is said to have occurred on the date stated above, at 7:25 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/22/36
Other contributory causes of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
State File No. 97646

MAR 11 1936 RECEIVED

Registration District No.
Primary Registration District No. 2005 Local Registrar's No. 46
(No. Twin Falls County Gen. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor G. Swanson,

(a) Residence. No. St. Murtaugh, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Phoebe Swanson,

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gotenberg, Sweden

MOTHER FATHER
13. NAME Swen Olson,
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Phoebe Swenson Murtaugh, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2-25-1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED Mar 5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Feb., 22, 1936
I last saw him alive on 2/22, 1936: death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pylorus about	1/1/1935

Other contributory causes of importance:

Name of operation Exploratory Date of 12/2/35
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97647

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 45

(No. Twin Falls, Idaho R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Flora E. Ingerham

(a) Residence. No. Twin Falls, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer Ingefham

6. DATE OF BIRTH (month, day, and year) September 23, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carthage
(State or country) Illinois

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Id. Date 2/19, 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 3/4, 193 6 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 193 6, to Feb. 16, 193 6
I last saw her alive on Feb. 16, 193 6: death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-16-36
Other contributory causes of importance:	
Chr. Myocarditis	unknown

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No Dis. sp. [illegible]
(Signed) By Chas. E. Beymer M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97648

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 43

MAR 11 1936 RECEIVED

1. PLACE OF DEATH (a) Home, near Kimberly.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gene D. Wheeler,
(a) Residence. No. Kimberly, Idaho. R.F.D. St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. 0 mos. 21 ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 28, 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kimberly,
(State or country) Idaho.

FATHER
13. NAME Byron Wheeler
14. BIRTHPLACE (city or town) Fort Douglas,
(State or country) Utah

MOTHER
15. MAIDEN NAME Opal Trueblood,
16. BIRTHPLACE (city or town) Ilo,
(State or country) Idaho.

17. INFORMANT Mrs. Opal Wheeler,
(Address) Kimberly, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2-21, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 2-21, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936 to Feb., 19, 1936
I last saw h... alive on 2-18, 1936: death is said to have occurred on the date stated above, at 6:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2/15/36
Other contributory causes of importance:	
Cardiac failure	2-19-36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. M. Davis, M. D.
(Address) ~~Twin Falls~~, Idaho. Kimberly

MAR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97649

PLACE OF DEATH
County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 11

(No. 201 — 11th. ave no.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Esther Nilsen

(a) Residence. No. 201 — 11th. ave no. St. California Ave.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roland D. Wilson
6. DATE OF BIRTH (month, day and year): March 12 — 1913
7. AGE: Years 22 | Months 11 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rickey Colorado

MOTHER
13. NAME: Joseph Garrell
14. BIRTHPLACE (city or town) (State or country): Mo
15. MAIDEN NAME: Olive Bell Rule
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Joseph Garrell Murtaugh Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 2/25 1936

19. UNDERTAKER (Address): Eugene Johnson Buhl - E. E. Johnson

20. FILED Feb 27, 1936 E. E. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1936, to 2-21, 1936
I last saw her alive on 2-21, 1936: death is said to have occurred on the date stated above, at 4 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	2-20-36
Other **contributory causes** of importance: Influenza al	2-20-36

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. Jennings M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jennings

MAR 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97650

PLACE OF DEATH

County of Twin Falls

City of Rockcreek

Registration District No. 57

Primary Registration District No. 2085 Local Registrar's No. 25

(No. Rock Creek Idaho. R.F.D)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Zuffery

(a) Residence. No. Rockcreek, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 29th 1856

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	79	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chippias Co
(State or country) Valias, Switzerland

MOTHER FATHER

13. NAME John Zuffery No Inf.

14. BIRTHPLACE (city or town)
(State or country) Switzerland.

MOTHER

15. MAIDEN NAME No Information

16. BIRTHPLACE (city or town)
(State or country) No. Inf.

17. INFORMANT Alexander Zuffery
(Address) Steamboat Springs, Colo

18. BURIAL, CREMATION OR REMOVAL
Place Steamboat springs Colo. Date 2/8/36

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 2/8/, 193 [signature] Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apprx. Feb 2 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Not Seen Alive, 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at ?.....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonea	
Other **contributory causes** of importance:	
Arteria Sclerosis	

Name of operation..... Date of ?.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. L. Stevens M. D.
(Address) Hunterville, Idaho
Coroner of Twin Falls Co

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97651

Registration District No. 37
Primary Registration District No. 1985 Local Registrar's No. 40

MAR 11 1936 RECEIVED

(No. Moon's Cabins, Twin Falls, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addison Miles Morris,

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Salina B. Morris

6. DATE OF BIRTH (month, day, and year) June 15 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Decatur
(State or country) Ill

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ??
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ??
(State or country)

17. INFORMANT Fred C. Morris
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 2-20, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 2-19, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935, to alive, 193...

I last saw h... alive on ..., 193..., death is said to have occurred on the date stated above, at Sometime A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. L. Stowe, M. D.
(Address) Kimberly Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of ~~Twin Falls~~ Hansen Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085
(No. ____)

DO NOT WRITE IN THIS SPACE
State File No. 97652

MAR 11 1936 RECEIVED

Local Registrar's No. 39

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George H~~a~~ ~~Nesbeitt~~ Nesbeitt

(a) Residence. No. Hansen, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day and year) ~~2-22~~ 2-23-1843

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Buffalo, N. Y.
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Cletus Kluttz
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place ~~Twin Falls Ida.~~ Date 2-20-, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho

20. FILED 2/19, 1936 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-15 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 2-14, 1936, to ~~Dec~~ 15, 1936
I last saw him alive on ~~Dec~~ 15, 1936: death is said to have occurred on the date stated above, at 10:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombus occluding right Popliteal artery	2-15-36

Other contributory causes of importance:

Hemiplegia	
Valvular heart disease	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John W. Douglass, M. D.
(Address) Twin Falls, Idaho

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.M.D.
DIRECTOR

SANITARY ENGINEERING AND CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

March 6, 1937

Wilson, Paulson & Scheneberger
Fidelity National Bank Bldg.
Twin Falls, Idaho.

Gentlemen:

We have your request for the death certificate of George Henry Nesbeitt together with your check for fifty cents. You did not mention where this man died. As it is a recent death, it is not on file in this office yet, and if he died in Twin Falls, would suggest you get in touch with our registrar, Mr. J.O. Pumphrey in Twin Falls and have him forward this certificate to us immediately in this way it would save time for you. If he did not die in Twin Falls, kindly advise and we shall then write our registrar in the district in which this man died.

Thanking you in advance, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS
Pearl Dillingham
PEARL DILLINGHAM
STATE REGISTRAR

PBA

Twin Falls, Idaho
3/9/37

My Dear Mrs. Dillingham,

This letter was refered to me, George H. Nesbeitt died at Hansen, Idaho Twin Falls County Feb, 15th 1936 local registrar's number 39. The above firm inform me that the surname is wrong our records show, George H. Nesbitt, it should be George Henry Nesbeitt.

With kindness reggrds, I am

Respectifully,

J.O. Pumphrey

MAR 8 REC'

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 97653

Local Registrar's No. 36

2. FULL NAME Dixie Ann Francis

(a) Residence. No. Twin Falls R.F.D. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) August 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
----	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

MOTHER FATHER

13. NAME Luke M. Francis

14. BIRTHPLACE (city or town) Ankney
(State or country) Iowa

15. MAIDEN NAME Lillis M. Taggart

16. BIRTHPLACE (city or town) Audubon
(State or country) Iowa

17. INFORMANT Mrs. Luke Francis
(Address) Twin Falls, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date Feb 15, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3/14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936, to Feb 12, 1936.

I last saw h[illegible] alive on Feb 12, 1936: death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Furendling, M. D.

(Address) 228 Main Ave. Soft Twin Falls.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Hansen,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97654

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 35

35

(No. Hansen, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Wells Fisher,

(a) Residence. No. Hansen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm.M. Fisher,(deceaded)

6. DATE OF BIRTH (month, day, and year) Nov.21, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Haydenville,
(State or country) Mass

FATHER
13. NAME Samuel S. Wells,
14. BIRTHPLACE (city or town) Haydenville,
(State or country) Mass.

MOTHER
15. MAIDEN NAME Mary Ann Williams
16. BIRTHPLACE (city or town) Williamstown,
(State or country) Mass.

17. INFORMANT Mrs. Willis Sampson,
(Address) Hansen, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 2-14, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 3-13-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/4/36, 193..., to Feb.12, 1936
I last saw her alive on 2/10, 1936: death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/8/36
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. D. Hunter M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97655

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Jensen

(a) Residence. No. 719--2Nd. Ave. North, City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Jensen

6. DATE OF BIRTH (month, day, and year) Dec. 18--1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigam City (State or country) Utah.

FATHER
13. NAME John Halling
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Ludvion
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Henry Jensen (Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Rockland, Ida. Date Mar. 15, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho.

20. FILED Mar 13, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1936, to February 12, 1936
I last saw h[illegible] alive on February 12, 1936; death is said to have occurred on the date stated above, at 9.15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	5 yrs. ago.
Other contributory causes of importance:	
Chr. Interstitial Nephritis	unknown
Chr. Nephritis	unknown

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, how?
(Signed) W. Glen E. Seymer M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97656

Registration District No. 37
Registrar's Registration District No. 1085
Local Registrar's No. 33

(No. 225---3Rd Ave. North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iris Eileen Graham

(a) Residence. No. 225--3Rd. Ave. North, City St.
(Usual place of abode)

Length of residence in city or town where death occurred. 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho.

FATHER
13. NAME Walter Graham
14. BIRTHPLACE (city or town) St. Paul
(State or country) Minn.

MOTHER
15. MAIDEN NAME Edith Boyd
16. BIRTHPLACE (city or town)
(State or country) Colo.

17. INFORMANT Walter Graham
(Address) Twin Falls Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date Feb 13, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls Idaho.

20. FILED 3/13, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from on 2/5, 1936, to ——, 193..
I last saw her alive on 2/8, 1936: death is said to have occurred on the date stated above, at 8.30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	2/8/36
Other contributory causes of importance:	
Valvular incompetency	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) 2/13/36 Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

County of Twin Falls
City of Twin Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97657

Registration District No. 37

Primary Registration District No. 1065 Local Registrar's No. 32

MAR 11 1936 RECEIVED

847-- Walnut Street City
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Prough

(a) Residence. No. 847-- Walnut Street, City, St.
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 27-1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goshen
(State or country) Ind.

MOTHER FATHER

13. NAME Peter Prough

14. BIRTHPLACE (city or town)
(State or country) Ind.

15. MAIDEN NAME No. Inf.

16. BIRTHPLACE (city or town) No. Inf.
(State or country)

17. INFORMANT Jess Prough
(Address) Twin Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date Feb 12 193..

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 3/12, 193.. [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936, to Feb. 10th, 193.. 6
I last saw h[illegible] alive on Feb 10th 193.. 6 death is said to have occurred on the date stated above, at 12 a.30 m. AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of c
What test confirmed diagnosis? ..... c Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John L. Laughlin M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97658

MAR 11 1936 RECEIVED

Registration District No. 37
Registration District No. 1085
Local Registrar's No. 30
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Johnson,

(a) Residence. No. 616 Blue Lakes Blvd. City. St.
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. J. Johnson,

6. DATE OF BIRTH (month, day and year) July 12, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anthony Kansas
(State or country)

FATHER

13. NAME Louie Holm,

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Maggie Holm,

16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT O. J. Johnson,
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Date 3-12-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 3/11, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936 to Feb., 10, 1936
I last saw her alive on Feb., 10, 1936; death is said to have occurred on the date stated above, at 7:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Other contributory causes of importance:	
Hypertension arterial	1920

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H. Hughes M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97659

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 29
(No. Twin Falls County General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael J. Leahy,
(a) Residence. No. Buhl, Idaho. St.
(Usual place of abode) (Buhl 25 years) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Leahy

6. DATE OF BIRTH (month, day, and year) June 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER
13. NAME Michael Leahy
14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER
15. MAIDEN NAME Nora Coughlin,
16. BIRTHPLACE (city or town) (State or country) Cork, Ireland.

17. INFORMANT (Address) Mrs. M. J. Leahy, Buhl, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2-12-36, 193

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED ....., 193 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1936, to Feb., 10, 1936
I last saw him alive on Feb., 10., 1936: death is said to have occurred on the date stated above, at 11:00 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	2-8-36
Other contributory causes of importance:	
Streptococcus pneumonia	2-5-36

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John W. Coughlin M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97660

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 28
(No.) Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Temple Windle,
(a) Residence. No. Twin Falls, Idaho. R.F.D. St.
(Usual place of abode) 24 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Windle

6. DATE OF BIRTH (month, day and year) Feb., 17, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macon County, Missouri

FATHER
13. NAME Gabriel Windle,
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Roxy Windle. Twin Falls, Idaho.

18. BURIAL, ~~CREMATION REMOVAL~~ Place Twin Falls, Date 2-12- 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 2-12 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to Feb., 9th, 1936
I last saw him alive on Feb., 9th, 1936: death is said to have occurred on the date stated above, at 10:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Uremia	10 years
Other contributory causes of importance:	
Cerebral Hemorrhage	3 weeks

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? None (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Alexander J. Seymour by Alex. J. Seymour M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97661

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 27

(No.) Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Ethel L. Schierman,

(a) Residence. No. 6055, E. Burnside, St. Portland, Oregon.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. R. Schierman,

6. DATE OF BIRTH (month, day, and year) March 25, 1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oaksdale, Washington

FATHER
13. NAME James Seaver,
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Green,
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) D. R. Schierman Portland, Oregon.

18. BURIAL, CREMATION OR REMOVAL
Place Portland Date 2-11-, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 2-10-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936 to Feb., 10 1936
I last saw her alive on Feb., 10 1936: death is said to have occurred on the date stated above, at 2:40 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic injury of spinal cord at cervical region 6 & 7 & cervical & 1st dorsal vertebrae.	2-6-36
Other contributory causes of importance: Edema & paralysis of Respiratory Center	

Name of operation Spinal & Cystotomy Date of 2-7-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 2-6, 1936
Where did injury occur? Near Malta Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Auto Accident
Nature of injury Injury spinal Cord

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. R. Schierman M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97662

MAR 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 26
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas. W Hamlin

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 1 1857
7. AGE: Years 79 | Months 9 | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER
13. NAME: John Hamlin
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Jess Hamlin Filer Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Feb 8, 1936
19. UNDERTAKER (Address): Fred E Drake Twin Falls
20. FILED Mar 10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 7 1936.
22. I HEREBY CERTIFY, That I saw deceased ~~about~~ on ~~, 193.~~ to Feb 7, 1936
I last saw ~~in health~~ on after Xmas, 193.: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the face	About two years or more ago
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) C. D. Weaver M. D.
(Address) Twin Falls Ida

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97663

PLACE OF DEATH

County of Twin Falls
City of Buhl
Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Nellie Bell.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. H. Bell
6. DATE OF BIRTH (month, day, and year): May 31st - 1856
7. AGE: Years 79 | Months 8 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Morpeth Canada
13. NAME: Geo. F. Richardson
14. BIRTHPLACE (city or town) (State or country): Morpeth Canada
15. MAIDEN NAME: Sarah Jane Waters
16. BIRTHPLACE (city or town) (State or country): Hastings England

17. INFORMANT (Address): Ray Overbaugh Buhl, Ida
18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Renwick, Iowa Date: 2/18, 1936
19. UNDERTAKER (Address): Evergreen Funeral Home Buhl, Ida
20. FILED: Feb 29, 1936 G. L. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/14 1936
22. I HEREBY CERTIFY, That I attended deceased from Mch ....., 1935, to Feb 14, 1936.
I last saw h[illegible] alive on 14 Feb, 1936: death is said to have occurred on the date stated above, at 4.25 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile debility	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation deceased?. No. If so, specify.....
(Signed) .... T. W. MacMannus ....., M. D.
(Address) ..... Buhl, Idaho.....

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr MacMannus

MAR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97664

PLACE OF DEATH
County of Twin Falls
City of Castleford

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Billy Caunafast

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 30 - 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
X	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Castleford Ida

MOTHER/FATHER

13. NAME Orval Francis Caunafast

14. BIRTHPLACE (city or town) (State or country) Berryville Ark.

15. MAIDEN NAME Katie Marie Borsh

16. BIRTHPLACE (city or town) (State or country) Sinsamora Ark

17. INFORMANT (Address) Mrs Orval Caunafast Castleford Ida

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Ida Date 2/13 1936

19. UNDERTAKER Evans & Johnson
(Address) Buhl Ida E. L. Johnson

20. FILED Feb 29, 1936 E. L. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Feb 7, 1936.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spina Bifida	Present at birth
Congenital malformation incompatible with extended life	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) M. A. Drake, M. D.
(Address) Buhl Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Drake

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9766

PLACE OF DEATH
County of Twin Falls
City of Burley
R.F.D.

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Frances Bertalot

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 10 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Ida.
(State or country)

MOTHER FATHER

13. NAME U. V. Bertalot

14. BIRTHPLACE (city or town) Freeport Ill
(State or country)

15. MAIDEN NAME Eva Frances Harvey

16. BIRTHPLACE (city or town) Oakley Ida
(State or country)

17. INFORMANT U. V. Bertalot
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 2/27, 1936

19. UNDERTAKER Evans & Johnson
(Address) Burley Idaho

20. FILED Feb 29, 1936 L. L. Atkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to Feb. 20, 1936.
I last saw her alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Feb. 10, 1936
Measles	Jan. 25, 1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....
Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. Draper, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 97666

Local Registrar's No. 56

159 D

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley V. Grifford

(a) Residence. No. 304 3rd. St. N. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	--	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME C.V. Grifford

14. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lorene Smith

16. BIRTHPLACE (city or town) Farmount
(State or country) N. Dakota

17. INFORMANT C.V. Grifford
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date Mar. 2, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-4-36 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 193.6., to Feb 29, 193.6.

I last saw him alive on Feb 29, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malform. of septum of heart - patent foramen ovale	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph B. Freudenberg M. D.

(Address) 228 Main Ave So. Twin Falls.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Valley

City of Stibnite

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97667

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 1

MAR 5 1936

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward John Hintz

(a) Residence. No. ..... St. .....
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27th 1885

7. AGE — Years: 51 — Months: — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Quarty miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forestville Mich.

FATHER

13. NAME Emil Hintz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Redman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Raymond Hintz Stibnite Ida.

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) A. D. Robb Cascade Ida.

20. FILED Feb. 18th 1936. Montana J. Ready Registrar.
By M. M. Gardner Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193..., death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death	
Premature explosion	
in mine tunnell	
Chest crushed	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .., 193..
Where did injury occur? Stibnite Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury Blast
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Roscoe E. Ward, M. D.
(Address) Valley County Coroner
Cascade, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97668

FEB 5 1936 RECEIVED

Registration District No. 15

Primary Registration District No.

Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Struckman

(a) Residence. No. Warren Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year)
July 22 - 1857

AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	78	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Ulm
(State or country) Minnesota

FATHER

13. NAME Fred Struckman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Behnke

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Dan S. Mumbrue
(Address) McCall Ida

18. BURIAL, CREMATION OR REMOVAL
Place McCall Idaho Date 1/26..., 1936

19. UNDERTAKER A. D. Robb
(Address) Cascade Ida

20. FILED Feb. 18., 1936 Montana G. Ready Registrar
By M. M. McGoodwin Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1..., 1936., to 1/19..., 1936...
I last saw h.. alive on 1/19..., 1936.: death is said to have occurred on the date stated above, at 10 A.. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **contributory causes** of importance:

Cardiac disease	
Respiratory congestion	
endured 10 Days	

Name of operation — None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dan S. Mumbrue, M. D.
(Address) McCall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 97669

Local Registrar's No. 11

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Soter

(a) Residence. No. 1 Co Road St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21 - 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME John Soter
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Callie Bryant
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John E. Soter
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date 2-6-, 1936

19. UNDERTAKER L. E. Mogthazy
(Address) Weiser Idaho

20. FILED Feb 7, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936, to Feb. 4, 1936
I last saw h.. alive on Feb 4, 1936: death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan. 21-36
Broncho Pneumonia	1-28-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. A. Schmidt M. D.
(Address) Weiser Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97670

MAR 11 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 14

(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Samuel Campbell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lulu Campbell

6. DATE OF BIRTH (month, day, and year) Don't Know

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT William Cook (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Cem Date 2-29- 1936

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED Mch 10., 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1936, to 2/13, 1936
I last saw him alive on 2/13, 1936; death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/12/36
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. H. Coats, M. D.
(Address) Weiser Ida.

Hamaker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97671

PLACE OF DEATH
County of Washington
City of Weiser

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 13

MAR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Agustus Phillips

(a) Residence. No. 330 West Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Phillips

6. DATE OF BIRTH (month, day, and year) April 29 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME George Phillips
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Clora Moore
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 2-16- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Mch 10, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to Feb 13, 1936.
I last saw h[illegible] alive on Feb 13, 1936: death is said to have occurred on the date stated above, at 5:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Case	2
Other contributory causes of importance: Acute Staphylococcus Pneumonia	Jan 14-1936

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Holden Hamaker, M. D.
(Address) Weiser - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

MAR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97672

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W Van Dyke

(a) Residence. No. 226 West Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Arletta Van Dyke

6. DATE OF BIRTH (month, day, and year) Aug. 22 - 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mar Van Dyke
(Address) Weiser Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Boise, Idaho Date 2-15- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Mch 10, 1936. Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 13- 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 12, 1936
I last saw him alive on Feb 12, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of surgical neck of femur	2-12-36
Other contributory causes of importance: Shock & senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 12, 1936
Where did injury occur? At his home fell on ice.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Broken by a fall.
Nature of injury Fell on ice.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) F A Schmitt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97673

Registration District No. 86

MAR 11 1936 RECEIVED

Registration District No. 2112 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Leslie Hawkey

(a) Residence. No. Hoar District St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 14 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Richard Hawkey

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Sarah Colie

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Frank Hawkey
(Address) Spokane Wash

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 2-8-1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Mch 10, 1936. Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to Feb 5, 1936
I last saw him alive on Feb 5, 1936: death is said to have occurred on the date stated above, at 4:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Feb 2-36

Other contributory causes of importance:

Tuberculosis of Lungis	Jan 5-1936
Tuberculosis of Bowels	Jan 5-1936
Influenza	1933

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Francis L. Richardson M. D.
(Address) Weiser, Idaho.

97674

DO NOT WRITE IN THIS SPACE

State File No. 97674

PLACE OF DEATH

County of Oneida

City of Malad

MAR 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. James Marion Kerns

(a) Residence. No. Malad Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones

6. DATE OF BIRTH (month, day, and year) May 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Mar '36

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Monticello Kentucky

FATHER

13. NAME Job M. Kerns

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah Ann Gibbons

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. J. M. Kerns Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Malad Idaho Date Mar 13, 1936

19. UNDERTAKER J. Guy Benson

(Address) Malad Ida

20. FILED Mar 15, 1936 Marion J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1936, to , 193

I last saw him alive on Mar. 9, 1936: death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Probably basal	

Other contributory causes of importance:

	Date of onset
Previous attack 2½ yrs. before. High blood pressure since	

Name of operation ↙ Date of ↙

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ↙ Date of injury , 193

Where did injury occur? ↙
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ↙

Nature of injury ↙

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. P. Garet, M. D.

(Address) Malad, Ida.

(Over)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9 7675

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97675

MAR 10 1936 RECEIVED

Registration District No. 3
Primary Registration District No. 2.4.0
Local Registrar's No. 47

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Malinda Brauer

(a) Residence. No. ..... St. Wilgore, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gus G. Brauer

6. DATE OF BIRTH (month, day, and year) Feb 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Morgan (State or country) Utah

FATHER
13. NAME Benjamin Hibbert
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Mills
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Gus G. Brauer Wilgore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glendale, Idaho Date Mar 8, 1936

19. UNDERTAKER (Address) Jack A. Wood Idaho Falls, Idaho

20. FILED Mar 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1935, to Mar 6, 1936.
I last saw h[illegible] alive on Mar 6, 1936: death is said to have occurred on the date stated above, at 3-5[illegible] p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent carcinoma of Ang. ovary.	3/1935.
Other contributory causes of importance:	

Name of operation Panhysterectomy etc Date of 10/8/35
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls

[redacted]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 24 1936 RECEIVED

City of Idaho Falls

CERTIFICATE OF DEATH

State File No. 37676

Registration District No. 13

Primary Registration District No. 214-D

Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

165

2. FULL NAME William Robert Measick

(a) Residence. No. Basalt, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Measick

6. DATE OF BIRTH (month, day, and year) April 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seguine Texas

FATHER

13. NAME George Lewis Measick

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Keziah Ballard

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs. Emma L. Measick (Address) Basalt Idaho

18. BURIAL, CREMATION OR REMOVAL Place Firth, Idaho Date Feb. 20 1936

19. UNDERTAKER Jack G. Wood (Address) Idaho Falls, Idaho

20. FILED Mar 2, 1936 Chas. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1934, to Feb 14 1936

I last saw h alive on 193: death is said to have occurred on the date stated above, at between 12 p.m and 12 p.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rabbit poisoning	Feb. 13, 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Suicide

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Forrest, M. D.

(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 19 1936 RECEIVED

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97677

DO NOT WRITE IN THIS SPACE

97677

State File No.

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 22

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis F. Gardner

(a) Residence. No. 260 9th Ave. E. St. Twin Falls

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lysle Gardner

6. DATE OF BIRTH (month, day, and year) May 14, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Apache
(State or country) Arizona

FATHER

13. NAME William B. Gardner

14. BIRTHPLACE (city or town)
(State or country) No Info.

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town)
(State or country) No Info.

17. INFORMANT Mrs. Lysle Gardner
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 3/5, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED Mar 14, 1936 Laura D Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to March 3, 1936

I last saw h..... alive on March 2, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	P
Cerebral Hemorrhage Left Hemi	P'
[illegible] Nervous System	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Wassermann Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. W. Selby M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9678

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Registration District No. 2161
Local Registrar's No. 634

APR 1 1936 RECEIVED

(No. 408 N. 11th)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Strausbaugh

(a) Residence. No. 343 S. 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, and year) June 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Ill.

FATHER

13. NAME John Strausbaugh

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Cordelia Donner

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs. Gertrude Strausbaugh 343 S. 4th

18. BURIAL, CREMATION OR REMOVAL burial
Place Mountainview Cem Date 3-26-36, 193...

19. UNDERTAKER (Address) Downard Funeral Home Pocatello Idaho

20. FILED 3/24/1936 J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1935, to 3/23, 1936
I last saw h alive on 3-22-, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9786.78

DO NOT WRITE IN THIS SPACE

State File No.

MAR 27 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 634

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Strausbaugh

(a) Residence. No. 343 S. 4th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Dept. U.P.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Decatur Ill.

FATHER

13. NAME John Strausbaugh

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Cordelia Donner

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs. Gertrude Strausbaugh 343 S. 4th

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Id. Date Mar. 26, 1936

19. UNDERTAKER Dawsard's Funeral Home (Address) Pocatello Idaho

20. FILED 3/24/ 1936 D O'Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1935, to 3/23, 1936

I last saw h— alive on 3/23, 1936: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Pocatello

F. M. RAY, M. D.
General Practice
Surgery
Eye, Ear, Nose & Throat
Reg. No. 2575
Res. Phone 42

DRS. RAY & RAY
Kane Building
Pocatello, Idaho
Office Phone 408

D. C. RAY, M. D.
General Practice
Obstetrics
Children's Diseases
Reg. No. 313
Res Phone 24

R

This is a corrected copy of the certificate mailed last week. The correct date of birth was June 11, 1885.

Dr. D. C. Ray

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97679

DO NOT WRITE IN THIS SPACE

State File No. 97679

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 100

MAR 9 1936

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Arthur Bishop

(a) Residence. No. 521 So. 12th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, and year) 7-28-1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebraska
(State or country)

FATHER

13. NAME Henry Bishop

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Emma Heyman

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Helen Bishop, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-21- 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-23 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18-36 193

22. I HEREBY CERTIFY, That I attended deceased from the year 1913 to March 18 193 6

I last saw him alive on March 18 1936: death is said to have occurred on the date stated above, at 12 45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Was an invalid from Rheumatic Fever beginning from the World war.	
Had Yellow Fever in Panama.	
& Malarial Fever	
Intermittent continuous.	
Other contributory causes of importance:	
Finally Dropsy developed.	
Pneumonia	
Died of Dilatation of Heart	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Bonifer M. D.
(Address) Boise Ida

Boeck

97680

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97680

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 98

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Blanche Brundage.

(a) Residence. No. 2501. Stewart Avenue. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 14. 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71.	8	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dubuque County
(State or country) Iowa.

FATHER

13. NAME Benjamin Franklin Jenkins.

14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Hester Berry.

16. BIRTHPLACE (city or town) Illinois.
(State or country)

17. INFORMANT Mrs. Lyle Hopkins.
(Address) 2501. Stewart Ave, Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date March. 24 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-23, 1936. R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ~~Feb.~~ March 22, 1936

I last saw her alive on March 22, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	not known

Other contributory causes of importance:

Clinical diagnosis, age change & symptomatic	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. M. Robinson, M. D.

(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97681

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 65
97681
(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Fairbanks Kirkman

(a) Residence. No. Twin Falls Route #1 St. Twin Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	0	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Member
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

FATHER
13. NAME J.M.Kirkman
14. BIRTHPLACE (city or town) Springville, (State or country) Utah

MOTHER
15. MAIDEN NAME Maude Fairbanks
16. BIRTHPLACE (city or town) Prattsville, (State or country) Utah

17. INFORMANT Mrs.J.M.Kirkman
(Address) Twin Falls, Idaho

18. BURIAL, [redacted]
Place Twin Falls Cem. Date 3-15-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-13-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12/ 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 12, 1936
I last saw him alive on March 6, 1936: death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar. Bilateral — 4+	3-3-36.
Other contributory causes of importance:	
Dilation Heart acute	3/10/36

Name of operation No Date of No
What test confirmed diagnosis? X-Ray & Laboratory Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Reuben L. Alexander M.D.
(Address) Twin Falls, Idaho

MAR 31 1936 RECEIVED

9768 Y

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97682

PLACE OF DEATH

County of Franklin
City of Fairview

Registration District No. 27?
Primary Registration District No. 2119
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Cottle

(a) Residence. No. ..... Fairview Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Percilla Cottle

6. DATE OF BIRTH (month, day, and year): Feb 7 1872

7. AGE: Years 64 | Months 1 | Days ~~10~~ 1/2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: Henry Cottle
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Cottle
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Kennith Cottle
(Address): Lewiston Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Richmond Utah Date: Mar 23 36, 193..

19. UNDERTAKER: M. W. Hendricks
(Address): Preston Idaho

20. FILED Apr. 8, 1936 G. W. Stoles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1936, to Mar. 19, 1936

I last saw him alive on Mar. 19, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pleuro-Pneumonia	Mar 8-1936

Other **contributory causes** of importance:

Chronic Bronchitis	
4-6 months duration	

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) G. W. Stoles, M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 30 1936 RECEIVED

97683

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97683

PLACE OF DEATH

County of Clearwater

City of Elk River

Registration District No. 91

Primary Registration District No. 2168 Local Registrar's No. 745

(No. ~~220 Second St~~ .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Oliver Hambly

(a) Residence. No. 226 Second St St. Elk River Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 3, 1887

7. AGE: Years 48 | Months 9 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Timber estimator

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 10-35

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Chippiwa Falls Wis.

MOTHER FATHER

13. NAME: Joseph Hambly

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Elizabeth Proudlock

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Joseph Hambly Jr. Elk River, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow, Ida. Date: 3/23, 1936

19. UNDERTAKER (Address): H.R. Short Moscow, Ida.

20. FILED: 3/26, 1936. Emma Leatherwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12:45 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
No doctor in attendance	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No If so, specify.....

(Signed) Emma Leatherwood, M.D.

(Address) Elk River, Idaho

Local Registrar.

97684

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97684

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 36

APR 1 1936 RECEIVED

Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry E. Garver

(a) Residence. No. Montana & Walnut Streets St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mrs. Minnie B. Garver

6. DATE OF BIRTH (month, day, and year) April 1, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Idaho Date 3/31/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 3-31, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 29 193 6

22. I HEREBY CERTIFY, That I attended deceased from October 16, 193 5, to March 29, 193 6
I last saw him alive on March 29, 193 6: death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown
Other contributory causes of importance:	
Uremia	Unknown

Name of operation None Date of --
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. E. Baker, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97685

Registration District No. 38
Primary Registration District No. 1050
Local Registrar's No. 57

APR 3 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Johnson

(a) Residence. No. 1122 - 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	widowed

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Ingrid Johnson

6. DATE OF BIRTH (month, day, and year) 1870-3-31

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Officer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) 1929

FATHER
13. NAME .....
14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place Coeur d'Alene Date 3-29, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

March 31, 1936 E. L. Sproat
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1936, to ~, 193..
I last saw him alive on 3-26, 1936: death is said to have occurred on the date stated above, at 11 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma or Cancer	3-26-36
Surgical pertonitis	1934

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hamilton H. Greenwood M. D.
(Address) Coeur d'Alene, Idaho

APR 4 1936 RECEIVED

97686

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97686
State File No.

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Susan Gregory Hammond.

(a) Residence. No. Burley St. 306 N. Normal.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wellington Hammond

6. DATE OF BIRTH (month, day and year) Sept 7 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Elijah Gregory.

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Alice Craig

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Lela Hammond
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Jan 9, 1936

19. UNDERTAKER J. R. Rogers
(Address) Burley

20. FILED Jan 11, 1936 Laura E. Schacher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Jan 6, 1936
I last saw her alive on Jan 6, 1936: death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 2
Other contributory causes of importance:	
Fracture of hip	Dec 20

Name of operation Reduction & fracture Date of Dec 23
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hugh E Dean M. D.
(Address) Burley Ida

APR 1 1936 RECEIVED

97687

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97687
State File No.

PLACE OF DEATH
County of Idaho
City of Mt Idaho

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest C Leach

(a) Residence. No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, and year) Oct 10-1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintanance Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co. Highway
10. Date deceased last worked at this occupation (mo. and yr.) 3-9-36
11. Total time (years) spent in this occupation not obt

12. BIRTHPLACE (city or town) (State or country) Bondville Ill.

FATHER

13. NAME Samuel Leach
14. BIRTHPLACE (city or town) (State or country) Bondville Ill

MOTHER

15. MAIDEN NAME Rose Kessler
16. BIRTHPLACE (city or town) (State or country) Champaign Ill.

17. INFORMANT (Address) Wife Anna Leach Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 3-11 1936

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida

20. FILED 3-28 1936 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9-, 1936, to 3-9, 1936
I last saw him alive on 3-9, 1936: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	
Skull fracture	
Broken neck.	

Other contributory causes of importance:

Struck by caterpillar tractor & caterpillar turned over on him	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-9-36
Where did injury occur? On highway near Mt. Idaho (Specify city or town, county, and state) Ida.
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L R Wellers, M. D.
(Address) Grangeville Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

97688

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97688
State File No.

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Paul

(a) Residence. No. St. Kamiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy Paul

6. DATE OF BIRTH (month, day, and year) Feb 29 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forest Ranger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jacques Spur
(State or country) Idaho

FATHER

13. NAME No record

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Phoebe Lowry

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Nancy Paul
(Address) Kamiah, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah, Idaho Date March 7, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Apr 1 1936 Jon Hyde
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-22-36, 193..., to 3-2-36, 193...
I last saw ~~him~~ alive on 3-2-36, 193...; death is said to have occurred on the date stated above, at 4-P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	about 15 years ago

Other contributory causes of importance:

Myocarditis	6 years

Name of operation none Date of —
What test confirmed diagnosis? signs & symptoms Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Kane, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97689

PLACE OF DEATH
County of Gem
City of Emmett

APR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97689

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. .....

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Straud James Rees

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Vira B. Rees

6. DATE OF BIRTH (month, day, and year) Jan 23 - 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Geo. Rees
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Harriet Nightman
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) W. S. Rees Ontario Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Ore Date ....., 193...

19. UNDERTAKER C. O. Buckendorf
(Address) Emmett Idaho

20. FILED 3-14, 193 6 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1936, to 3-12, 1936.
I last saw him alive on 3-3, 1936; death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	
(died fanning alone)	

Other contributory causes of importance:

Subacute bronchitis	
Following influenza	
Hypertension - Deteriorated arteries	

Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. R. Cummings, M. D.
(Address) Emmett Ida

APR 10 1936

97690

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97690
State File No.

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 15
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Jogpson

(a) Residence. No. 234 St. St. Maries Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): 1867
7. AGE: Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sawmill
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 36
11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (city or town) (State or country): Vasmland Sweden

FATHER
13. NAME: Frans Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Miss. Ellen Nelson

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: St. Maries Date: Apr. 7, 1936

19. UNDERTAKER (Address): S. Taylish Funeral Home St. Maries Idaho

20. FILED Apr. 9, 1936 Walter Goberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): about 3/26 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... alive on ✓, 193... death is said to have occurred on the date stated above, at 2 .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
appoplexy -	
Other **contributory causes** of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) C. S. Taylish - Coroner
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97691

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97691
State File No.

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 70
(No. Washington Blvd. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Ernest Kruger

(a) Residence. No. Washington Blvd. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

99

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Kruger

6. DATE OF BIRTH (month, day, and year) March 20, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	--	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Friedbeurg (State or country) Germany

FATHER
13. NAME William Kruger
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Augusta Knause
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Kruger (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida Date 3/23, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 3/24, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Mar 20, 1936
I last saw h~~im~~ alive on March 20, 1936: death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
angina Pectaris	Jan 1936
Other contributory causes of importance:	
Arterio-sclerosis	1920 P
arterial hypertension	

Name of operation c Date of c
What test confirmed diagnosis? c Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

97692

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97692

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 80
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Goerge Smith McKean

(a) Residence. No. 544 4th Ave. North Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~Wife of~~ Pearl McKean

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Perry, (State or country) Illinois

FATHER
13. NAME John McKean
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Geo. S. McKean
(Address) Twin Falls, Idaho
18. BURIAL, ~~CREMATION~~
Place Twin Falls Cem. Date 4/3/36, 193...
19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho
20. FILED 4-3-, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to March 31, 1936
I last saw him alive on March 30, 1936: death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-23-36
Pulmonary Bronchial Complications	3-30-36
Embolism of Heart	3-31-36

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. Russell Heaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97693

APR 10 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 17

(No. 1010)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay Carlton Casada

(a) Residence. No. Nampa St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dolly C. Casada

6. DATE OF BIRTH (month, day, and year) Sept 14 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Jay Silas Casada
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mattie Casada
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT N. B. Carter
(Address) 516 E Main Weiser Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date March 29 1936

19. UNDERTAKER Fred Robinson
(Address) Weiser Idaho

20. FILED April 1, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1936, to 3/25, 1936
I last saw him alive on 3/25, 1936: death is said to have occurred on the date stated above, at 11:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/21/36
Right Lobar	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. M. Coats, M. D.
(Address) Weiser Idaho

97694

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97694

APR 8 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 2-4-0 Local Registrar's No. 63

(No. Spencer Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME G. Shiraki

(a) Residence. No. Pool Hall St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11-5-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT T. Kikukawa

(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls. Date 4-5, 1936

19. UNDERTAKER Jos. F. McGhan

(Address) Idaho Falls Ida.

20. FILED Apr. 4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Apr 3, 1936

I last saw him alive on Apr 3, 1936; death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastases	Unknown.

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Mar 30-36

What test confirmed diagnosis? Clinical & Visual Was there an autopsy? yes.

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Cobbs M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97695

9762 V

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 656

RECEIVED
APR 11 1936

(No. ... If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME James E. Wood

(a) Residence. (No. ...) Gooding Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white American	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L. Wood.

6. DATE OF BIRTH (month, day, and year) Nov. 28-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. worked for City as

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. night marshall 12 yrs. at present was(in) retired by pension dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saline Missouri

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Marie L. Wood.

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Cemetery Date 3/8, 1936

19. UNDERTAKER (Address) A. E. Hudgens Gooding

20. FILED 4-10-36, 1936 J. H. Crommell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935, to March 6, 1936

I last saw him alive on 3/6, 1936; death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation, (coronary occlusion)	3-6-36
Other contributory causes of importance:	
Arteria sclerosis	
Pleurisy, hemorrhage due to pulmonary infarcts	Nov 21-1935 & several times since

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. C. Rasmussell M. D.

(Address) Gooding Idaho

97697

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clark.

City of Dubois.

R. 193[illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97697

Registration District No. 120

Primary Registration District No. 2293

Local Registrar's No. 18

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Jane Park.

(a) Residence. No. St. Annis, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Harvey Park.

6. DATE OF BIRTH (month, day, and year) April 19, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 3/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Millcreek, Utah.

FATHER

13. NAME John Scott

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Pugh.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Hazel E. Schneiter
(Address) Lorenzo, Idaho. R. 1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 4/1 193 6

19. UNDERTAKER [illegible] Eckersell
(Address) Rigby, Idaho.

20. FILED Mar 31, 193 6 C. E. Jones M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 193 6, to 3/26, 193 6

I last saw h[illegible] alive on 3/26, 193 6: death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis	DK
Salpingitis	
Intestinal Obstruction	
Other contributory causes of importance:	
Gallstones	

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) each 2 mos M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette.

City of Payette

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97698

Registration District No. 4

Registration District No. 1008

Local Registrar's No. 29

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Elizabeth Sherrick.

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. F. Sherrick.

6. DATE OF BIRTH (month, day, and year) Mar 21-1837.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cuyahoga (State or country) Ohio.

FATHER

13. NAME Edward Sanborn.

14. BIRTHPLACE (city or town) Fayette (State or country) Maine.

MOTHER

15. MAIDEN NAME Mary Carline Judd.

16. BIRTHPLACE (city or town) Sweden (State or country) Europe.

17. INFORMANT Mrs Geo. L. Sullivan (Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place New Plymouth Idaho Date 3-12-, 1936

19. UNDERTAKER Glenn C. Sanders (Address) Payette Idaho.

20. FILED 3/24/36 193.. J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936, to Mar 10, 1936.

I last saw h[illegible] alive on Mar 10, 1936: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	About Feb. 1-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1936

97699

DO NOT WRITE IN THIS SPACE

State File No. 97699

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Latah
City of Genesee

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Clare Densow

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank G. Densow

6. DATE OF BIRTH (month, day, and year): July 16 - 1905

7. AGE — Years: 30 — Months: 7 — Days: 17 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grangeville (State or country) Idaho

FATHER

13. NAME G A Heath
14. BIRTHPLACE (city or town) Joplin (State or country) Missouri

MOTHER

15. MAIDEN NAME Nannie Amelia Thompson
16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Frank G. Densow (Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Idaho Date Mar 7., 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED March 10., 1936. Joseph L. Bedenk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 ....., 193 6., to March 3rd ....., 193 6.
I last saw her alive on March 3rd 1936; death is said to have occurred on the date stated above, at 10 P ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Vomiting of Pregnancy	Oct 16 - 36.
Toxemia of Pregnancy	Oct 16 - 36.
Acute Nephritis	March 1st - 36.
Myocardial Failure	March 3rd - 36.
Other **contributory causes** of importance:	

Name of operation Therapeutic abortion Date of Feb 18 - 36.
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Joseph L. Bedenk, M. D.
(Address) Genesee, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE — DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

97700 State File No. [redacted]

County of Shoshone

City of Wallace

APR 6 1936 RECEIVED

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 26

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Albert Carmody

(a) Residence. No. Kellogg Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Carmody

6. DATE OF BIRTH (month, day, and year) July 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

MOTHER FATHER

13. NAME Matthew Carmody

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Hastings

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lucy Carmody (Address) Kellogg Idaho Box 826

18. BURIAL, CREMATION OR REMOVAL Place Spokane, Wash. Date March 26 1936

19. UNDERTAKER M. C. Thompkins (Address) Kellogg Ida.

20. FILED March 26 1936 Olof Beever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mch 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1936, to Mch 24, 1936.

I last saw him alive on Mch 24 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mch 18-36
Post - Influenzal	(From History)

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Max Smith M. D.

(Address) Wallace Idaho

APR 16 1936 RECEIVED 97701

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 5770 1

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 48
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Charles Peterson

(a) Residence. No. 1408 1st. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1870.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	5 0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roshilde (State or country) Denmark

MOTHER FATHER
13. NAME Adolf Peterson
14. BIRTHPLACE (city or town) (State or country) Denmark
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. C. A. Barnett Melba.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date Mar. 24, 1936

19. UNDERTAKER Keith Talley
(Address) Nampa Idaho

20. FILED Apr. 3., 1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-20 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-16., 193 6., to 3-20., 193 6
I last saw ~~him~~ alive on 3-16., 193 6: death is said to have occurred on the date stated above, at 8 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other **contributory causes** of importance:

Bronchial Hemmorhage	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) Maude Honey acting coroner
(Address) Nampa Idaho

J. C. Horton M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 48

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Charles Peterson

(a) Residence. No. 1418 1st So St.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2, 1870

7. AGE: Years 65 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roskilde Denmark

FATHER

13. NAME Adolf Peterson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. C. G. Barnett Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date Mar. 24, 1936

19. UNDERTAKER (Address) Earl S. Gallet Nampa Ida.

20. FILED Apr. 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 20 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other **contributory causes** of importance:

Bronchial hemorrhage	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Maud Henry acting M. D.

(Address) Nampa Ida Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

9770 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97702

PLACE OF DEATH

County of Elmore

City of Emmett

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter William Carper

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret M. Carper

6. DATE OF BIRTH (month, day, and year) Aug 2 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

MOTHER FATHER

13. NAME Duncan Carper

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Matilda Allison

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT W. L. Carper (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 4/15, 1936

19. UNDERTAKER C. D. Buckendorf (Address) Emmett Ida

20. FILED 4/14, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to 4-11-, 1936

I last saw him alive on 4-11-, 1936; death is said to have occurred on the date stated above, at 11:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Diabetes	.....
.....	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	.....

Name of operation None Date of .....

What test confirmed diagnosis? Woman Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97703

Registration District No. 9-10
Registration District No. 9-10 Local Registrar's No. 1

MAR 17 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Hadley

(a) Residence. No. West Branch Farm
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19—1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianna

FATHER
13. NAME Thos L. Hadley
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Sarah L. Macy
16. BIRTHPLACE (city or town) (State or country) Indianna

17. INFORMANT R. R. Hadley
(Address) 2122 Virginia St Everett Wash

18. BURIAL, CREMATION OR REMOVAL
West Branch Farm, 193...

19. UNDERTAKER V. Leathers
(Address) Caldwell Ida

20. FILED Mch 14, 1936 Orville Johnson Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1936, to March 12, 1936
I last saw him alive on March 11, 1936: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac incompetence with hypostasis	gradually for years; with increasing severity
Other contributory causes of importance:	
Influenza	March 5/36
Contusion Thorax	March 12/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury March 11, 1936
Where did injury occur? Star, Ada Co., Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Became dizzy & fell against bed
Nature of injury Scalp wound & Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) R. R. Hadley, M. D.
(Address) Emmett, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Village Of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97704

Registration District No. 9-10
APR 2 1936 RECEIVED Registration District No. 9-10 Local Registrar's No. 2
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Robert Carpenter

(a) Residence. No. Eagle Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Carpenter

6. DATE OF BIRTH (month, day, and year) Mar. 26 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Schnectedy
(State or country) New York

FATHER
13. NAME John Carpenter
14. BIRTHPLACE (city or town) ....
(State or country) New York

MOTHER
15. MAIDEN NAME Mary Malams
16. BIRTHPLACE (city or town) Dont know
(State or country) U.S.A.

17. INFORMANT W.W. Carpenter
(Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/12, 193....

19. UNDERTAKER Schreiber McCann
(Address) Boise Idaho

20. FILED 3/12, 193 6 Emery Jackson
Eagle Idaho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3. 8 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935, to March 8, 1936
I last saw him alive on March 5, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis and	
Encephalitis	
Other contributory causes of importance:	
Senility - Senile	
Dementia - Flapper	
Tension. -	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) John Brock, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Star.

APR 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97705
State File No.

Registration District No. 9-10

Primary Registration District No. 9-10

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

160

2. FULL NAME Richard Donald Clark.

(a) Residence. No. Star, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 11. 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Star, Idaho.

FATHER

13. NAME Alvin. B. Clark.

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Evie. L. Stott.

16. BIRTHPLACE (city or town) (State or country) Colorado.

17. INFORMANT Alvin. B. Clark.
(Address) Star, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Joplin Cemetery. Date Mar. 3, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3/6, 1936. Dorris Jackson
Registrar.
Ada County, Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Mar 2, 1936

I last saw h[illegible] alive on Mar 2, 1936: death is said to have occurred on the date stated above, at 2:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerations	
Weak Heart	
Tachycardia	
Other contributory causes of importance:	
None known	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clifford Hall M. D.

(Address) Star, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97706

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 71
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Ellsworth Waitley

(a) Residence. No. Rt. 2 Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie R. Waitley

6. DATE OF BIRTH (month, day and year) Mar 30 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Ohio

FATHER
13. NAME Andrew Waitley
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Kelly
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT B B Waitley
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Idaho Date 3/2 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-2 1936 R. Shark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21 1936, to Death 193
I last saw him alive on 2-28 1936: death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2-24-36
Other contributory causes of importance: Bronchial Pneumonia	
Senility	Indefinate

Name of operation None Date of
What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. West, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97707

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 30

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Shawver

(a) Residence. No. Five miles west of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Rapids
(State or country) Iowa

FATHER

13. NAME John Shawver

14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Elizabeth Boyle

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMANT Jesse Shawver
(Address) Route 4 Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date 3/20/36 193

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-21, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17 2 PM, 1936, to March 17 10 PM, 1936
I last saw him alive on March 17, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	March 16

Other contributory causes of importance:

Arteriosclerosis	Don't know.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. M. Brigham, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of 8 Miles S.W Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97708

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Edward Quayle

(a) Residence. No. Five Mile Dist. Rt. No. 4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie Quayle

6. DATE OF BIRTH (month, day, and year) July 7th. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nekoma (State or country) Ill.

FATHER
13. NAME W.C. Quayle
14. BIRTHPLACE (city or town) (State or country) Isle of Man

MOTHER
15. MAIDEN NAME Dont anow
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Ralph F. Quayle Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place La Harpe Ill. Date 3/20, 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-16, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw him alive on 193.... Dead 3/14 6: death is said to have occurred on the date stated above, at About 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound In The Head. Self Inflicted	
Suicide.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Suicide
Accident, suicide, or homicide? Suicide Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. M. Causey Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97709

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 28
(No. Route 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha J Spooner

(a) Residence. No. Bond - Route 2 St.
(Usual place of abode) Boise (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas L. G. 1857

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Daniel Ray
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Skate
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Bessie Selby
(Address) Boise - R-2-

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 3-17, 1936

19. UNDERTAKER W B Waters
(Address) Meridian

20. FILED 3-16 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Mar 15, 1936
I last saw her alive on Mar. 15, 1936: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	Gradual Onset
Other contributory causes of importance:	
Arterio-sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. E. Erdman, M. D.
(Address) Boise, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of near City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97710

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 27
(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank [illegible] Backer
(a) Residence. No. 706-1/2 Idaho St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Dont Know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23rd. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) E. D. Magden Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 3/10, 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-14, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 193 6, to 3-7, 193 6
I last saw him alive on 3-7, 193 6, death is said to have occurred on the date stated above, at 3-a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. Caraway, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Black's Creek Dist

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97711
State File No.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 26

(No. near Black's Creek)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles G. Van Horn

(a) Residence. No. Black's Creek Dist., Ada Co. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar County, Iowa

FATHER

13. NAME Wm. Van Horn

14. BIRTHPLACE (city or town) (State or country) Cedar County, Iowa

MOTHER

15. MAIDEN NAME Robena Switzer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) E. I. Van Horn Greenfield, Iowa

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-15, 1936

19. UNDERTAKER (Address) Schreiber and Mc Cann Boise

20. FILED 3-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from dead 193..., to ..., 193...
I last saw him alive on 3-6-36, 193...: death is said to have occurred on the date stated above, at ? A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CAUSE UNKNOWN BUT NATURAL	
Found dead in his home.	
No indication of foul play	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. T. McCann Coroner M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97712

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 25

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth E. Morris

(a) Residence. No. ..... St. Russellville, Missouri
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) January 31, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME William Morris

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Pearlina Updgrove

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sayre, Oklahoma Date 3-13, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 3-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1936, to March 10, 1936

I last saw him alive on March 10, 1936: death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced and active	Unknown
Other contributory causes of importance: None	

Name of operation ----- Date of ---

What test confirmed diagnosis? Laboratory and X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. Baker, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97713
State File No.

Registration District No. 8
Primary Registration District No. 2104
Local Registrar's No. 22

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest H. Poulsen

(a) Residence. No. 1227 - 11th Ave. East St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 9, 1916

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	20	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER FATHER

13. NAME: Edward H. Poulsen
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Henriette Sorensen
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Doris V. Crawforth, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: American Falls, Ida. Date: 3-10, 1936

19. UNDERTAKER (Address): Summers Funeral Home, Boise, Idaho

20. FILED 3-9, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 8, 1936
I last saw him alive on March 6, 1936: death is said to have occurred on the date stated above, at 9:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, gangrenous	2-1-36
Other contributory causes of importance:	
Pulmonary Edema	3-4-36

Name of operation: Appendectomy Date of: 3-3-36
What test confirmed diagnosis? type Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. [illegible] V. A. Facility, Boise, Idaho
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97714

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 106

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Agnes Wheeler

(a) Residence. No. 910 East State St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER FATHER

13. NAME Willard Ivey

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Sarah Susan Curtis

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Edna Caviness, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/28/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-30, 1936 L. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/23/36

22. I HEREBY CERTIFY, That I attended deceased from Mch 21st, 1936, to Mch 23rd, 1936.
I last saw her alive on Mch 23rd, 1936: death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction,	3/21-36
Streptococcic Empyema	
Toxemia of Pregnancy	
Following an Attack of	3/20-36
Acute Indigestion	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 3/23-36
What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. M. Taylor, M. D.
(Address) Boise, Idaho.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97715

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 105

(No. St. Alphonsus)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Elsie Buck

(a) Residence. No. St. King Hill - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Percival Buck

6. DATE OF BIRTH (month, day, and year) 7-5-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Bacon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Carter

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Percival Buck King Hill Idaho

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Glenns Ferry Date 3-26, 1936

19. UNDERTAKER Rachel Ferneral Home
(Address) Mountain Home

20. FILED 3-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1936, to 3-26, 1936.
I last saw her alive on 3-26, 1936: death is said to have occurred on the date stated above, at 9-50 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3-21-36
Mesenteric thrombosis	
Other contributory causes of importance: Tubercular Mesenteric glands,	Ancient

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

V

IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97716

PLACE OF DEATH

County of Boise Idaho
City of Ada

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 104

(If not in hospital or institution, give street address or location)
St. Alphonsus Hospital Boise Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don L Close

(a) Residence. No. McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	XXXXXXXXXXXX

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8th, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCall Idaho
(State or country)

FATHER

13. NAME Otto Close

14. BIRTHPLACE (city or town) Ind,
(State or country)

MOTHER

15. MAIDEN NAME Sylvia Savage

16. BIRTHPLACE (city or town) Baker Co, Oregon
(State or country)

17. INFORMANT Sylvia Close
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place McCall Idaho Cemetary 3/25 193 6

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED 3-28 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/23/36 93

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1936, to Mar. 23, 1936.
I last saw him alive on Mar. 23, 1936; death is said to have occurred on the date stated above, at 6:25 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis	?

Other **contributory causes** of importance:

Cardiac decompensation	Oct 1935
Secondary anemia	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J Reno Chumbers M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Halverson

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97717

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 103

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Crouch

(a) Residence. No. 1208 Division St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Crouch

6. DATE OF BIRTH (month, day, and year) Feb. ? 1840

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 96			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Samuel McNeal

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Carl Cluster
(Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date 3/29 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-27 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from March 25 8 P.m. 193 , to , 193 .

I last saw he alive on March 25, 193 6: death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall one week previously	
hip was injured	
apparently intra capsular	
fracture.	
Other contributory causes of importance:	
arterio sclerosis of	
several years.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? a Date of injury Mar 12 193 6
Where did injury occur? at home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury fall
Nature of injury hip badly bruised, double fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. M. Halverson, M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 9718

State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 102

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophia Rathmann

(a) Residence. No. 508 So. 5th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Franz Horstman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Frank Rathmann. Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 3/26/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 3-24, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/21/36 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 3, to Mar. 20, 193 6

I last saw h[illegible] alive on Mar. 20, 193 6: death is said to have occurred on the date stated above, at 3 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar. 19, 1936

Other **contributory causes** of importance:

Arteriosclerosis	
Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Dedman, M. D.

(Address) Boise, Ida.

Dedman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97719

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 101

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Upchurch

(a) Residence. No. 708 Fort St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, and year) 3/29/1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. **Total time (years)** spent in this occupation .....

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Margaret Upchurch, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/21/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-23, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19-36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-19-, 1936, to 3-19-, 1936

I last saw him alive on 3-19-, 1936; death is said to have occurred on the date stated above, at 9.30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Virginia Pectoris	
Other **contributory causes** of importance: senility - anaemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ada Boyle M. D.
(Address) Boise Ida

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97720

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 97

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma. A. Clark.

(a) Residence. No. 710. N. 19. Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 1. 1850.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85.	6	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chatham Center
(State or country) New York.

FATHER

13. NAME Elisha Clark.

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Angell.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Mrs. Mary Clark Kennedy.
(Address) 710. N. 19 th Street.

18. BURIAL, CREMATION OR REMOVAL
Place Chatham. N.Y. Date March. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-21, 1936. R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1936, to Mar 20, 1936

I last saw her alive on Mar 17, 1936.: death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Myocarditis.	1925

Other contributory causes of importance:

Coronary thrombosis Mar 20 '36	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Bradford, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97721

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 96

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Frederick Baetkey

(a) Residence. No. St Lukes Hospital St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marybelle Baetkey

6. DATE OF BIRTH (month, day, and year) May 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam-fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber mill
10. Date deceased last worked at this occupation (mo. and yr.) 2/29/36
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

FATHER
13. NAME William Baetkey
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) Henry Baetkey

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date March 16 1936

19. UNDERTAKER C. D. Buchanan (Address) Emmett Idaho

20. FILED 3-20, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to March 14, 1936
I last saw h/m. alive on March 14, 1936: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism from	3-14-36
Crushed chest	2-29-36

Other contributory causes of importance:

Chronic myocarditis c enlargement of heart	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 2/29, 1936
Where did injury occur? Emmett Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell 20 ft.
Nature of injury Injured lung c fractured sub-t clavicle

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured on job
(Signed) W. A. Carlson, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97722

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Elizabeth Koontz

(a) Residence. No. 1015 N. 12th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14- 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John T. Newbill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine E. Thompson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Doris Koontz, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Council, Idaho Date 3/21/36 193..

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 3-20-1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19/36 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to March 19, 1936.
I last saw her alive on March 19, 1936: death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Other contributory causes of importance:	
Cerebral Hemorrhage	March 19, 1936
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. E. Swindell, M. D.
(Address) Boise Idaho

Swindell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 947722

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 94

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Ceaser.

(a) Residence. No. 908. Grove Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 ~~yrs.~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 24. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond
(State or country) Vermont.

FATHER

13. NAME John Cunnungham.

14. BIRTHPLACE (city or town) Vermont.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Charles Ceaser.
(Address) 908. Grove Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cemetery. Date Mar. 21 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-20, 1936 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to ....., 193.....

I last saw her alive on 3-10-, 1936.; death is said to have occurred on the date stated above, at 7-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ✓ Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances Dodds, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97724

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 93

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Maultrie

(a) Residence. No. 407 South 10th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Niels Maultrie 1874

6. DATE OF BIRTH (month, day, and year) August 28 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Marvin Fairchild

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Harriet L. Mc Murray

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs F. L. McGaven Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 3-16, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise

20. FILED 3-17 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 P.M. 3-12, 1936, to Death., 193..

[last saw h[illegible] alive on 3-12, 1936: death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	3-12-36
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Post Mortem Findings Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. West, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97725

Registration District No. 2
Primary Registration District No. 204 Local Registrar's No. 92

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miles S. Bramblee

(a) Residence. No. Near 616 Grove St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25th. 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fairfax
(State or country) Virginia

FATHER

13. NAME Miles S. Bramblee

14. BIRTHPLACE (city or town) Fairfax
(State or country) Virginia

MOTHER

15. MAIDEN NAME S. B. Ludington

16. BIRTHPLACE (city or town) Deleware Co.
(State or country) New York

17. INFORMANT Frank L. Bramblee
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/13, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-16, 1936 L. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193..
I last saw him alive on 3/10, 1936; death is said to have occurred on the date stated above, at ? A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In His Home	
No Indication Of Foul Play	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. W. McCann, M. D.
(Address) Boise Idaho

Dr. John Bucey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97726

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 90

(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles L. Brown

(a) Residence. No. 414 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Brown

6. DATE OF BIRTH (month, day, and year) 31st December 186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME Konrad Brown
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Maria ?
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT W. J. Brown
(Address) 491 West 6th St Eugene Or

18. BURIAL, CREMATION OR REMOVAL St. John's
Place Boise Date 3 [illegible] 193[illegible]

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 3-14, 1936 R. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 - 8 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1935, to March 8th, 1936
I last saw him alive on 3 - 8 -, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:
Valvular heart disease and Hypertension accompanied with Dropsy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. Boyd M. D.
(Address) Boise Ida

Downes

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97727

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Elizabeth Atkinson.

(a) Residence. No. 1419. N. 22. street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) December. 22. 1846.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	2	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salem
(State or country) North Carolina.

FATHER

13. NAME Joshua Miller.
14. BIRTHPLACE (city or town) .....
(State or country) North Carolina.

MOTHER

15. MAIDEN NAME Rosena Nading.
16. BIRTHPLACE (city or town) .....
(State or country) North Carolina.

17. INFORMANT Mrs. Irene Pease.
(Address) 1419. N. 22. Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date March. 13, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-13, 1936. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 11 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 11, 1936.
I last saw h[illegible] alive on March 4, 1936: death is said to have occurred on the date stated above, at 1:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Chronic myocarditis	
arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. J. M. Dwyer, M. D.
(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97728

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 88

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Montgomery

(a) Residence. No. 1310 Grant St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Jess B. Montgomery
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 3-14-36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-12-193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11-36 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to March 11, 1936
I last saw him alive on March 11, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Edema of Lungs	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Forbush, M. D.
~~Coroner~~ (Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97729

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 87

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Charles Mc Candless.

(a) Residence. No. 419. O Farrell. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Birdie. A. Mc Candless.

6. DATE OF BIRTH (month, day, and year) February. 24. 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg of Rex

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Print Wash.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

FATHER

13. NAME Matthew Mc Candless.

14. BIRTHPLACE (city or town) (State or country) Pittsburgh. Penn.

MOTHER

15. MAIDEN NAME Barbara Fisher.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. Birdie. A. Mc Candless. 419. O Farrell Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemete Date Mar. 13 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 3-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1936, to 3/9, 1936

I last saw him alive on 3/7, 1936; death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold W. Stone M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97730 ✓

MAR 10 1936 RECEIVED

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 85

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Alexander McLin

(a) Residence. No. 124 - 8 - 9th Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July - 4 - 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roan Co Tennessee

FATHER
13. NAME James A McLin
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Elizabeth Clem
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) J. E. McLin Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 3/6, 1936

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 3-11, 1936 C. E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Enlargement of Prostate	10 yrs ago
Other contributory causes of importance: Pneumonia	

Name of operation Prostatectomy Date of 3/29/36
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. B. Jeppesen, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97731

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 84

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H. Percy Smith

(a) Residence. No. 1912 No. 17th. St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rima B. Smith

6. DATE OF BIRTH (month, day, and year) March 13th 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Vincennes Indiana

FATHER

13. NAME Minard Smith.

14. BIRTHPLACE (city or town) (State or country) Dont know U.S.A.

MOTHER

15. MAIDEN NAME Ellen Purcell

16. BIRTHPLACE (city or town) (State or country) Dont know U.S.A.

17. INFORMANT Mrs. Wm J. Murphy
(Address) 2315 Ca Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/8/ 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-10, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 3rd. 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1936, to March 3rd, 1936
I last saw him alive on March 3, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	

Other contributory causes of importance:

Age and senile degeneration	
previous to last illness	

Name of operation — Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Paul Boyle, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97732

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 83

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dow Dunning

(a) Residence. No. 1608 N. 12th St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16-6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Ann O'Keefe-Dunning

6. DATE OF BIRTH (month, day, and year) Aug 16 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Import Fruit Grower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Mar 1936
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Ovid Mich

FATHER
13. NAME J H Dunning
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Miss Weller
16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT R B Wilson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3-8, 1936

19. UNDERTAKER Schreiber & McLean
(Address) Boise, Idaho

20. FILED 3-10, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1936, to Mar 6, 1936
I last saw him alive on Mar 6, 1936: death is said to have occurred on the date stated above, at 6.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 6
Other contributory causes of importance:	
Angina Pectoris	about 1933

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Bradshaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Wmt

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97733

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 82

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Rukavina

(a) Residence. No. 435 So. 11th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Rukavina

6. DATE OF BIRTH (month, day, and year) Nov. 19 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner & Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perusic Croatia

FATHER
13. NAME Stepen Rukavina
14. BIRTHPLACE (city or town) (State or country) Perusic Croatia

MOTHER
15. MAIDEN NAME Matilda Nemovich
16. BIRTHPLACE (city or town) (State or country) Perusic Croatia

17. INFORMANT Mary Nemovich (Address) Boise Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place St. Johns Date 3-11 1936

19. UNDERTAKER Schneider & McCann (Address) Boise, Idaho

20. FILED 3-10 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to Death, 193..
I last saw him alive on 3-8, 1936; death is said to have occurred on the date stated above, at 3:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumo-Encephalocele	3-9-36
Hemorrhage	
Other contributory causes of importance:	
Spleific Paralitis	3-1-36.
Encephalitis.	3-4-36

Name of operation Spinal punctures Date of 3-6, 7, 8
What test confirms diagnosis? Clinical Autopsy? No.

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. F. West, M. D.
(Address) Boise Idaho.

Braxtan

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97734
State File No.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 817

(No. 1114)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Calvin Kibble.

(a) Residence. No. 1209. N. 22 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 19. 1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	17.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkharte Indiana.
(State or country)

FATHER
13. NAME James Kibble.
14. BIRTHPLACE (city or town) Harrisburg, Ohio.
(State or country)

MOTHER
15. MAIDEN NAME Temperance Bonsen.
16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Marion. C. Kibble.
(Address) 1209. N. 22 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date March. 8, 193 6.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 3-10, 193 6. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193 5, to Mar, 193 6.
Last saw ~~him~~ alive on Mar 4, 193 6: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer +	
Scar Contraction	1916
Other contributory causes of importance:	
Malnutrition +	
Myocarditis	Jan 1936

Name of operation None Date of
What test confirmed diagnosis? None there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Braxtan, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97735

Registration District No. 2
Primary Registration District No. 1904
Local Registrar's No. 80

(No. 1900 Lake)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lottie Surber

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. C. Surber

6. DATE OF BIRTH (month, day, and year) July 7 - 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 2/29/36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME David Murray
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Phoebe Scott
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Bud Surber
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 3/4, 1936

19. UNDERTAKER C O Buckmaster
(Address) Emmett Idaho

20. FILED 3-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29-36, 193..., to 3-2-, 193.6.
I last saw h.. alive on 3-2-, 193.6.: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gall bladder	
followed with Peritonitis	
Other contributory causes of importance:	

Name of operation Abdomen opened Drained Date of 3-1-36
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. L. Rasmussen M. D.
(Address) Emmett Ada

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97736

Registration District No. 2
Primary Registration District No. 1024 Local Registrar's No. 79
(No. St. Lukes)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Carl George Pedersen

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Pederson

6. DATE OF BIRTH (month, day, and year) Dec 5 - 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House painting
10. Date deceased last worked at this occupation (mo. and yr.) ~~June~~ May 1935
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

FATHER
13. NAME Peter J. Pederson
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT H Olsen
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 3/4, 1936

19. UNDERTAKER C D Breckenridge
(Address) Emmett Idaho

20. FILED 3-9, 1936 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to Mar 1, 1936.
I last saw him alive on Mar 1, 1936.; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria	Feb 29 1936
Following uretal calculus of left ureter & abscess	
Other contributory causes of importance:	
Kidney & ureter	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No Specify .....
(Signed) H Lauritzen, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97737 C

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 78

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Herron Champlin.

(a) Residence. No. 1120. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry. E. Champlin.

6. DATE OF BIRTH (month, day, and year) June. 25. 1875.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60.	9	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Racine Wisconsin.

FATHER

13. NAME John. W. Herron.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Julia. E. Yantz.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT L.D. Raeder.
(Address) 1120. State Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Meridian, Cemetery. Date March. 8 1936.

19. UNDERTAKER Summers Funeral Home.
(Address)

20. FILED 3-7, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 5 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 5, 1936

I last saw her alive on March 5, 1936: death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unknown

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. J. Brundell, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97738

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 77

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Kenneth Wallace

(a) Residence. No. ..... St. Meridian, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 10, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Lewiston Illinois
(State or country)

FATHER

13. NAME Wm Wallace

14. BIRTHPLACE (city or town) Exeter Wisconsin
(State or country)

MOTHER

15. MAIDEN NAME Mayme Simons

16. BIRTHPLACE (city or town) Wapello Iowa
(State or country)

17. INFORMANT Wm Wallace
(Address) Meridan Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Meridian Ida Date Mar 8, 1936

19. UNDERTAKER E W Pohlman
(Address) Meridian Ida

20. FILED 3-6, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936, to 3/5/36, 193..
I last saw him alive on 3/5, 1936: death is said to have occurred on the date stated above, at 6:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ruptured Tuberculous Appendix	2/22/36

Other **contributory causes** of importance:

Name of operation appendectomy Date of 2/29/36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alfred Rudge & Co., M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett
Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97739

Registration District No. 2
Primary Registration District No. 1904
Local Registrar's No. 76
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marguerite Calnon Warren

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

6. If married, widowed or divorced ~~HUSBAND OF~~ (or) WIFE OF Charles S. Warren

6. DATE OF BIRTH (month, day, and year) Oct 13 - 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1 mo.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Neb

FATHER
13. NAME Wm G. Calnon
14. BIRTHPLACE (city or town) (State or country) Galena Ill

MOTHER
15. MAIDEN NAME Ella Mann
16. BIRTHPLACE (city or town) (State or country) Mt Pleasant Iowa

17. INFORMANT Charles L Warren
(Address) Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Cem Date Mar 3, 1936

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED 3-6, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Feb 29, 1936.
I last saw her alive on Feb 29, 1936: death is said to have occurred on the date stated above, at 1 15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism - post operation	2/29/36
Thyrotoxicosis	
Other contributory causes of importance:	
Pregnancy	

Name of operation Thyroidectomy Date of 2/27/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Forbush, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97740

Registration District No. 2

Primary Registration District No. 100 4

Local Registrar's No. 75

MAR 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Luke's

2. FULL NAME Lloyd Everett Taylor

(a) Residence. No. Hammett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME Ben F. Taylor

14. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

MOTHER

15. MAIDEN NAME Fern Allison

16. BIRTHPLACE (city or town) (State or country) Weedsley Kansas

17. INFORMANT (Address) B F Taylor

18. BURIAL, CREMATION OR REMOVAL

Place Canyon Hill Date Feb. 22, 1936

19. UNDERTAKER (Address) C. T. Peckham Caldwell Idaho

20. FILED 3-5, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1936, to 2-18-, 1936

I last saw h- alive on 2-18-, 1936 death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Jan. 29, 36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, Specify

(Signed) Emil E Klaus M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97741

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juan Augustin Yribar

(a) Residence. No. 1501 Hays St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Yribar

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ea.
(State or country) Spain

FATHER
13. NAME Juan Manuel Yribar
14. BIRTHPLACE (city or town) Nachitua
(State or country) Spain

MOTHER
15. MAIDEN NAME Maria Manuela Aldamiz Yribar
16. BIRTHPLACE (city or town) Nachitua
(State or country) Spain

17. INFORMANT Stockal Yribar
(Address) 1501 Hays St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 3/3, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 3-5, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1936, to 2/28, 1936
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phebus	
Pneumonia	2/20-36
Other contributory causes of importance:	
Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. D. Simmons M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97742 ✓

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 73

(No. 1709 North 10th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ned Paul Rowley

(a) Residence. No. 1709 North 10th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hiawatha
(State or country) Utah

FATHER

13. NAME James A. Rowley

14. BIRTHPLACE (city or town) Huntington
(State or country) Utah

MOTHER

15. MAIDEN NAME Cora Smith

16. BIRTHPLACE (city or town) Elsinoa
(State or country) Utah

17. INFORMANT James A. Rowley
(Address) 1709 N. 10th St.

18. BURIAL, CREMATION OR REMOVAL
Place Provo, Utah Date 3-9, 1936

19. UNDERTAKER Summers Funeral Home
(Address) 906 Bannock St Boise, Ida

20. FILED 3-5, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1936, to Mar. 5, 1936

I last saw h~~im~~ alive on Mar. 5, 1936. death is said to have occurred on the date stated above, at 6:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Feb 25 36

Other contributory causes of importance:

Neglect.	

Name of operation None Date of

What test confirmed diagnosis? Clinical There an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harrison Newman M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97743
State File No. ✓

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 72

(No. St. Lukes Hospiatl)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CASSIUS KERR CLARK

(a) Residence. No. 1705 Franklin St. St. Boise
(Usual place of abode)

Length of residence in city or town where death occurred. 32 yrs (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-26-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cadiz Ohio
(State or country)

FATHER

13. NAME Albert Clark

14. BIRTHPLACE (city or town) Cadiz, Ohio
(State or country)

MOTHER

15. MAIDEN NAME Amanda Kerr

16. BIRTHPLACE (city or town) Unionvale Ohio
(State or country)

17. INFORMANT Murry D. Badgley
(Address) 1418 State St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/5/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-2-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 2, 1936
I last saw him alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 29

Other contributory causes of importance:

Hypertension & Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis None there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brigham, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Calloway

PLACE OF DEATH
County of Ada.
City of Boise,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97744

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie May Miller

(a) Residence. No. Rt. 1 Boise Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Miller

6. DATE OF BIRTH (month, day, and year) Oct. 19 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Waterloo Iowa

FATHER

13. NAME Seth McKeen

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Perkins

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Fred Miller
(Address) Boise Rt. 1 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/27, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1936, to 3-24, 1936
I last saw her alive on 3-23, 1936; death is said to have occurred on the date stated above, at 8-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastases to viscera	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) M. Calloway, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ada

City of near Boise Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97745
State File No.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 33

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maud S. Shook

137

(a) Residence. No. R 7 & 3 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. J. Shook

6. DATE OF BIRTH (month, day, and year) March 16 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atwood Kans.

FATHER

13. NAME P. M. Southward

14. BIRTHPLACE (city or town) (State or country) Fremont Ohio

MOTHER

15. MAIDEN NAME Saynthia E. Ritchie

16. BIRTHPLACE (city or town) (State or country) Knoxville Iowa

17. INFORMANT Don Southward
(Address) 2318 State Street

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/25, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Mar 24, 1936

I last saw her alive on Mar 19, 1936: death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gradual Cardiac Degeneration	
Cystitis with Ureteritis	April 1, 1935

Other contributory causes of importance:

Secondary Anaemia	Oct 1 1935
and Bronchitis.	

Name of operation Aspiration Date of Aug 26, 1935

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. First Operation by
Manner of injury Dr James L Stewart.
Nature of injury Boise Idaho

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Breaffan, M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Grandview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97746
State File No.

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 32

(No. Ada County near Grandview)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Locke

(a) Residence. No. St. Grandview Idah

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 23rd 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65 ~~64~~	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rutland
(State or country) Vermont

FATHER

13. NAME Dont Anow

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Jens Jensen
(Address) Grandview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/19, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5-, 1935, to 3-16-, 1936

I last saw h[illegible] alive on 10-5, 1936: death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L Evans M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97747

Registration District No. 2004

MAR 10 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. 86

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Howard Records.

(a) Residence. No. 1117 Fort St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-6-36

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Edward B. Records

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Mary Pearl Cluster

16. BIRTHPLACE (city or town) Boise
(State or country) Idaho

17. INFORMANT Edward Records
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Date 3-7, 1936

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 3-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1936, to 3/7, 1936

I last saw him alive on 3/6, 1936: death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth - 7 months.	
Spontaneous miscarriage	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H W Borland, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97749
State File No.

Registration District No. 8

Primary Registration District No. 2004 Ada County Hospital

Local Registrar's No. 35

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Luther Omundson

(a) Residence. No. Ada Co Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waterloo (State or country) Wisconsin

FATHER

13. NAME Peter A. Omundson

14. BIRTHPLACE (city or town) Farsiend (State or country) Norway

MOTHER

15. MAIDEN NAME Martina H. Turkelson

16. BIRTHPLACE (city or town) Christiansand (State or country) Norway

17. INFORMANT Jessie N. Fullmer (Address) 1112 N. Gower St. Hollywood Calif.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 3/26 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 3-30 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-23 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-3 193 3, to 3-23 193 6

I last saw h/m alive on 3-21 193 6: death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ..... .

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97749

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 35

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Luther Omundson.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	X

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Married.

6. DATE OF BIRTH (month, day, and year) 1853.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Waterloo -
(State or country) Wisconsin

MOTHER'S MAIDEN NAME

13. NAME Peter A. Omundson

14. BIRTHPLACE (city or town) Farsund.
(State or country) Norway

15. MAIDEN NAME Martha H. Turkelson.

16. BIRTHPLACE (city or town) Christiansand
(State or country) Norway

17. INFORMANT Julia N. Fullmer 712 N. Gower St.
(Address) Hollywood Calif.

18. BURIAL, CREMATION OR REMOVAL

Place Boise Date M ....., 1936

19. UNDERTAKER .....
(Address)

20. FILED ~~3-30~~ 4-17, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
.....	
.....	
.....	
.....	
.....	
Other contributory causes of importance:	
.....	
.....	
.....	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97750

PLACE OF DEATH

County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 70

(No. Lt Alphonsus - Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry Carn (CORN) 49

(a) Residence. No. St. Bruneau - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-5-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farm Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Carn.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Edith Martin Bruneau

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Mountain Home Date Feb. 29, 1936

19. UNDERTAKER (Address) Zacher Funeral Home. Mountain Home.

20. FILED 3-2, 1936 R. E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1936, to, 193

I last saw him alive on 2-28, 1936: death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland	
Several years ago.	
began to have urinary	
Obstructions	
Other contributory causes of importance:	
Uremia	2-19-36

Name of operation Prostatectomy Date of 2-17-36

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred A. Pettenger, M. D.

(Address) per Dr. A. P. Hamilton

APR 9 19[illegible]

PLACE OF DEATH

County of Adams

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97751
State File No.

Registration District No. 21

Primary Registration District No. Local Registrar's No. 120

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Mary Fansleuder

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Widowed

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry Fansleuder

6. DATE OF BIRTH (month, day, and year) Oct 23. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) 2-1-36

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Milwaukee Wisconsin
(State or country)

FATHER

13. NAME John Kuyath.

14. BIRTHPLACE (city or town) Bavaria
(State or country)

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Mrs. Fansleuder
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Odd Fellow Cemetery Date 3-11-, 1936

19. UNDERTAKER Rich Funeral Service
(Address)

20. FILED 4-11-, 1936 Glenn D. Thornton M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1935, to 3-8-, 1936.

I last saw h[illegible] alive on 3-5-, 1936; death is said to have occurred on the date stated above, at 5:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonitis c Chronic nephritis	1 yr.
Other **contributory causes** of importance: Cystitis + Myocarditis	2 yrs.

Name of operation 0 Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Glenn D. Thornton, M. D.
(Address) Emmett Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

APR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97752

PLACE OF DEATH
County of Adams
City of Fruitvale

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 126
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac McMAHON

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced. (write the word): Married
5a. If married, widowed or divorced — HUSBAND of (or) ~~WIFE of~~: Lucy E. Barnes.
6. DATE OF BIRTH (month, day, and year): April 24 1859
7. AGE — Years: 76 | Months: 11 | Days: 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Rancher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER/FATHER
13. NAME: Luckenbach
14. BIRTHPLACE (city or town) (State or country): .....

MOTHER
15. MAIDEN NAME: .....
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Peter McMahon Fruitvale

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Tallac Cemetery Date 4/7, 1936.

19. UNDERTAKER (Address): Pete Young

20. FILED 4-5, 1936 Alvin S. Hunter MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/1/1936

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1936, to 4-1, 1936.
I last saw him alive on 3-31, 1936.: death is said to have occurred on the date stated above, at 5.55 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1 yr
Other **contributory causes** of importance:	
Senility	1 yr

Name of operation 0 Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....
(Signed) Alvin S. Hunter MD, M. D.
(Address) Fruitvale Idaho

APR 9 1936 RECEIVED

PLACE OF DEATH

County of Adams

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97753
State File No.

Registration District No. 71

Primary Registration District No. Local Registrar's No. 125

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin LOWE

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	W.	Married

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Carrie M. Lowe

6. DATE OF BIRTH (month, day, and year) May 1. 1863.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ranch

10. Date deceased last worked at this occupation (mo. and yr.) 1-32

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Antioch Ohio

FATHER

13. NAME James Lowe

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy Douglas

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs Carrie M Lowe

18. BURIAL, CREMATION, OR REMOVAL Place Old Fellows Cemetery Date 4/1, 1936

19. UNDERTAKER (Address) Hudelson & Cundy

20. FILED 4-5-, 19.. by Alma Hamilton MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1934., to March 30 1936.

I last saw him alive on 3/23., 1936.; death is said to have occurred on the date stated above, at 3.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Carcinomatosis	1½ yrs
Other **contributory causes** of importance:	
Primary carcinoma of the left Breast	6 yrs

Name of operation Radical left breast Date of 1934

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury.., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Alma Hamilton MD, M. D.
(Address) Emmett

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams

City of Emmett.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97754
State File No.....

Registration District No. 21

Primary Registration District No..... Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Byron Bates

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. ~~Single~~, ~~Married~~, Widowed ~~or~~ Divorced (write the word): Widower

5a. If ~~married~~, widowed, or ~~divorced~~.
HUSBAND of (or) ~~WIFE of~~ Jenny Franke.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 84 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mine.
10. Date deceased last worked at this occupation (mo. and yr.) 1920
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Wilson - Emmett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hunt Creek Cemetery Date 3/26/, 1936

19. UNDERTAKER Family
(Address)

20. FILED 4-5-, 1936 Glenn S. Hunter M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Had seen him this [illegible], 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue and jaw	2 yrs.
Other **contributory causes** of importance:	
Senility	5 yrs.

Name of operation 0 Date of .....

What test confirmed diagnosis? Clinical history Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury.., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) Glenn S. Hunter M. D.
(Address) Emmett Ida.

APR [illegible] RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97755
State File No.....

PLACE OF DEATH

County of Adams

City of Council

Registration District No. 71

Primary Registration District No..... Local Registrar's No. 122

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Frederick Kampfeter

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Kampfeter.

6. DATE OF BIRTH (month, day, and year) July 29th 1858

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	77	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Ranch

10. Date deceased last worked at this occupation (mo. and yr.) 3-[illegible]

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Kampfeter
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Odd Fellows Cemetery Date 3/24/..., 1936.

19. UNDERTAKER Robt Young
(Address)

20. FILED 4-5-..., 1936. Albert Kampfeter M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from July ..., 1934., to March 22 ..., 1936.
I last saw h[illegible] alive on 3/22 ..., 1936.: death is said to have occurred on the date stated above, at 11:50 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	July 1934
Other **contributory causes** of importance:	
Senility	3yrs.

Name of operation 0 Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury.., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify.....
(Signed) Albert Kampfeter M.D.
(Address) Council Ida.

APR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97756

PLACE OF DEATH
County of Adams
City of Meadows

Registration District No. 21
Primary Registration District No. ____ Local Registrar's No. 119

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Anne Andrews

(a) Residence. No. Meadows Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 28 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Billings - Mo

FATHER

13. NAME John McPherson
14. BIRTHPLACE (city or town) (State or country) Billings Montana

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Edna Freeman
(Address) Meadows Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meadows Valley Date 4/8, 1936

19. UNDERTAKER A. D. Holt
(Address) Cascade Ida

20. FILED ____, 193____ ____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 6, 1936
I last saw h.e.r. alive on March 6, 1936: death is said to have occurred on the date stated above, at 9:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1935
Cerebral Hemorrhage	1936

Other contributory causes of importance: None

Name of operation None Date of ____
What test confirmed diagnosis? None Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Mark B. McPherson M. D.
(Address) McCall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97757

PLACE OF DEATH

County of Adams
City of New Meadows.

Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 104A
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence V. Ausmire. 10

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of J. N. Ausmire.

6. DATE OF BIRTH (month, day, and year) July 11 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 3 26 | 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Pennsylvania Europe

FATHER

13. NAME Wm. I. Crick.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Nancy Kelhart

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. J. N. Ausmire New Meadows
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER Robb. Cascade
(Address)

20. FILED ....., 193... Alvis D. Hunter M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1 ....., 1936.., to 3/23 ....., 1936.
I last saw h. alive on 3/19 ....., 1936.: death is said to have occurred on the date stated above, at 5:50 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Progressive Myelo-encephalalgia	3 mos.
Other **contributory causes** of importance:	
9 Minute Intestinal Lumbago	8 yrs
pneumonia, spread end	

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....
(Signed) Alvis D. Hunter M.D., M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 8 1936 RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97758

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Thomas Benson

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) March 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Soda Springs (State or country) Idaho

FATHER

13. NAME James Benson

14. BIRTHPLACE (city or town) Newton (State or country) Utah

MOTHER

15. MAIDEN NAME Venice Lostbaker

16. BIRTHPLACE (city or town) Bear Lake (State or country) Idaho

17. INFORMANT James Benson (Address)

18. BURIAL, CREMATION OR REMOVAL Place Pocatello Cemetery Date March 13, 1936

19. UNDERTAKER None (Address)

20. FILED 3-31, 1936. Mrs. G G Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 12, 1936

I last saw her alive on March 12 1936: death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Collapse	March 12
Other contributory causes of importance:	
Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E S Lovell M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Grace

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97759

Registration District No. 84
Primary Registration District No. 216 Local Registrar's No. 3
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Isabelle Pack

(a) Residence. No. Grace, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Horace A. Pack

6. DATE OF BIRTH (month, day, and year): November 27, 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At-Home
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Portage, Utah.

FATHER

13. NAME: John Williams
14. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

MOTHER

15. MAIDEN NAME: Margaret Green
16. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

17. INFORMANT (Address): Horace A. Pack, Grace, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Grace, Idaho. Date: Mar. 4, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Mar. 31 1936. Mrs. G G Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to March 1, 1936.
I last saw her alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 12:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following chronic tonsilitis	Dec 5, 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) E. S. [redacted] M. D.
(Address) [redacted] Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97760

APR 8 1936 RECEIVED

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 2

(No. 1610 N)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Ralph Reed

(a) Residence. No. Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Bert Reed

14. BIRTHPLACE (city or town) (State or country) Spencerville Oklahoma

MOTHER

15. MAIDEN NAME Phyllis Weeks

16. BIRTHPLACE (city or town) (State or country) Bonnieville Utah

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boise Cemetery Date Feb, 1936

19. UNDERTAKER None
(Address)

20. FILED Mar 31, 1936 Mrs. J. G. Fest Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to Feb 18, 1936.
I last saw him alive on Feb 17, 1936: death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. S. Bowen M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97761

APR 6 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 628

(No. Pocatello, General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Theo Ralph Bennett

(a) Residence. No. Virginia, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1922.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia, Idaho.

MOTHER FATHER
13. NAME Ralph E. Bennett
14. BIRTHPLACE (city or town) (State or country) Kaysville, Utah.

MOTHER
15. MAIDEN NAME Grace Richardson
16. BIRTHPLACE (city or town) (State or country) Moreland, Idaho.

17. INFORMANT (Address) Ralph E. Bennett Virginia, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Idaho Date Mar. 20, 1936.

19. UNDERTAKER (Address) Arthur W. Hall Pocatello, Idaho.

20. FILED Mar. 20, 1936 L. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar-16-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar-16-, 1936, to Mar-16-, 1936
I last saw him alive on Mar-16-, 1936: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injury with haemorrhage from ear.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-16-1936
Where did injury occur? Virginia Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. State Highway
Manner of injury Fell by Automobile
Nature of injury Head & Body injuries

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Compensation from
(Signed) D. Hawkins, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97762

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 629

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Philomon Watlington

(a) Residence. No. 520 South Fourth Ave. St. Pocatello, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Harriet Walker

6. DATE OF BIRTH (month, day, and year) October 4, 1879.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Leonidas L. Watlington

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Jane Harriet Christman

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Alvin Watlington

(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello, Idaho Date Mar. 21, 1936

19. UNDERTAKER Arthur W. Hall

(Address) Pocatello, Idaho

20. FILED Mar 20, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ..... 193...

I last saw h[illegible] alive on about Feb 1, 1936: death is said to have occurred on the date stated above, at about 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
from gas in car	
Auto-mobile in Closed garage	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? x Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..... 193...

Where did injury occur? in his garage

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. At home in his garage

Manner of injury asphyxiation by carbon monoxide

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) [illegible], M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97763

APR 9 1936 RECEIVED
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 626

(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Joan Reed

(a) Residence. No. 416 North Fourth Ave. Pocatello, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10:00

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29, 1933.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Frank Reed

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Myrtle Kimbell

16. BIRTHPLACE (city or town) (State or country) Pocatello, Ida.

17. INFORMANT Myrtle Kimbell Reed
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Mar. 22., 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Mar. 18, 1936. D. McKay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to Mar 16, 1936
I last saw her alive on Mar, 1936: death is said to have occurred on the date stated above, at 12 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar	
Other contributory causes of importance: None	

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. H. Lyon, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97764
State File No.

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 625

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Alice Bills

(a) Residence. No. 1046 East Lander St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Marcellus Bills

6. DATE OF BIRTH (month, day, and year): June 22, 1898.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spanish Fork, Utah.

FATHER

13. NAME: Samuel Rife

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Alice Howard

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Marcellus Bills
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City, Date Mar. 17, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED Mar. 16, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 14, 1936
I last saw her alive on March 14, 1936: death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarletina Maligna	Mar. 7, 1936
Other contributory causes of importance:	
Myocarditis	Mar. 10, 1936

Name of operation ---- clinical Date of ----
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) William F. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37765

APR 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 624
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry J. Peterson

(a) Residence. No. (Usual place of abode) R.R. 1 St.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneska Minn
(State or country)

FATHER
13. NAME John Peterson
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Sophia Johnson
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Walter A Peterson
(Address) Durango, Colo.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Mar. 17, 1936

19. UNDERTAKER Iwasaki's Funeral Home
(Address) Pocatello Idaho

20. FILED 3/16/, 1936 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935, to Mar 12, 1936
I last saw him alive on Mar 12, 1936: death is said to have occurred on the date stated above, at 3.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	1 year
Other contributory causes of importance:	
La Grippe	3 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Kay M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 9 1936 RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97766

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 623

(No. Lynn Bros. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Carrie Bartle De Giulio

(a) Residence. No. ~~Lynn Bros. Hospital.~~ St. Pingree Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write, the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Married.

6. DATE OF BIRTH (month, day, and year) Feb. 4 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56.	I.	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME Peter Perue.

14. BIRTHPLACE (city or town) New York State
(State or country)

MOTHER

15. MAIDEN NAME Orphy Perue.

16. BIRTHPLACE (city or town) New York State
(State or country)

17. INFORMANT Agusta De Giulio.
(Address)

18. BURIAL, CREMATION OR REMOVAL Mar.
Place Laramie, Wyo. Date Mar. 11, 1936.

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED Mar. 10, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7., 1936, to March. 10., 1936.
I last saw her alive on March. 10. 1936.: death is said to have occurred on the date stated above, at 9.30.A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar.	
Other contributory causes of importance: Greatly Dilated Heart.	

Name of operation None. Date of No.
What test confirmed diagnosis? Ex Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following: No.
Accident, suicide, or homicide? No. Date of injury None.
Where did injury occur? None.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None.
Manner of injury None.
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify None.

(Signed) J. F. Lynn, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97767

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 622
(No. 415 So. 9th ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isham Lee Brown Carter

(a) Residence. No. 415 So. 9th ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Cauc	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Edna Carter

6. DATE OF BIRTH (month, day, and year) March 29 — 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.P.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown Penn —

FATHER
13. NAME William Carter
14. BIRTHPLACE (city or town) (State or country) Unknown Penn —

MOTHER
15. MAIDEN NAME Alice Humphreys
16. BIRTHPLACE (city or town) (State or country) Unknown Penn —

17. INFORMANT (Address) Edna Carter Pocatello, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Pocatello, Ida. Date Mar. 12 1936

19. UNDERTAKER (Address) L. L. McTavish Pocatello Idaho

20. FILED Mar. 9, 1936 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ~~(month, day and year)~~ March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1936, to Mar 8, 1936
I last saw h.i.m alive on Mar 6, 1936.: death is said to have occurred on the date stated above, at 1250 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Hypertensive Heart disease	1932
Other contributory causes of importance: Coronary Occlusion	Mar 8, '36

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) R. P. Howard M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

APR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97768

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 621

(No. 170½ So. Hayes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Moren Olsen

(a) Residence. No. 170½ So. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Cauc	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Olsen

6. DATE OF BIRTH (month, day and year) April 29 - 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Esther E. Olsen Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Mar 12 1936

19. UNDERTAKER W. L. McClain
(Address) Pocatello Ida

20. FILED Mar 9, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Mar 8, 1936.
I last saw her alive on Mar 8, 1936: death is said to have occurred on the date stated above, at 2.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 1 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Smithers M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97769
State File No.

APR 9 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2167 Local Registrar's No. 620

(No. 842 West Lander)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Francis Lindell

(a) Residence. No. 842 West Lander St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Caucasian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME Frank Lindell

14. BIRTHPLACE (city or town) (State or country) Unknown Sweden

MOTHER

15. MAIDEN NAME Helena Peterson

16. BIRTHPLACE (city or town) (State or country) Unknown Sweden

17. INFORMANT M. Keeney (Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Ida. Date Mar. 9, 1936

19. UNDERTAKER H. L. McHan (Address) Pocatello Idaho

20. FILED Mar. 9, 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1936, to 3-8, 1936

I last saw h[illegible] alive on 3-8, 1936: death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Scarlet fever	
2. Arthritis	
3. Peri and endocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.

(Address) Pocatello

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97770
State File No.

Registration District No. 28

APR 5 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 619

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number) 44

2. FULL NAME John William Dixie

(a) Residence. No. Shoshone, Idaho St. General Hospital
(Usual place of abode) Shoshone (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gladys Dixie

6. DATE OF BIRTH (month, day, and year) May 9, 1890

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
45	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Section Hand.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 2 1936

11. Total time (years) spent in this occupation 17 years.

12. BIRTHPLACE (city or town) (State or country) Dry Creek Idaho.

FATHER

13. NAME John Dixie

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Jane Peck

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Gladys Dixie
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 3-11, 1936

19. UNDERTAKER A. E. Thompson
(Address) Pocatello Idaho

20. FILED 3/17/1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to 3-8, 1936.

I last saw him alive on 3-8, 1936.: death is said to have occurred on the date stated above, at 10.45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Stomach	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97771

APR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 618

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Ann Edwards

(a) Residence. No. 454 South Ninth St. Poc., Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Wife~~ Widow of David Edwards

6. DATE OF BIRTH (month, day, and year) June 10, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~House-Wife~~ HOUSEKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paragonah, Utah.

FATHER

13. NAME Joseph P. Barton

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Eliza Anderson

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Jay Edwards
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 3/10/36, 193..

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar 9, 1936 D. Okay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Mar 8, 1936
I last saw h~~er~~ alive on Mar 8, 1936: death is said to have occurred on the date stated above, at 10 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stroke	
Other contributory causes of importance:	
Stroke	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. W. Hall M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37772

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 617

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Rule

(a) Residence. No. 1322 South Fourth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 11, 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Harry Rule

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. A. Metzger
(Address) Minneapolis, Minn.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Mar. 11, 1936

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED Mar 10, 1936 J. C. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocarditis	
Senility	
Had been sick for one year.	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97773

APR 6 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 616

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME William Phelps Fifield

(a) Residence. No. Rockland, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Amoretta Allen

6. DATE OF BIRTH (month, day, and year): April 10, 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shop - Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weston, Idaho.

FATHER

13. NAME: Mathew Phelps Fifield

14. BIRTHPLACE (city or town) (State or country): Vermont.

MOTHER

15. MAIDEN NAME: Rebecca Ann Hoops

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): Mrs. William P. Phelps, Rockland, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Rockland, Idaho. Date: Mar. 8, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Mar. 6, 1936. D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936, to May 5, 1936
I last saw him alive on Mar 5, 1936: death is said to have occurred on the date stated above, at 5-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe Pneumonia	2-25-36

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Watkins, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello.

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 615

DO NOT WRITE IN THIS SPACE
State File No. 97774

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Simmons

(a) Residence. No. 1150 No. Harrison St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1908.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rip - Track
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. S. L. R. R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portneuf, Idaho.

FATHER
13. NAME John Simmons
14. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah.

MOTHER
15. MAIDEN NAME Lottie Kellow
16. BIRTHPLACE (city or town) (State or country) Bingham Canyon, Utah.

17. INFORMANT Mrs. Lottie Hill
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Mar. 8, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Mar. 9, 1936. D. E. Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1936, to Mar 5, 1936
I last saw him alive on Mar 5, 1936: death is said to have occurred on the date stated above, at 11 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart.	Mar 5 1936
Other contributory causes of importance: Chronic myocarditis	Feb 1 1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Kroeker, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97775
State File No.

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 614
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia K. Haney

(a) Residence. No. 847 South Third Ave. St. Poca., Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of William C. Haney

6. DATE OF BIRTH (month, day, and year): April 1, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina.

FATHER
13. NAME: William Harvey
14. BIRTHPLACE (city or town) (State or country): South Carolina.

MOTHER
15. MAIDEN NAME: Amanda Martin
16. BIRTHPLACE (city or town) (State or country): South Carolina.

17. INFORMANT: A. J. Haney
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: Mar. 8, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Mar. 7, 1936. D C Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Mar. 5, 1936
I last saw her alive on Mar. 4, 1936: death is said to have occurred on the date stated above, at 7.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. endocarditis	many years
Chr. myocarditis	many yrs.
Other contributory causes of importance:	
Toxic goitre	many years.

Name of operation: Date of:
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97776

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 613

APR 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Salvatore Monte

(a) Residence. No. 334 N. Pocatello Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R. R. Repair
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. James C. Grass (Address) Tyhee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Mar. 7, 1936

19. UNDERTAKER Dawnard's Funeral Home (Address) Pocatello, Idaho

20. FILED ....., 193..... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to Mar 4, 1936.
Last saw h.. alive on Mar 4, 1936: death is said to have occurred on the date stated above, at 11 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Mitral Insufficiency	
Kidney Chronic	
nephritis.	
Other contributory causes of importance:	
General	
debility.	

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) W. Lynn, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97777
State File No.

APR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 612

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Abel John Pierce

(a) Residence. No. Elks Club St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Pierce

6. DATE OF BIRTH (month, day, and year): August 2, 1859

7. AGE: Years 77 | Months 7 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: Royal Pierce
14. BIRTHPLACE (city or town) (State or country): New Hampshire

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): New Hampshire

17. INFORMANT (Address): Louis Pierce Los Angeles Calif

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Portland Date Mar. 8, 1936

19. UNDERTAKER (Address): H. L. McHan Pocatello Idaho

20. FILED Mar 5, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1935, to 3-3, 1936.

I last saw h[illegible] alive on 3-3, 1936.: death is said to have occurred on the date stated above, at 11:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Hyperemia	

Other contributory causes of importance:

Name of operation Gastrostomy Date of 2-29-36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97778
State File No.

Registration District No. 28
MAR 9 1936 RECEIVED
Registration District No. 2161
Local Registrar's No. 611
(No. Pocatello Gen. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME O. L. Easterday

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. transient
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT General Hosp.
(Address) Pocatello Ida.

18. BURIAL, CREMATION OR REMOVAL burial
Place Mt. View Cem. Date Mch. 4, 1936

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Ida.

20. FILED 3/4/, 1936 D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1936, to Mar. 3, 1936.
I last saw h[illegible] alive on Mar. 2, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of chest - fracture of arm - and gun shot wound of penis	Feb. 23, 1936
Other contributory causes of importance:	
acute nephritis	unknown
alcoholism	years.

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Kingsbury M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97779

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 610

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie Matilda West Bevan

(a) Residence. No. 160 South Idaho St. Poca., Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of John F. Bevan

6. DATE OF BIRTH (month, day, and year): Febuary 13, 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Ogden, Utah.

FATHER

13. NAME: George Mower

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Emma Elizabeth Bidwell

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Boyd A. Bevan
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: American Falls, Ida. Date: Mar. 5., 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Mar. 3, 1936. D. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 1, 1936
I last saw h-- alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 2:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Senility	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. E. Brown, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97780

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 627

MAR 28 1936 RECEIVED

(Or) Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aaron Benjamin Cherry

(a) Residence. No. 436 North Eighth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Charlotte Hemming

6. DATE OF BIRTH (month, day, and year): Febuary 20, 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Centerville, Utah.

FATHER

13. NAME: John J. Cherry
14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER

15. MAIDEN NAME: Laura Bretton
16. BIRTHPLACE (city or town) (State or country): Pennsylvania.

17. INFORMANT: Mrs. Aaron B. Cherry
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Rexburg, Idaho. Date: Mar. 20., 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: Mar. 18, 1936. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1936, to Mar. 17, 1936,
I last saw him alive on Mar. 16, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Several years,
Myocarditis	Several years.
Other contributory causes of importance:	
Bronchial Asthma	Several years.

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Hartshorn, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97781

APR 9 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 635

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Ammon Boyatt

(a) Residence. No. 635 East Halliday St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello. Idaho.

FATHER

13. NAME William Boyatt

14. BIRTHPLACE (city or town) (State or country) Ewing. Indiana.

MOTHER

15. MAIDEN NAME Grace Satterfield

16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

17. INFORMANT Mrs A. Y. Satterfield
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello. Idal Date Mar 28, 1936.

19. UNDERTAKER Arthur W. Halll
(Address) Pocatello Idaho.

20. FILED Mar. 28 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 27 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to Mch 27, 1936
I last saw him alive on Mch 26 1936; death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (28 wks gest)	Mch 20
Other contributory causes of importance: Pyloric Obstruction	Congenital

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) William J Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
28

DO NOT WRITE IN THIS SPACE
State File No. 97782

APR 9 1936 RECEIVED

Registration District No.
Local Registration District No. 2161 Local Registrar's No. 632
(No. St. Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 162

2. FULL NAME Elnora Vaught

(a) Residence. No. St. Mackay Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Mch - 22 - 36

7. AGE Years	Months	Days	If LESS than 1 day 22 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Milford J. Vaught
14. BIRTHPLACE (city or town) (State or country) Mackay Idaho

MOTHER
15. MAIDEN NAME Agnes Bronstetter
16. BIRTHPLACE (city or town) (State or country) Mackay

17. INFORMANT Father
(Address) Mackay

18. BURIAL, CREMATION OR REMOVAL
Place Mackay Date Mch - 24 1936

19. UNDERTAKER Byron Blaymore
(Address) Pocatello Ray

20. FILED 3/23/ 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mch 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1936, to Mar 23, 1936
I last saw her alive on Mar 22, 1936: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	March 22
Other contributory causes of importance: Hemorrhagic disease of new born	March 22

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193..
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A C McDougall, M. D.
(Address) Pocatello, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

APR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28

Registration District No.
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 97783

Local Registrar's No. 638

(No. Dearborn Hotel 123 South 2nd. Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME Seym Henrie

(a) Residence. No. Dearborn Hotel, Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 4, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. On - Releif

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milville, Utah.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Releif Head-Quarters Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Apr. 2, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Apr. 1, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 27, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Jan. 10, 1936. I last saw him alive on Jan. 10, 1936.; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several yrs.
Chronic pleurisy	Several yrs.

Other contributory causes of importance:

Pulmonary hemorrhage?	Unknown,

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Hoagland M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 97784

Local Registrar's No. 637

(No. 441 N. Garfield)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Delia Porter

(a) Residence. No. 441 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ira D. Porter

6. DATE OF BIRTH (month, day, and year) September 10 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Daisy Powers
(Address) 441 N. Garfield Pocatello

18. BURIAL, CREMATION OR REMOVAL burial
Place Mountainview Cem. Date Mch. 29, 1936

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 3/28/, 1936 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1936, to Mar 27, 1936
I last saw h.. alive on Mar 26, 1936; death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Graves, M. D.
(Address) Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97786
State File No.....

Registration District No. 28

APR 6 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 633

(No. St. Anthony's Mercy Hosp.) Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto E. Jasman

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8615

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 26th 1915
7. AGE: Years 20 | Months 8 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1st 36
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): S.D.

FATHER
13. NAME: Henry Jasman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Marry Kump
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): O. F. Jasman, American Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Am. Falls, Idaho Date Mar. 25, 1936
19. UNDERTAKER (Address): American Falls, Idaho
20. FILED 3/23/36 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-23 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 193.6., to March 23 193.6.
I last saw him alive on March 22 193.3: death is said to have occurred on the date stated above, at 5:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Septicemia	
Other **contributory causes** of importance:	
Acute Mastoiditis	
Labial Sinus Thrombosis	

Name of operation. Mastoidectomy Date of Feb 25-36
What test confirmed diagnosis? Cx Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) O. F. Jasman, M. D.
(Address) 305 Carlson Bldg. Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97787

Registration District No. 20
Primary Registration District No. 2161 Local Registrar's No. 631
APR 1936 REGISTERED
1. (No.) 953 West Lander
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonie Ann Dine

(a) Residence. No. 953 West Lander St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe.	Cauc	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harvey N. Dine, Sr

6. DATE OF BIRTH (month, day and year) July 18 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pitkin
(State or country) Colorado

FATHER
13. NAME James Brown
14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER
15. MAIDEN NAME Bertha Bechtel
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Harvey N. Dine Sr
(Address) 953 West Lander

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date 3-25, 1936

19. UNDERTAKER A. L. McNair
(Address) Pocatello, Ida.

20. FILED 3/23/1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1936, to Mar 22, 1936
I last saw her alive on Mar 22, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	5 yr.
Cerebral Hemmorrhage	Mar 21

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. P. Howard M. D.
(Address) Pocatello, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97788

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 630

APR 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Pocatello General Hospital)

153

2. FULL NAME Reed T. Coffin

(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 16, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. C. Penney Store
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Downey
(State or country) Idaho.

FATHER
13. NAME Clarence Coffin
14. BIRTHPLACE (city or town) Marsh Center,
(State or country) ~~Idaho.~~

MOTHER
15. MAIDEN NAME Sadonia Thompson
16. BIRTHPLACE (city or town) Downey.
(State or country) Idaho.

17. INFORMANT Clarence Coffin
(Address) Arimo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arimo, Idaho. Date Mar. 22, 1936

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Mar. 20, 1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17-36, 1936, to 3-19, 1936
I last saw him alive on 3-19, 1936: death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	3-10-36
General Depression	3-13-36
Other contributory causes of importance:	
Bail on Face	3-5-36

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No
(Signed) Clifford M. D.
(Address) 202 Carson Bldg Pocatello

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37789

PLACE OF DEATH
County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 8

(No. 8)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl A West

(a) Residence. No. ..... St. Montpelier Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Jeanne Christensen

6. DATE OF BIRTH (month, day, and year) Jan 23 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	0	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** R.R. Conductor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Railroad Laborer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mercer (State or country) Indiana

FATHER
13. NAME Osmond West
14. BIRTHPLACE (city or town) ..... (State or country) Indiana

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Jas E. G. West (Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Date Feb 10 1936

19. UNDERTAKER W. D. Williams (Address) Montpelier Idaho

20. FILED Feb 9 1936 A. N. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Feb 7, 1936.
I last saw h— alive on Feb 6, 1936: death is said to have occurred on the date stated above, at 1 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following;
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L. P. Gaeslyn M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97790

PLACE OF DEATH
County of Bear Lake
City of Ovid, Idaho

Registration District No. 5
Primary Registration District No. 2136
Local Registrar's No. 1002

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Casty Peterson

(a) Residence. No. ..... St. Ovid, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thos. C. Peterson

6. DATE OF BIRTH (month, day, and year) June 1, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Henry Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Selma Peterson Ovid, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Ovid Idaho Date Mar 11th, 1936

19. UNDERTAKER Oliver Peterson Bradley
(Address) Ovid Idaho

20. FILED Mar 8, 1936 N. Riley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, to March 8, 1936
I last saw her alive on March 8, 1936; death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-15-36
(Bronchial Trauma)	

Other contributory causes of importance:

Age. (86)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lee Ashley, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mar 30 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97791
State File No.....

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Weyer

(a) Residence. No. ..... St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 5 1853

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER FATHER

13. NAME: Johannes N Weyer
14. BIRTHPLACE (city or town) (State or country): Switzerland
15. MAIDEN NAME: Susanna Weyss
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Susanna N Weyer Geneva Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Idaho Date: Jan 18, 1936

19. UNDERTAKER (Address): F D Williams Montpelier Idaho

20. FILED Jan 16 1936 W N Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10 A. ..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died without medical attention with informer due to oldage	
Cause of Death Unknown (Coroners Case)	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F D Williams Coroner
(Address) Montpelier Idaho

5

MAR 28 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97792
State File No.....

PLACE OF DEATH

County of Bear Lake
City of Montpelier
Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No. 1187
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Dutton Humphreys

(a) Residence. No. ..... St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elt Humphreys
6. DATE OF BIRTH (month, day, and year): about 16 - 1898
7. AGE: Years: 37 | Months: 8 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pleasant Green Utah

FATHER
13. NAME: Richard Dutton
14. BIRTHPLACE (city or town) (State or country): Devon England

MOTHER
15. MAIDEN NAME: Elizabeth Tuck
16. BIRTHPLACE (city or town) (State or country): St. Agnes Cornwall England

17. INFORMANT (Address): Mrs. Elt Humphreys Montpelier Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Parris Cache Co. Date: Jan. 17, 1936

19. UNDERTAKER (Address): Jim Hall Montpelier Idaho

20. FILED Jan. 18, 1936 N. K. Lewis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Jan. 15, 1936
I last saw her alive on Jan. 15 1936: death is said to have occurred on the date stated above, at 9:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Peritonitis	
from Intestinal	
Paralysis	

Other **contributory causes** of importance:

Pernicious Vomiting three months duration of Pregnancy	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Montpelier Idaho

A

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97793

PLACE OF DEATH

County of Bear Lake

City of Montpelier

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Charles Brundy

(a) Residence. No. ..... St. Border Wyo
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan 9- 1919

7. AGE: Years 17 | Months — | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Decatur Illinois

FATHER

13. NAME: Homer C. Brundy

14. BIRTHPLACE (city or town) (State or country): Decatur Illinois

MOTHER

15. MAIDEN NAME: Eleanor Gleason

16. BIRTHPLACE (city or town) (State or country): Bridgewater Co. Eng.

17. INFORMANT (Address): Homer C. Brundy Border Wyo

18. BURIAL, CREMATION, OR REMOVAL. Place: Montpelier Cem. Jan 31 1936

19. UNDERTAKER (Address): Funeral Parlor Montpelier Idaho

20. FILED Feb 1st 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to Jan 29, 1936.

I last saw h... alive on Jan 27, 193...: death is said to have occurred on the date stated above, at 7.4...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	
(b) (Hypostatic Pneumonia)	

Other **contributory causes** of importance:

Burns
(Severe Burns)

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury Home Alone

Nature of injury Severe Burns

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Carl V. Gubler M. D.

(Address) Montpelier Ida

MAR 26 1936 RECEIVED

PLACE OF DEATH

County of Bear Lake

City of ~~Montpelier~~ Dingle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97794
State File No.....

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No.....

(No. 8)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sterling Frank Cook

(a) Residence. No.....St. Dingle Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nell Redd

6. DATE OF BIRTH (month, day, and year) Nov 8 1893

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
42	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) Dingle Idaho
(State or country)

MOTHER

13. NAME Elizabeth Yate

14. BIRTHPLACE (city or town) Lehi
(State or country) Utah

FATHER

15. NAME George Henry Cook

16. BIRTHPLACE (city or town) Cedar Fork
(State or country) Utah

17. INFORMANT Mrs. S. F. Cook
(Address) Dingle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Jan. 8., 1936

19. UNDERTAKER J. A. Wilkinson
(Address) Montpelier Idaho

20. FILED Jan 7th 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 ....., 1935., to Jan 5 ....., 193..

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:10 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Scarlet Fever	
Complications	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) [illegible], M. D.

(Address) Montpelier Idaho

Dec

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAIL [illegible]

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97795
State File No.

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No. 4

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME May B. Johnson

(a) Residence. No. St. Georgetown Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 11 1926
7. AGE: Years 9 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

MOTHER/FATHER
13. NAME: Bertell Johnson
14. BIRTHPLACE (city or town) (State or country): Ga Idaho
15. MAIDEN NAME: Edna Smart
16. BIRTHPLACE (city or town) (State or country): Georgetown Idaho

17. INFORMANT (Address): Bertell Johnson Georgetown Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Georgetown Idaho Date: Jan. 6, 1926
19. UNDERTAKER (Address): F. M. Williams Montpelier Idaho
20. FILED Jan. 5, 1926. W. W. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 3 1926

22. I HEREBY CERTIFY, That I attended deceased from Dec. ..., 193..., to Jan 3 ..., 193...
I last saw h...alive on ..., 193...; death is said to have occurred on the date stated above, at 2. P. ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carlet Fever	

Other **contributory causes** of importance:

Pneumonia
Bron Appendicitis

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo V. Cahill, M. D.
(Address) Montpelier Idaho

MAR 2 1936

PLACE OF DEATH

County of Bear Lake

City of Ovid

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97797
State File No.....

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orson Hyrum Olsen

(a) Residence. No. ..... St. Ovid, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Selnora Van Noy.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
53 -	7 -	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ovid Idaho.
(State or country)

FATHER

13. NAME Christian Olsen

14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Emma Sophia Lindberg

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Mrs. Orson Hyrum Olsen
(Address) Ovid Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Ovid Idaho Date Feb 28, 1936

19. UNDERTAKER F. M. Williams
(Address) Montpelier Idaho

20. FILED Feb 28 1936 N. N. Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193.... death is said to have occurred on the date stated above, at about 6:15 P.m.

The **principal cause of death** and related causes of importance were as follows: (Autopsy)

	Date of onset
Was found dead in Chicken Coop 20	
about 12:30 P.M. Feb 25. Went to bed	
Night at 6 P.M. death was apparently	
due to Cerebral Hemmorhage	
No inquest necessary.	

Other **contributory causes** of importance:

(Coroners Certificate)

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 11 1936 RECEIVED

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97799

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 8

(No. Canyon St (2nd ward))
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Byer Lewis Grandy

(a) Residence. No. Canyon St. St. Paris Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Grandy

6. DATE OF BIRTH (month, day, and year) 9/11/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Smoot Wyo

FATHER

13. NAME Joel Alonzo Jenkins

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Lucy W. Livingston

16. BIRTHPLACE (city or town) (State or country) Marysvale Utah

17. INFORMENT (Address) Henry C. Grandy Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Paris Ida. Date Mar 29 1936

19. UNDERTAKER None
(Address)

20. FILED Apr. 3, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from December 1 1935, to March 27, 1936.
I last saw her alive on March 26, 1936: death is said to have occurred on the date stated above, at 8:30 A.m. (3-27-36)
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Anemia	
Cachexia	

Name of operation None Date of ____
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193.
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Spencer Riley, M. D.
(Address) Paris Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 11 1936 RECEIVED

PLACE OF DEATH

County of Bear Lake

City of Bloomington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
97800
State File No.

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Otto Christensen

(a) Residence. No. Bloomington Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Ann Christensen

6. DATE OF BIRTH (month, day, and year) Jan 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Jacob Christensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary T Myers

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Lula Parker Bloomington Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Date Apr 3, 1936

19. UNDERTAKER Delorme Nelson
(Address) Bloomington Idaho

20. FILED Apr 3, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1936, to Mar 31, 1936

I last saw him alive on Mar 30, 1936: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular	Sept
Renal Disease	Known

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C O Swoop, M.D.

(Address) Paris Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97801

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No. ..... Local Registrar's No. 7

RECEIVED DEC 11 1936

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Raymond M. Budge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 18, 1898
7. AGE: Years 37 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: Farm & Rancher.
10. Date deceased last worked at this occupation (month and year): Oct. 1935
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Paris Idaho

FATHER
13. NAME: Arthur Budge.
14. BIRTHPLACE (city or town) (State or country): Farmington Utah

MOTHER
15. MAIDEN NAME: Ramsie Morgan
16. BIRTHPLACE (city or town) (State or country): Rockmont Georgia

17. INFORMENT (Address): Mrs. Arthur Budge Paris Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Paris Idaho Date: Mar 10, 1936
19. UNDERTAKER: R. M. Williams (Address): Montpelier Ida.
20. FILED Dec. 3, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 7 1936.
22. I HEREBY CERTIFY, that I attended deceased from Oct. 5, 1935, to March 7, 1936
I last saw him alive on Mar 7, 1936; death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal Disease.	Unknown
Other contributory causes of importance:	

Name of operation: None. Date of:
What test confirmed diagnosis? Was there an autopsy?
Arterial Hypertension, Arteriosclerosis, Cardiac Dilatation, Hypertrophy, Nephritis

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Spencer H. Lyon, M. D.
(Address) Paris Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 0 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97803

PLACE OF DEATH

County of Bennock
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 17

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred J. Courtemanche

(a) Residence. No. Every Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): May 16 - 1859
7. AGE: Years 76 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Janitor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: school
10. Date deceased last worked at this occupation (mo. and yr.): May 1936
11. Total time (years) spent in this occupation: 7p

12. BIRTHPLACE (city or town) (State or country): Quebec Canada

FATHER
13. NAME: ✓
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): M. H. Donovan St. Maries Ida.

18. BURIAL, CREMATION OR REMOVAL
Burial Place St. Maries Date Apr. 1, 1936

19. UNDERTAKER (Address): Siegrist Funeral Home St. Maries Idaho

20. FILED Apr. 9, 1936. Walter Loberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/23/36, 193..., to 3/28/36, 193...
I last saw him alive on 3/28/36, 193...: death is said to have occurred on the date stated above, at 4:25 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Uremia	3/26/36
Other **contributory causes** of importance:	
Senility, Hypertrophied	
Prostate, infection of urinary tract following catheterization	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) St. Maries, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH APR 1 0 1936

County of Benewah

City of St. Maries

Alder Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 16

DO NOT WRITE IN THIS SPACE

State File No. 97804

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Schroeder

(a) Residence. No. ..... St. Alder Creek

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24, 1864

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	71	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Fredrick Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Clara Schroeder Moscow Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Masonic Idaho Date Apr. 1, 1936

19. UNDERTAKER Joyce-Anderson (Address) Moscow Ida.

20. FILED Apr. 9, 1936. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193....

I last saw h... alive on ←, 193...; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blows & exposure	
Other **contributory causes** of importance:	

Name of operation ← Date of ←

What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 3/27/1936
Where did injury occur? Farm - St. Maries - Benewah Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury. struck by some person
Nature of injury. bruises & contusions

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify. .....

(Signed) C. E. Lapesh - Coroner

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bennock
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97805
State File No.

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis George Miller

(a) Residence. No. Carroll Hughes & 7th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Mae Miller

6. DATE OF BIRTH (month, day, and year): June 7 - [illegible] 1892

7. AGE: Years 43 | Months 9 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millwright
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Saw mill
10. Date deceased last worked at this occupation (mo. and yr.): Mch. 1936
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Guttenberg Iowa

FATHER
13. NAME: A. Miller
14. BIRTHPLACE (city or town) (State or country): Clayton Co. Iowa

MOTHER
15. MAIDEN NAME: Sara Wolf
16. BIRTHPLACE (city or town) (State or country): Clayton Co. Iowa

17. INFORMANT (Address): Mrs. Nellie Miller St. Maries Ida

18. BURIAL, CREMATION OR REMOVAL
Place: St. Maries Ida. Date: 3/29, 1936

19. UNDERTAKER (Address): Stovall Funeral Home St. Maries Idaho

20. FILED Apr. 9, 1936. Walter Dobberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/26/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3/16/36, 193..., to 3/26/36, 193...
I last saw him alive on 3/26/36, 193...: death is said to have occurred on the date stated above, at 7. A...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/16/36
Other **contributory causes** of importance:	
Influenza	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) D. Stovall, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 10 1936

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97806
State File No.

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alexander Mac Millan Barron

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Hannibal Mo.
(State or country)

FATHER

13. NAME John W. Barron

14. BIRTHPLACE (city or town) Fayette Mo.
(State or country)

MOTHER

15. MAIDEN NAME Ann Knox

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMENT Jno. A. Barron
(Address) Harrison Ida

18. BURIAL, CREMATION, OR REMOVAL Wash
Place Cataldo Date , 193

19. UNDERTAKER Mitchell & Twogood
(Address) St. Maries, Ida

20. FILED Apr. 9, 1936 Walter Doberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-27-36, 1936, to 3-5-36, 1936

I last saw him alive on 3-5-36, 1936; death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Bronchial Pneumonia	

Other contributory causes of importance:

General Debility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. D. Platt, M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 10 1936

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97807

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 11

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Helen Brebner

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. Brebner

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) 3/4/36

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) aberdeenshire
(State or country) Scotland

FATHER

13. NAME Harry Forbes

14. BIRTHPLACE (city or town) Aberdeenshire
(State or country) Scotland

MOTHER

15. MAIDEN NAME Helen McHardy

16. BIRTHPLACE (city or town) aberdeenshire
(State or country) Scotland

17. INFORMENT James Brebner
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date 4/8, 1936 Ruggles Mortuary

19. UNDERTAKER Mitchell & Ewens
(Address) St. Maries, Idaho

20. FILED Apr. 9, 1936 Walter Doherty
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to March 4, 1936

I last saw her alive on March 4, 1936: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 4
Other contributory causes of importance:	
Pneumonia	March 3

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) L. E. Barnwell, M. D.

(Address) ST. MARIES, IDAHO

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97808

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No.
Primary Registration District No. Local Registrar's No. 10

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Tom Berg

171

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Retired Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Work

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) M. J. Mastrinsky St. Maries Ida.

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Ida. Date Mar. 3, 1936 Burial

19. UNDERTAKER Stapish Funeral Home (Address) St. Maries Ida.

20. FILED Apr. 9, 1936 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1936, to 2-28, 1936
I last saw him alive on 2-28, 1936; death is said to have occurred on the date stated above, at 5:58 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by cutting instrument (razor) Cut throat (sue)	2-26-36

Other contributory causes of importance:

Name of operation Repair of — Date of 2-26-36
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2-26, 1936
Where did injury occur? St. Maries Benewah Co. Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Slashed throat with razor
Nature of injury " " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. A. Lorenz, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Tensed

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
97810
State File No.

Primary Registration District No. Local Registrar's No. 2

(No. At Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME: Louis W. J. Hendrickx

(a) Residence. No. Tensed, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel E. Hendrickx

6. DATE OF BIRTH (month, day, and year): Nov. 17, 1874

7. AGE: Years: 61 | Months: 4 | Days: 00 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm

10. Date deceased last worked at this occupation (mo. and yr.): 1932

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Detroit, Michigan

MOTHER

13. NAME: Henry A. Hendrickx

14. BIRTHPLACE (city or town) (State or country): No Record

15. MAIDEN NAME: No Record

16. BIRTHPLACE (city or town) (State or country): No Record

17. INFORMANT (Address): Louis G. Hendrickx, Tensed, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: De Smet, Idaho Date: 3/20/36

19. UNDERTAKER (Address): Kimball Funeral Home, Tekoa, Washington

20. FILED: March 19, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/17/36

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, to Mar. 10, 1936

I last saw him alive on Mar. 10, 1936; death is said to have occurred on the date stated above, at 10:45 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver & bowel	1932
Other **contributory causes** of importance:	
Arthritis	1931

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .. 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. S. Abegglen D.O. ####

(Address) Tekoa, Washington.

FORM V. S. No. 5-25 M—[illegible]

APR 8 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

97811

1. PLACE OF DEATH
County of Bingham
City of Shelley,
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121
Primary Registration District No. 9142
(No.)
State File No.
Local Registrar's No. 53

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albertina "Blomquist" [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Oct. (Month) 13 (Day) 1863 (Year)

7. AGE: 72 Yrs. 5 Mos. 18 ds.
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF Father: Carl Blomquist

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: not Known

13. BIRTHPLACE OF MOTHER (State or Country): Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Hehn
(Address) Twin Falls Ida

15. Filed April 2, 1936 Wm Walter Et [illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 31 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended/deceased from Jan 15 - 36 to March 31 1936
that I last saw her alive on March 29 1936,
and that death occurred on the date stated above, at 5:9 M.
The CAUSE OF DEATH* was as follows:

Acute dilated heart
with Dropsy"
(Duration) ....yrs. 3 mos. ....ds.
Contributory (Secondary) Diabetes
(Duration) 2 yrs. ....mos. ....ds.
(Signed) J. R. Bathgate M. D.
(Address) Shelley Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shelley Cemetery
DATE OF BURIAL: 4-3- 1936

20. UNDERTAKER: L. M. Nelder
ADDRESS: Shelley Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Sterling

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ~~127~~ 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE
97812
State File No.

Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Ruth Bowman

(a) Residence. No. Sterling, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1928

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sterling, Idaho

FATHER

13. NAME Chas. W. Bowman

14. BIRTHPLACE (city or town) (State or country) Davis County, Utah

MOTHER

15. MAIDEN NAME Ruth E. Bambrough

16. BIRTHPLACE (city or town) (State or country) Davis County, Utah.

17. INFORMANT Chas. W. Bowman.
(Address) Sterling, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Pocatello Cem. Date Mar. 29 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Mar. 28, 1936 Mary Kinnear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dead 193, to , 193
I last saw her alive on 3/25/36, 193: death is said to have occurred on the date stated above, at 4:P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock caused by crushed skull as a result of being struck by automobile	
(Verdict of Coroner's Jury)	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/25/36
Where did injury occur? Highway #39 (Specify city or town, county, and state) Sterling, Idaho
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Hit by automobile
Nature of injury Crushing injury of skull

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) E. T. Peck Coroner, M. D.
(Address) Blackfoot Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-36 APR 8 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 37814

Local Registrar's No. 52

Registration District No. 121

Primary Registration District No. 2192

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Bingham

City of Shelley

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gladys Quigg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: May (Month) 31 (Day) 1915 (Year)

7. AGE: 20 Yrs. 9 Mos. 30 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Woodville, Idaho

10. NAME OF Father: John Cunningham

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Laura Elizebeth Hammer

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Pauline Quigg

(Address) Shelley Idaho

15. Filed April 2, 1936 Mrs Pauline Quigg Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 30 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20 1936, to March 30 1936, that I last saw her alive on March 20 1936, and that death occurred on the date stated above, at 12 No. Noon.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Normal puerperum, in hosp.

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. Lloyd Nelson M. D.

3/31 1936 (Address) Shelley, Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Rosehill Cem. DATE OF BURIAL: 4-2 1936

20. UNDERTAKER: L. M. Malden ADDRESS: Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97815

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada E. Chaugnon

(a) Residence. No. R.R. # 2. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George H. Chaugnon

6. DATE OF BIRTH (month, day, and year) 8-4-1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 3-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Akron
(State or country) Ohio.

FATHER

13. NAME Lewis Feller.

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT George H. Chaugnon
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 4-1, 1936

19. UNDERTAKER V. F. McHan
(Address) Idaho Falls Idaho

20. FILED Mar. 29 1936 Wm Hallett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-29 1936

22: I HEREBY CERTIFY, That I attended deceased from 3-27, 1936, to 3-29, 1936

I last saw h[illegible] alive on 3-29, 1936: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholethiasis	Years
Complete G. B. Obstruction	Months
	Days

Other contributory causes of importance:

General Debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A E Mellen M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97816

APR 8 1936 RECEIVED

Registration District No. 121
Registration District No. 2194
Local Registrar's No. 54

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary L Near

(a) Residence. No. ____ St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) ---------- no data 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wheeling
(State or country) West Virginia

FATHER
13. NAME --------Muntz
14. BIRTHPLACE (city or town) ----------
(State or country) no data

MOTHER
15. MAIDEN NAME Jane Stewart
16. BIRTHPLACE (city or town) ---------
(State or country) Ohio

17. INFORMANT Records of State Hospital South
(Address) Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date Mar. 25 1936

19. UNDERTAKER F. C. Drake
(Address) Twin Falls Ida

20. FILED Mar 23 1936 J. M. Wadsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from September 18th 1935, to March 23rd 1936
I last saw her alive on March 22nd 1936; death is said to have occurred on the date stated above, at 1:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	At least Sept 1935
Other contributory causes of importance:	
Cystitis	Feb 20th 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9784

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 49

APR 2 1936

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HOOD KNOX

(a) Residence. No. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) October 19, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation ----------

12. BIRTHPLACE (city or town) Marshing
(State or country) Pennsylvania

FATHER
13. NAME David Knox
14. BIRTHPLACE (city or town) Marshing
(State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Marth Braught
16. BIRTHPLACE (city or town) Marshing
(State or country) Pennsylvania

17. INFORMANT Records State Hosp. South
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Bonin Idaho Date 3-24, 1936

19. UNDERTAKER G.G. Peck
(Address) Blackfoot, Idaho.

20. FILED Mar. 20 1936 Mrs. Mabel Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 20 1936

22. I HEREBY CERTIFY, That I attended deceased from January 31st, 1935, to March 20th, 1936
I last saw h~~im~~ alive on March 20th 1936; death is said to have occurred on the date stated above, at 10:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General	
ARTERIO SCHLEROSIS	1928
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical ~~Was there an autopsy?~~ No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot R#3

APR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97818

Registration District No. 721
Primary Registration District No. 0194
Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME Jasper Daniel Jensen

(a) Residence. No. Blackfoot R.F.D. # 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emma William Jensen

6. DATE OF BIRTH (month, day, and year) Sept 6 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) Aug 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bingham City Utah

FATHER
13. NAME Hennard Jensen
14. BIRTHPLACE (city or town) (State or country) U S A

MOTHER
15. MAIDEN NAME Lucinda Johnson
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Theresa Jensen Stone (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Groveland Cem Date May 22 1936

19. UNDERTAKER E T Peck (Address) Blackfoot Idaho

20. FILED Mar 21, 1936 Wm Matern Farmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1936, to 3-20, 1936
I last saw him alive on 3-19, 1936; death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hypertensive Cardio Vascular Renal Disease	Year
(b) Cerebral Hemorrhage	May 1935
(c) Cardiac Decompensation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A E Miller M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

APR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97819

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 47.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Silas FOSTER FARWELL

(a) Residence. No. ____ St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) January 1st, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~85~~ (85)	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ------
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ------

12. BIRTHPLACE (city or town) Freeport (State or country) Illinois

FATHER
13. NAME Adolph Agustus Farwell
14. BIRTHPLACE (city or town) ------ (State or country) Illinois

MOTHER
15. MAIDEN NAME Eliza Hall
16. BIRTHPLACE (city or town) ------ (State or country) Illinois

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Ivon City Cem. Blackfoot Date 3-19-, 1936

19. UNDERTAKER E. F. Peck (Address) Blackfoot, Idaho

20. FILED Mar. 19 1936 Mrs. Hales Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4th, 1936, to March 18th, 1936
I last saw him alive on March 18th, 1936: death is said to have occurred on the date stated above, at 6:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	March 16 1936
Other contributory causes of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? ~~Was there an autopsy?~~ ____

23. If death was due to ~~external causes (violence) fill in also the following:~~
Accident, suicide, or homicide? None Date of injury ____, 1936
Where did injury occur? ------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ------
Manner of injury ------
Nature of injury ------

24. Was disease or injury in any way related to occupation of deceased? ------ If so, specify ------

(Signed) Elias R. Lewis, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97820

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 46

APR 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME MARGARET JACKSON

(a) Residence. No. ..... St. Terreton, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G. G. EARL JACKSON

6. DATE OF BIRTH (month, day, and year) September 26th, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation -------

12. BIRTHPLACE (city or town) Jackson Hole
(State or country) Wyoming

FATHER

13. NAME Adolphe Miller

14. BIRTHPLACE (city or town) ----------
(State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Bouerle

16. BIRTHPLACE (city or town) ----------
(State or country) Germany

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Ida. Date May. 17, 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho

20. FILED Mar. 15, 1936 Wm. Hales Falconer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from February 25th 1936, to March 15th, 1936

I last saw her alive on March 14th 1936: death is said to have occurred on the date stated above, at 1:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EXHAUSTION - IN THE COURSE OF	
MANIC DEPRESSIVE PSYCHOSIS	Feb 22nd
MANIC PHASE	1936

Other contributory causes of importance:

Name of operation None Date of -----

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? ----------
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) Chas. R. Howe, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97821

Registration District No. 121-R
Primary Registration District No. 2194-R Local Registrar's No. 45

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theresa Lavatta

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Lavatta

6. DATE OF BIRTH (month, day, and year) I- [illegible]- 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) - - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Winnepeg, Canada

FATHER

13. NAME Joseph Martin

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Welch

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Thomas Lavatta
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Idaho Date ....., 193..

19. UNDERTAKER H.L.McHan, Pocatello, Idaho
(Address)

20. FILED Apr. 4, 1936 Mrs Nellie Eldredge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3- 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 3- 1- 6, 193..., to 3- 10, 1936
I last saw her alive on 3- 10-, 1936: death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,- Lobar	3-1-36
Other contributory causes of importance:	
Bronchial asthma over 10 years	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. Nelson, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97822

APR 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1107 Local Registrar's No. 44
(No. McMillen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Peter Duncan 50
(a) Residence No. Aberdeen St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mauch Duncan

6. DATE OF BIRTH (month, day, and year) June 14 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Henry Duncan
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Mallet
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Maude B. Donegan
(Address) Aberdeen Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fern Cemetery Date 3-13, 1936

19. UNDERTAKER E. F. Peck
(Address) Blackfoot Idaho

20. FILED Mar 11, 1936 Wm. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 3-10, 1936
I last saw him alive on 3-9, 1936: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lung	1 yr.
Left Arthritis	
Other contributory causes of importance:	
Cardiosclerosis	
Senile Arteriosclerosis	4 wks.

Name of operation ~~Autopsy~~ Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97823

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 43

APR 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johana O'Kesson

(a) Residence. No. East Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James O'Kesson

6. DATE OF BIRTH (month, day, and year): July 16, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Ole Pearson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Hannah Swenson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): H. G. O'Kesson, Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot Cem. Date: March 4 1936

19. UNDERTAKER (Address): John C. Sandberg, Blackfoot, Idaho

20. FILED: March 2 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to March 1, 1936
I last saw her alive on Feb 28, 1936; death is said to have occurred on the date stated above, at 3:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 da
Other contributory causes of importance:	
Cerebro sclerosis	10 yrs

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. J. Jones M. D.
(Address) Blackfoot Ida

RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Ketchum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97821

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Helen Obenchain wright

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris B. Obenchain

6. DATE OF BIRTH (month, day, and year) March 4- 1908

7. AGE: Years 27 | Months 11 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1934

11. Total time (years) spent in this occupation 6 Years

12. BIRTHPLACE (city or town) Ketchum (State or country) Idaho

FATHER

13. NAME John J. Smith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nellie Hyde

16. BIRTHPLACE (city or town) Ketchum (State or country) Idaho

17. INFORMANT Morris B. Obenchain (Address) Ketchum Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ketchum Idaho Date Mar 3., 1936

19. UNDERTAKER G. Harris (Address) Hailey, Idaho

20. FILED 3-31., 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-14., 1935., to 2-8., 1936.

I last saw her alive on 2-8., 1936.; death is said to have occurred on the date stated above, at 5:40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 yrs
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

Apr 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97825

PLACE OF DEATH
County of Blaine
City of Carey

Registration District No. 57
Primary Registration District No. 2025
(No. ....)
Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Phillips Bruce Phillips

(a) Residence. No. Carey St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 17 1936

7. AGE Years	Months	Days	If LESS than 1 day,
		1	6 hrs. hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Carey, Idaho

PARENTS

10. NAME OF FATHER Blaine Phillips
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Carey Idaho
12. MAIDEN NAME OF MOTHER Blanche Bruce
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Spanish Fork Utah

14. Informant Blaine Phillips
(Address) Carey Ida.

15. Filed 3-31, 1936 C. H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 17 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-17 1936, to 3-17 1936, that I last saw him alive on 3-17 1936, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Patent Ductus Arteriosus
Cardiac Failure
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. D. Dice M. D.
3-21 1936 (Address) Dairy, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
✓	✓
20. Undertaker	Address
✓	✓

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boise

City of Idaho City

APR 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97826
State File No.

Registration District No. 12

Primary Registration District No. [redacted]

Local Registrar's No.

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard P. Baxter

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME James Baxter

14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER

15. MAIDEN NAME Lyda McClain

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Elizabeth Dawson
(Address) Idaho City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Morris Hill Date 3/22/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED March 28 193 Iris E. Robison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20/36 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Disease	
Dropped Dead.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. E. Shanahan M.D.
(Address) Idaho City, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97827

APR 3 1936 RECEIVED

Registration District No. 80
Primary Registration District No. 2751 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berry S Patton

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oxford
(State or country) Nova Scotia

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Frank Simpson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho Date Mar. 8, 1936

19. UNDERTAKER L. R. Moon
(Address) Sandpoint Idaho

20. FILED 3-10, 1936 Orville Corey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1936, to , 193
I last saw him alive on March 5, 1936: death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch- Pneumonia	March 1-1936
Other contributory causes of importance: Myocarditis	1933

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. R. Lyman M.D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97828

PLACE OF DEATH

County of Bonner
City of Hope

Registration District No. 80
Primary Registration District No. 2751 Local Registrar's No. 3

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peyton William Owen

(a) Residence. No. 5 Mile E of Hope Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Belle Owen

6. DATE OF BIRTH (month, day, and year) June 1 1850

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Fred Owen

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Susan Barron

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Ernest Owen
(Address) Hope Ida

18. BURIAL, CREMATION OR REMOVAL
Place... Hope Date Mar. 17 1936

19. UNDERTAKER T. Tunnell Co.
(Address) Sandpoint Ida

20. FILED Mar 23 1936 Orville Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1935, to Mar 13, 1936

I last saw him alive on Mar 13, 1936; death is said to have occurred on the date stated above, at 9 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile dementia	Gradual

Other **contributory causes** of importance:

Chronic Myocarditis	Gradual
Arterial Sclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis? Cl. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. E. Rundle M. D.

(Address) Sandpoint Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 14 1936 RECEIVED

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97829
State File No.

Registration District No. 84

Primary Registration District No. 7185

Local Registrar's No. 6-36

(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LINA JOSEPHINE STAUFFER

(a) Residence. No. St. Priest River Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** own home

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Faribault, Minn.

MOTHER FATHER

13. NAME Joseph Covert

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Frances Ogden

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT (Address) Leslie J. Stauffer Priest River Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wash. Date Mar 5, 1936

19. UNDERTAKER (Address) Ed Moon PRIEST RIVER IDA

20. FILED Mar 3, 1936 Benja Rose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to March 3, 1936.
I last saw her alive on March 3 1936.: death is said to have occurred on the date stated above, at 10:54 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of the stomach	Jan 1 - 1935
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? ? Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Leslie J. Stauffer M. D.
(Address) Priest River, Idaho

PRIEST RIVER IDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Bonner
City of PRIEST RIVER

DO NOT WRITE IN THIS SPACE
97830
State File No.

APR 14 1936 RECEIVED

Registration District No. 85
Primary Registration District No. 2185 Local Registrar's No. 7-36

(No. Priest River Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Stockwell Hibbard 117

(a) Residence. No. PRIEST RIVER IDA St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes M. Hibbard
6. DATE OF BIRTH (month, day and year): Mar 7, 1906
7. AGE — Years: 30 — Months: — — Days: 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Garage
10. Date deceased last worked at this occupation (mo. and yr.): Mar. 1936
11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Missoula Oregon

MOTHER FATHER
13. NAME: Albert B. Hibbard
14. BIRTHPLACE (city or town) (State or country): Hubbard Oregon
15. MAIDEN NAME: Clara E. Stockwell
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Agnes M. Hibbard PRIEST RIVER IDA

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Spokane, Wash. Date: Mar. 16 1936

19. UNDERTAKER (Address): Lee Moon PRIEST RIVER IDA

20. FILED: March 16, 1936 Pearle Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1936, to March 13, 1936.
I last saw him alive on March 13 1936: death is said to have occurred on the date stated above, at 12:50 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Appendicitis	Feb. 28-1936
Other **contributory causes** of importance: Acute endocarditis	March 12-1936

Name of operation: Laparatomy Date of: Mar. 9-1936
What test confirmed diagnosis? pathologist laboratory. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Leslie J. Stauffer M. D.
(Address) PRIEST RIVER IDA

PRIEST RIVER IDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of LaCleder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97831

Registration District No. 8
Primary Registration District No. 2-85
Local Registrar's No. 8136

APR 14 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Canton Heakle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Heinkle

6. DATE OF BIRTH (month, day, and year): Sept 20, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Newburn Canada

FATHER

13. NAME: William Canton

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Hannah Burns

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): W. C. Bowers LaCleder Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Priest River Cemetery Date April 1, 1936

19. UNDERTAKER (Address): L. G. Mooney Sandpoint Idaho

20. FILED April 7, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 31, 1936

I last saw he alive on March 30, 1936: death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-29-36
Fractured left femur	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold C Sorsen M. D.
(Address) Priest River, Idaho

[redacted] STATE

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97832

PLACE OF DEATH
County of Bonner
City of Sandpoint
APR 10 1936

Registration District No. 78
Primary Registration District No. 2156 Local Registrar's No. 230
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barney Starke

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year):
7. AGE: Years 52 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumberjack
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monroe Wisconsin

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Page Hospital

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 3/31, 1936

19. UNDERTAKER (Address): Turnbull Co. Sandpoint Idaho

20. FILED Apr. 1, 1936 W. T. B. Evans Registrar.
M.C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to March 29, 1936.
I last saw him alive on March 28 1936.; death is said to have occurred on the date stated above, at 1:40 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Automobile	March 28

Other **contributory causes** of importance:
Chronic alcoholism

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury 3-29 1936.
Where did injury occur? Town Sandpoint Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Street
Manner of injury Struck by automobile
Nature of injury Crushing of Thorax

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. F. Page, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1[illegible] 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97833

Registration District No.

Primary Registration District No. Local Registrar's No. 121

(No. Farrell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucille Lemfus

(a) Residence. No. Wisconsin St. 110
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 13th. 1935

7. AGE — Years | Months: 8 | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sandpoint Ida

MOTHER

13. NAME: Bert Lemfus

14. BIRTHPLACE (city or town) (State or country): Wash

FATHER

15. MAIDEN NAME: Gladys Metzell

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT (Address): Bert Lemfus Wisconsin

18. BURIAL, CREMATION OR REMOVAL
Place: Interment Date: 2/18, 1936

19. UNDERTAKER (Address): Funeral Dir. Co Sandpoint

20. FILED Mch. 1, 1936 W. F. B. Evans M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1936 to February 16th 1936

I last saw her alive on February 15, 1936; death is said to have occurred on the date stated above, at 1:[illegible] A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	2-8-36
Bronchial Pneumonia	Feb 12-1936

Other **contributory causes** of importance:

Name of operation: Clinical Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. B. Evans, M. D.
(Address) Sandpoint, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Colburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97834

APR 1 01936

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 231

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Hay

(a) Residence. No. St. Colburn
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Hay

6. DATE OF BIRTH (month, day, and year) Sept 28, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman at Lbr. Mill

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Hay

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Wm. Rieken (Address) Colburn, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mc Arthur, Ida Date Mar 27, 1936

19. UNDERTAKER L. G. Mason (Address) Sandpoint Ida

20. FILED Apr. 1, 1936 Wm. F. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mch 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to March 23 1936
I last saw him alive on Jan 15, 1936.: death is said to have occurred on the date stated above, at 8.40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Died Suddenly	1935
Other contributory causes of importance:	

Name of operation ..... Date of ...
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F Tyler M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97835

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 228
(No. PAGE HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville Edward Dunlap

(a) Residence. No. Fir Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 3, 1932

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cocolalla
(State or country) Idaho

FATHER

13. NAME Elmer O. Dunlap
14. BIRTHPLACE (city or town) Louf City
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Violet D. Goforth
16. BIRTHPLACE (city or town) Vona
(State or country) California

17. INFORMANT Elmer O. Dunlap
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Idaho Date Mar. 17, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED April 1, 1936. W. J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936 to March 15, 1936
I last saw him alive on March 15, 1936: death is said to have occurred on the date stated above, at 4 p.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro-Spinal Meningitis	March 13, 1936

Other contributory causes of importance:

Name of operation Lobotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. E. Craig, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97836

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 27

APR 10 1936

(No. Ella & Chesnut)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phoebe Maria Haney

(a) Residence. No. Ella & Chesnut St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orlando Haney

6. DATE OF BIRTH (month, day, and year) March 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) June 1935

11. Total time (years) spent in this occupation 29 yrs.

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Israel J. Thomas

14. BIRTHPLACE (city or town) (State or country) New York N.Y

MOTHER

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Isabell Robar
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date Mar. 25, 1936

19. UNDERTAKER L. A. Moon
(Address) Sandpoint Idaho.

20. FILED Apr. 1, 1936 Wm. F. B. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1935, to 3-22-, 1936.
I last saw h[illegible] alive on 3-21-, 1936.: death is said to have occurred on the date stated above, at 10: a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral hemorrhage	6-21-35
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. P. Stackhouse, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97837

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 226

(No. Parnell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Olson

1887

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forestry Service

10. Date deceased last worked at this occupation (mo. and yr.) Mar 3 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Mrs. Wm. Dassinger
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Kinnecrest Cem
Place Sandpoint Ida Date Mar 22, 1936

19. UNDERTAKER L. G. Mason
(Address) Sandpoint Idaho.

20. FILED Apr 1, 1936 Dr. F. R. Evans M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1936, to Mar 21, 1936

I last saw him alive on Mar 21, 1936: death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident.	3-13-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 3/13, 1936

Where did injury occur? Corner bar
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Logging

Nature of injury Fract. L. thigh - base

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Logging

(Signed) L. P. Strackbein M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

APR 1 01936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97838

Registration District No. 78
Primary Registration District No. 2156 Local Registrar's No. 232
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Charles Cook

(a) Residence. No. Larch and Division St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cook.

6. DATE OF BIRTH (month, day and year) Sept. 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roads Rodder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Life
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Draper Utah

FATHER
13. NAME Edward Henry Cook
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary N. Johnson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) John H. Cook

18. BURIAL, CREMATION OR REMOVAL Morton Cem.
Place Morton, Ida. Date Apr. 6, 1936

19. UNDERTAKER (Address) L. G. Mayo Sandpoint Idaho.

20. FILED Apr. 1, 1936 Mrs. F. B. Evans M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 31 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Mar. 31, 1936.
I last saw him alive on Mar 31, 1936; death is said to have occurred on the date stated above, at 5-40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	June 1935 -
Other contributory causes of importance:	

Name of operation Cystitomy Date of Jan 1936.
What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) L. G. Mayo, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97839
State File No.

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 225

(No. 307 Church Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Flatt

(a) Residence. No. 307 Church St St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Flatt

6. DATE OF BIRTH (month, day, and year) January 22, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) Seaforth
(State or country) Ontario Canada

FATHER

13. NAME William Lowrie

14. BIRTHPLACE (city or town) Edinburgh
(State or country) Scotland

MOTHER

15. MAIDEN NAME Josie Anderson

16. BIRTHPLACE (city or town) Edinburgh
(State or country) Scotland

17. INFORMANT Mrs. Jessie Dale
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Westmond Cemetery
Place Westmond, Ida. Date Mar. 5, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Apr. 1, 1936 Mrs. F. B. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935, to Mar. 1, 1936.

I last saw h[illegible] alive on Feb 29, 1936: death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2/18/36

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. P. Staehman, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97840
State File No.

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 124

APR 10 1936

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Parnell Hospital)

2. FULL NAME William Hooper

(a) Residence. No. 212 Main St. Sandpoint, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Unknown

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Linn County, Iowa.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Cemetery Date Mar. 11, 1936

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED Apr. 1, 1936 Dr. F. B. Evans M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1936, to March 1, 1936
I last saw h[illegible] alive on February 27, 1936; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Feb 20-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. B. Evans, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97844
State File No.....

County of Bonneville
City of Idaho Falls

Amended 3-3-81

Registration District No. 73
Primary Registration District No. 21V-0
Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerald Olsen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Premature Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

MOTHER FATHER

13. NAME Bruce Milford Olsen
14. BIRTHPLACE (city or town) (State or country) Iona, Idaho
15. MAIDEN NAME Mary Elizabeth Hampton
16. BIRTHPLACE (city or town) (State or country) Rawlins, Wyoming
17. INFORMANT (Address) Mrs. Bruce Olsen, Iona, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Mar 10 1936
19. UNDERTAKER (Address) Jack Ward, Idaho Falls Idaho
20. FILED 3/11, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1936, to Mar 10, 1936.
I last saw him alive on Mar 9 1936; death is said to have occurred on the date stated above, at 2.35 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	Mar 9
6 mo	
Other **contributory causes** of importance:	
Accidental Rupture	
Yellow Fever	Mar 6

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) .....

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 27 11 45 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 97844
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Death

for Gerald Olson (Name on Original Certificate) who died (Was Born, Died, etc.) on March 10, 1936 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#2 Name of Deceased	Gerald Olson	Gerald Olsen
#13 Name of Father	Bruce Milford Olson	Bruce Milford Olsen

Subscribed and sworn to before me this 23rd day of January, 19 81
Notary Public, Ellen Lindley
Residing at Idaho Falls, Idaho
My commission expires 4/28/83
(Seal)

× Bruce J. Christensen
Signature of Applicant
× 2798 Croft
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97845

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

APR 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 64

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta E. Miller

(a) Residence. No. R. R. #3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amicus N. Miller

6. DATE OF BIRTH (month, day, and year) 2-12-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) 3-23-36
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Thomasboro
(State or country) Ga.

FATHER
13. NAME R. L. Ivy
14. BIRTHPLACE (city or town) Thomasboro
(State or country) Ga.

MOTHER
15. MAIDEN NAME Williamson
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Amicus N. Miller
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 4/5, 1936

19. UNDERTAKER E. F. McHaffie
(Address) Idaho Falls Idaho

20. FILED Apl 7, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-1 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1936, to Mch 26, 1936
I last saw her alive on Mch 26, 1936: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Libby heart attack	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. A. Coffeen, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Bonneville (Miller)

PLACE OF DEATH

County of Madison

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97846

APR 8 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fenton Marcellus Cheney

(a) Residence. No. Fenton RFD Idaho St
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20 - 1918

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
17	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lamoyden
(State or country) Wyo

MOTHER FATHER

13. NAME Clarence Cheney

14. BIRTHPLACE (city or town) Huntington
(State or country) Emery - Utah

15. MAIDEN NAME Alice Leal Blackburn

16. BIRTHPLACE (city or town) Brigham City
(State or country) Utah

17. INFORMANT Clarence Cheney
(Address)

18. BURIAL, CREMATION OR REMOVAL
Order No.
Place Fenton Cem. Date April 1st 1936

19. UNDERTAKER Thos. J. Sullivan
(Address) Pocatello Idaho.

20. FILED Apl 7, 193 6 Jay Freeman Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 193 6 to Mar 28, 193 6

I last saw h...alive on Mar 27, 193 6; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General infection of undetermined origin.	May

Other **contributory causes** of importance:

Profound anemia. Hemorrhage.	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) J. O. Miller M. D.
(Address) Idaho Falls. Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
37847
State File No.....

Registration District No. 73

Primary Registration District No. 21-D Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Cherry Johnson

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 1 1877
7. AGE: Years 80 Months 7 Days ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls

FATHER
13. NAME: Frank Cherryholmes
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Marie Grecian
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Frank Cherryholmes Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Sunset Memorial Gdns Date: Apr. 3, 193 6

19. UNDERTAKER (Address): Haynie-Maynie by J C Hayn Idaho Falls Ida

20. FILED Apr. 1, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mch 31 193 6

22. I HEREBY CERTIFY, That I attended deceased from Mch 17, 193 6 to Mch 31, 193 6.
I last saw her alive on Mch 24 193 6; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	7

Other **contributory causes** of importance:

Rheumatic Fever	1931

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) .....

Dr. Clarke

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97848

Registration District No. 23
Primary Registration District No. 2150
Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number) (No. L. D. S. Hospital)

2. FULL NAME James Paul Herbst

(a) Residence. No. 1010 St. Salt Lake Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily Herbst

6. DATE OF BIRTH (month, day, and year): Sept. 5, 1864

7. AGE — Years: 71 | Months: 6 | Days: 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): American Fork Utah

FATHER
13. NAME: John Herbst
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Patience Goode
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Leslie Herbst, Englewood, California

18. BURIAL, CREMATION OR REMOVAL
Place: American Fork, Utah Date: Mar 31, 1936

19. UNDERTAKER (Address): Jack G. Wood, Idaho Falls, Idaho

20. FILED Mar 30, 1936 Wm Kinnaird per R H
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-25-, 193-, to 3-27-, 1936
I last saw h.. alive on 3-27-, 1936: death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	3/24-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Coates, M. D.
(Address) Box 60 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97849

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 57

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Collings

(a) Residence. No. ..... St. Shelley Rt #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Collings

6. DATE OF BIRTH (month, day, and year) October 28, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annabella
(State or country) Utah

FATHER
13. NAME Peter Thurston
14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER
15. MAIDEN NAME Catherine Killen
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Leland H. Collings
(Address) Shelley Rt #1

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date Mar 23, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Mar 23, 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1936, to 3-18, 1936.
I last saw her alive on 3-17, 1936: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/16/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Butler, M. D.
(Address) Box 66 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97850

Registration District No. 13

APR 9 1936 RECEIVED

Primary Registration District No. Idaho

Local Registrar's No. 56

(No. Ed. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Leuton

(a) Residence. No. 340 S. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Leuton

6. DATE OF BIRTH (month, day, and year) 11-26-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat. Market.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale & Retail

10. Date deceased last worked at this occupation (mo. and yr.) 9-3-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London Ontario Canada

FATHER

13. NAME Richard Leuton

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Foden.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Kate Leuton Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 3-25, 1936.

19. UNDERTAKER (Address) V. F. McNair Idaho Falls Ida.

20. FILED 4/23, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 0, 1935, to 3-22, 1936

I last saw him alive on 3-22-36, 1936; death is said to have occurred on the date stated above, at 2457 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Stroke	Sept 1935
Other contributory causes of importance:	
Chronic Nephritis	Oct-1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97851

APR 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 211-D
Local Registrar's No. 55

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jensine Johannesen

(a) Residence No. 544 J. Street St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. J. Johannesen

6. DATE OF BIRTH (month, day and year) Sept. 30, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oslo (State or country) Norway

FATHER
13. NAME Peter Jensen
14. BIRTHPLACE (city or town) Oslo (State or country) Norway

MOTHER
15. MAIDEN NAME Helena
16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT L. J. Johannesen (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Mar 21, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Apr 6, 1936 E. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1936, to 3-14, 1936
I last saw her alive on 3-14, 1936; death is said to have occurred on the date stated above, at 5-5:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-13-36
Other contributory causes of importance:	
Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. Woodley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97852

Registration District No. 3

Primary Registration District No. 214-0

Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Dykstra

(a) Residence. No. 354 W. 19 St. St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anton Dykstra

6. DATE OF BIRTH (month, day, and year): 4-2-88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1-10-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Harvey Redman
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Rachel Miller
16. BIRTHPLACE (city or town) (State or country): Indeana

17. INFORMANT (Address): Anton Dykstra Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: 3-21, 1936

19. UNDERTAKER (Address): V. F. McHaffey Idaho Falls Ida

20. FILED Mar 19, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to March 17, 1936. I last saw her alive on 3-17, 1936: death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-16-36
Other contributory causes of importance:	
Hypostatic Pneumonia	3-16-36

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. B. Woolley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls.

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37853

Registration District No. 73
Primary Registration District No. 2 1 7 0
Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Foster

(a) Residence. No. Boise ave. St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Foster.

6. DATE OF BIRTH (month, day, and year) April 11 186

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	no.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Groutsnevada.

FATHER
13. NAME Abraham Foster.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Saphrona Allen
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mary Foster Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 3-15, 1936

19. UNDERTAKER (Address) V. F. Nay Idaho Falls Ida

20. FILED 4-1-36, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1935, to Mar 11, 1936
last saw h— alive on Mar 11, 1936: death is said to have occurred on the date stated above, at 3 20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. K. Corbett M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97854
State File No.

Registration District No. 13

Primary Registration District No. 21-D

Local Registrar's No. 51

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Jenkins. 90

(a) Residence. No. Caksica Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white.
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl Jenkins" dec

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake Co
(State or country) Utah.

FATHER

13. NAME Tom Jenkins.
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Eliza Mantel.
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Thomas Orin Jenkins
(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls. Date 3-13 193 6

19. UNDERTAKER W. F. McFarr
(Address) Idaho Falls Ida.

20. FILED Mar 16, 193 6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-10 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 193 6, to 3/10, 193 6
I last saw him alive on 3/10, 193 6; death is said to have occurred on the date stated above, at 9.15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls Ida

APR 8 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97855

County of Bonneville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2 I V-D
Local Registrar's No. 50

(No. I. F. L. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Johnson

(a) Residence. No. R.F.D. #7 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Johnson Deceased

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1862.

7. AGE: Years 73 | Months 6 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norwich Scotland

FATHER
13. NAME Lyeish
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Smith
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. Lem Tullett, Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 3-16, 193 6

19. UNDERTAKER (Address) V. F. McCann Idaho Falls Ida

20. FILED Mar 17, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-13 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 193 6, to 3/13, 193 6
I last saw h[illegible] alive on 3/13, 193 6; death is said to have occurred on the date stated above, at 9 35P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Other contributory causes of importance:	
Asthma	7

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 2 1936 RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97856
State File No.

Registration District No. 13

Primary Registration District No. 2140

Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lettie Ireta Daniels.

(a) Residence. No. Tetonia, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vere Fullmer Daniels.

6. DATE OF BIRTH (month, day, and year) August 27th, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Idaho.

FATHER

13. NAME George W. White

14. BIRTHPLACE (city or town) (State or country) Weston, Idaho

MOTHER

15. MAIDEN NAME Phoebe Sonders

16. BIRTHPLACE (city or town) (State or country) Harrisville, Utah.

17. INFORMANT (Address) Mrs. Phoebe Swanner Driggs, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Tetonia Date 3/11/36

19. UNDERTAKER (Address) A. H. Hansen St. Anthony, Idaho.

20. FILED Mar 11. 1936 E. J. Swanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Mar 8, 1936.

I last saw h.e alive on Mar 7, 1936; death is said to have occurred on the date stated above, at 1:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Mar 1

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Williams, M. D.
(Address) Pocatello, Idaho

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97857

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 7 B
Primary Registration District No. 211-D
Local Registrar's No. 46
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Kidd

(a) Residence. No. Basalt St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Kidd
6. DATE OF BIRTH (month, day, and year): May 18 1911
7. AGE — Years: 24 | Months: 2 | Days: 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Baker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oakley Idaho

MOTHER FATHER
13. NAME: John Kidd
14. BIRTHPLACE (city or town) (State or country): Birmingham Alabama

MOTHER
15. MAIDEN NAME: Ella Bevis
16. BIRTHPLACE (city or town) (State or country): Utah Manti
17. INFORMANT (Address): Mrs Carl Roberts

18. BURIAL, CREMATION OR REMOVAL
Place. Idaho Falls Date Mch 8, 1936
19. UNDERTAKER (Address): Hayes mayne by Cottage Idaho Falls, Ida.
20. FILED Mch 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 5 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936 to Mar 5, 1936
I last saw him alive on Mar 5, 1936: death is said to have occurred on the date stated above, at 11:05 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Subacute Nephritis	
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 14 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 97859

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Sally Crouse

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

MOTHER FATHER

13. NAME Wm Thomas Crouse

14. BIRTHPLACE (city or town) (State or country) Copeland Idaho

15. MAIDEN NAME Gwendolyn Eva Lobel

16. BIRTHPLACE (city or town) (State or country) Spokane Wash

17. INFORMANT (Address) Wm Thomas Crouse Copeland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Copeland Ida. Date 3/8, 1936

19. UNDERTAKER (Address) Wm Crouse Copeland Ida

20. FILED 3/7, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936., to March 7, 1936.

I last saw her alive on March 6, 1936.; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Atresia of Oesophagus	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) G. Bidwell M. D.

(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 29

Primary Registration District No. 2154

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 97860

Local Registrar's No. 1002

APR 14 1936 RECEIVED

2. FULL NAME Malcolm Bruce

(a) Residence. No. Bonners Ferry, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 15th. 1857

7. AGE: Years 79 | Months 7 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pro. of Ontario Canada

FATHER

13. NAME: Dan Bruce

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Christine McKenzie

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Dollie Bruce

18. BURIAL, CREMATION OR REMOVAL

Place Bonners Ferry Date Mar. 31 1936

19. UNDERTAKER (Address): H. H. Crough, Bonners Ferry

20. FILED Mar. 30, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) March (day) 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22 1936., to March 28 1936.

I last saw him alive on March 28 1936.: death is said to have occurred on the date stated above, at 8:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Mar 23.

Other **contributory causes** of importance:

Senility	
Paralysis Agitans	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eric Bovell M. D.

(Address) Bonners Ferry Idaho

March 28. 8:20 P M

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97861

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 29
Primary Registration District No. 2154
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Franklin Brant

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29 or 1863

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) Nov 35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME W. F. Brant: J. L.
14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Harriet L. Winchell
16. BIRTHPLACE (city or town) (State or country) Fulton Co Ills.

17. INFORMANT (Address) Mrs A. E. Aldridge Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Mar 28 1936

19. UNDERTAKER (Address) H. M. Crouch Bonners Ferry

20. FILED Mar 27, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to Mar. 26, 1936.
I last saw him alive on Mar. 25 1936.; death is said to have occurred on the date stated above, at 4:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	1935
Other **contributory causes** of importance:	
Carcinoma of the liver	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.: If so, specify .....

(Signed) [signature] M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Port Still

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97862

APR 14 1936 RECEIVED

Registration District No. 79
Primary Registration District No. 3156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Lewis Baker.

(a) Residence. No. Port Still, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14 - 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Still, Idaho

FATHER
13. NAME Byron E. Baker.
14. BIRTHPLACE (city or town) (State or country) Sturgis, S. Dak.

MOTHER
15. MAIDEN NAME Esther C. Collison
16. BIRTHPLACE (city or town) (State or country) Rhame, N. Dak.

17. INFORMANT Byron Baker
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Port Still, Ida Date ....., 1936

19. UNDERTAKER A. L. French
(Address) Port Still, Ida.

20. FILED May 18 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Convulsions	
Other **contributory causes** of importance: Whooping Cough	Feb 24-36

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97863
State File No.....

PLACE OF DEATH

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No. 1
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

MAR 14 1936 REGISTERED

2. FULL NAME Ellen Hopper

(a) Residence. No. 16 St. Bonners Ferry Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. ~~mos.~~ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James Hopper

6. DATE OF BIRTH (month, day, and year): August 24 1858

7. AGE: Years 77 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Green Island Iowa

MOTHER FATHER

13. NAME: William McVey
14. BIRTHPLACE (city or town) (State or country): Coothill Ireland
15. MAIDEN NAME: Ann Harrigon
16. BIRTHPLACE (city or town) (State or country): Forbes Ireland

17. INFORMANT (Address): Winnie E. Hopper Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Ida. Date: Mar. 2 1936

19. UNDERTAKER (Address): Harry Crouch Bonners Ferry Idaho

20. FILED: Mar. 1 1936 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Feb. 29, 1936.
I last saw ~~her~~ alive on Feb. 29 1936: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1934
Other **contributory causes** of importance:	
Arterio Sclerosis	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No. If so, specify.....
(Signed) ..... E. E. Fry ....., M. D.
(Address) Bonners Ferry Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97864

County of Boundary
City Bonners Ferry
Registration District No. 19
APR 14 1936 RECEIVED
Primary Registration District No. 2154 Local Registrar's No.
(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Vold.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 24 - 1921
7. AGE — Years: 14 | Months: 2 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bonners Ferry Idaho

FATHER
13. NAME: Ed. Vold.
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Mary Parker
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Ed. Vold Bonners Ferry, Ida
18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Cemetery Date Mar. 2 1936
19. UNDERTAKER (Address): W. P. Crowley Bonners Ferry
20. FILED Feb. 29, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 193 6, to Feb. 28, 193 6.
I last saw her alive on Feb. 28 193 6: death is said to have occurred on the date stated above, at 1:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Otitis Media	Feb 16
Streptococcus	
Meningitis	Feb 23

Other **contributory causes** of importance:

Name of operation: Lobotomy Date of: Craniotomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Carbonell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Naples

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97865

Registration District No. 79

APR 14 1936 REGISTERED

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Marie Kathline Blomberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. J. Blomberg

6. DATE OF BIRTH (month, day, and year) June 25-th. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lawrence (State or country) N.Y.

FATHER

13. NAME Henry Potter

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Nupa Van Buren

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT C. J. Blomberg (Address) Naples, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date Feb. 21 - 1936

19. UNDERTAKER A. R. Cruch (Address) Bonners Ferry, Ida.

20. FILED Feb. 20 - 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 19 1936.

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Feb. 19 - 1936.
I last saw her alive on Feb. 17 1936: death is said to have occurred on the date stated above, at 4.30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	1935

Other **contributory causes** of importance:

Name of operation Cholecystectomy Date of 6/1935.
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No: If so, specify .....
(Signed) ..... M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97866

Registration District No. 99

APR 14 1936 RECEIVED

Primary Registration District No. 2156 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dalton Hugh Perry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6 – 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Moscow Idaho
(State or country)

MOTHER FATHER

13. NAME Dalton Darrell Perry

14. BIRTHPLACE (City or town) Missouri
(State or country)

15. MAIDEN NAME Mary Fritz

16. BIRTHPLACE (City or town) Wildcat Montana
(State or country)

17. INFORMANT Mrs. Fritz
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Feb 8, 1936

19. UNDERTAKER Darrell Perry
(Address)

20. FILED Feb 7, 1936 E E Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 7, 1936.

I last saw him alive on Feb 7, 1936.; death is said to have occurred on the date stated above, at 2:48 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Cyril Sorrell M. D.
(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Bonneville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79

Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE
97867
State File No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Marie Sargent

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 1931

7. AGE — Years | Months: 2 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Bonners Ferry Ida

FATHER

13. NAME: Robert Earl Campbell

14. BIRTHPLACE (City or town) (State or country): Post Lynn Miss.

MOTHER

15. MAIDEN NAME: Pearl Sitton

16. BIRTHPLACE (City or town) (State or country): Pennington Colorado

17. INFORMANT: R E Campbell
(Address): Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Ida Date: Jan 22 1936

19. UNDERTAKER: R E Campbell
(Address): Bonners Ferry Ida

20. FILED Jan 22, 1936 E E Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936 to Jan 22, 1936.

I last saw h alive on Jan 19 1936; death is said to have occurred on the date stated above, at 3 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pertussis	Jan 10

Other **contributory causes** of importance:

Convulsions	Jan 17

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R E Campbell, M. D.
(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Camas Co
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97869

MAR 26 1936 RECEIVED

Registration District No. 5
Primary Registration District No. 2138
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Julia A. Holmes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ole Arthur Holmes

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
63		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Petersen
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anna Jacobine
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Boyd Holmes

18. BURIAL, CREMATION, OR REMOVAL Place Fairfield Date Jan 28, 1936

19. UNDERTAKER (Address) W. H. Hunt Bros

20. FILED Jan. 28, 1936 W. H. Pickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Jan 24, 1936
I last saw her alive on Jan 24, 1936; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 24, 36

Other contributory causes of importance:

None, that was known

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Parkinson, M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

APR 6 1936 RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

97870

State File No.....

Registration District No. 6

Primary Registration District No..... Local Registrar's No. (a) 143

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie May Harney

(a) Residence. No. Emmett, Idaho St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank P. Harney.

6. DATE OF BIRTH (month, day, and year) Mar. 13 - 1906.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	29	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indian Valley Idaho

FATHER

13. NAME George M. Stephens

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Elizabeth Stuart

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Frank P. Harney Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 2-28, 1936

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho

20. FILED 3-23, 1936 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to Feb. 25, 1936.

I last saw her alive on Feb. 25 1936.; death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal sepsis	Feb. 15, 1936

Other **contributory causes** of importance:

Abortion with Influenza following	Feb. 14, 1936

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) Emmett Ida.

MAR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97871
State File No.

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Ray Ross

(a) Residence. No. North Burton Ave. Burley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 3, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME James Walter Ross

14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER

15. MAIDEN NAME Jean Bradshaw

16. BIRTHPLACE (city or town) (State or country) Twin Groves Idaho

17. INFORMANT (Address) James Walter Ross Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 2/4/36, 193..

19. UNDERTAKER R.E. Johnson
(Address) Burley, Idaho.

20. FILED 2/3/36, 193 Laura G. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/3/36

22. I HEREBY CERTIFY, That I attended deceased from 2-1-36, 193..., to 2-3-, 193 6.
I last saw h[illegible] alive on 2-2, 193 6: death is said to have occurred on the date stated above, at 4 A. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumococcus	
Broncho Pneumonia	1-28-36
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [illegible] M.D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
90

DO NOT WRITE IN THIS SPACE
State File No. 97874

APR 3 1936 RECEIVED

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 47

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Williams

(a) Residence. No. St. Headquarters
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 62			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hospital
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Mar 31 1936

19. UNDERTAKER W. A. Shaw Orofino
(Address)

20. FILED 3/31, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Mar 30, 1936
I last saw him alive on Mar 30, 1936: death is said to have occurred on the date stated above, at 5.40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. S. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 37875

Registration District No. 90

Registration District No. 2687 Local Registrar's No. 46

(No. State Hospital North) 7th

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Yingling

(a) Residence. No. St. Coeur d'Alene, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Yingling

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Girard, Kansas

FATHER

13. NAME Kendall Yingling

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Etta Rebekah

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL Place Hospital Cemetery Date March 25 1936

19. UNDERTAKER F. A. Billberg, Disp. Mtdt. (Address) Orofino - Idaho

20. FILED 3/25, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 24 1936

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1936, to March 24, 1936

I last saw him alive on March 24, 1936; death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	March 24 1936
Other contributory causes of importance:	
Carcinoma of prostate.	abt. 4 yrs.
Psychosis with other somatic diseases	ago.

Name of operation None Date of

What test confirmed diagnosis? Pres. Signs Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Thomas McElway, M. D.

(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Headquarters

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97876

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 46

APR 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theadore H. Durant

(a) Residence. No. ..... St. Pierce Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matilda Durant

6. DATE OF BIRTH (month, day, and year) 7/20/1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work in woods
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER
13. NAME William J. Durant
14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER
15. MAIDEN NAME Lucy Longstraf
16. BIRTHPLACE (city or town) ..... (State or country) unknown

17. INFORMANT Matilda Durant
(Address) Pierce Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Ida. Date 3/26/36 193..

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/26 ..., 193.6 Hal Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/26 / 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis coronery artery	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wayne A. Herres Coroner M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

of Orofino

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97877
State File No.

Registration District No. 96

Primary Registration District No. 2177 Local Registrar's No. 44

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha E. Bonner

(a) Residence. No. St. Orofino Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/30/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Selvena Carr

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Jane Parsons

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Lee Bonner
(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cook Cemetery Date 3/27/36, 193..

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 4/2, 193.6. W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to March 25, 1936
I last saw her alive on Feb. 13, 1936: death is said to have occurred on the date stated above, at 4 am 3.25 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis Many years duration	
Other contributory causes of importance: Pneumonia.	2-15-36

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Carpenter, M. D.
(Address) Orofino Idaho

APR 3 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97878
State File No.....

PLACE OF DEATH

County of Clearwater
City of Orofino

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 32

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. D. Chaffin

(a) Residence. No.....St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT County Records
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 4-7-, 1936

19. UNDERTAKER W. A. C. Shaw
(Address) Orofino

20. FILED 4-7, 1936. W. A. C. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 193.6, to March 6, 193.6.
I last saw him alive on March 6, 193.6: death is said to have occurred on the date stated above, at 1.15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterial sclerosis	1930

Other **contributory causes** of importance:

Name of operation. None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) W. S. Hoffman, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97879
State File No.....

APR 3 1936 RECEIVED

Registration District No. 90

Registration District No. 2157

Local Registrar's No. 33

(No. 70) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dolores June Bachman

(a) Residence. No. ..... St. Weippe Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 - 36

7. AGE — Years | Months | Days: 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weippe (State or country) Idaho

MOTHER FATHER

13. NAME John Bachman

14. BIRTHPLACE (city or town) Troy (State or country) Idaho

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

17. INFORMANT [illegible] (Address) [illegible]

18. BURIAL, CREMATION OR REMOVAL

Place [illegible] Date [illegible] 1936

19. UNDERTAKER John Bachman Funeral Home (Address) Weippe Idaho

20. FILED 4-1-36, 1936. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936, to March 4, 1936.

I last saw her alive on March 3 1936.: death is said to have occurred on the date stated above, at 6.4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Encephalitis	March 4
(Non epidemic)	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Harlan P. Kahler M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

APR 3 1936 Received

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97880

Registration District No. 90

Registration District No. 2187 Local Registrar's No. 34

(No. ..... Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Blake

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

MOTHER FATHER

13. NAME William Blake

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME M Hohnecke

16. BIRTHPLACE (city or town) (State or country) Orofino Ida

17. INFORMANT William Blake
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Vandervort Utah Date Mar 14, 1936

19. UNDERTAKER V. A. Shaver
(Address) Orofino Ida

20. FILED 3-13, 1936 V. A. Shaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to March 11, 1936
I last saw him alive on March 11, 1936: death is said to have occurred on the date stated above, at 10 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 5, 1936
Catarrhal Jaundice	March 10, 1936

Other contributory causes of importance:

Marasmus and Arteriosclerosis	Jan. 1936
Old Rheumatic Heart Lesion	?

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harbert P. Kahler M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

APR 3 1936 RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 97881

Registration District No. 2187

Local Registrar's No. 35

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas Bloom

171

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Simmons (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Mar 14, 1936

19. UNDERTAKER W.A. SHAW (Address) Orofino

20. FILED 3/14, 1936 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1936, to Mar. 12, 1936

I last saw h[illegible] alive on Mar 12, 1936; death is said to have occurred on the date stated above, at 3 .P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by cutting instrument Pocket Knife	3/12/36
Other contributory causes of importance: Acute alcoholism	3/1/36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/12, 1936.
Where did injury occur? Orofino Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Cut throat

Nature of injury Pocket Knife

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. S. Hopkins, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97882
State File No.

MAR 8 1936 RECEIVED

Registration District No.
Primary Registration District No.
Local Registrar's No. 36

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adolph ~~Schmidt~~ Smith

(a) Residence. No. St. Orofino – Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 17 87 d

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia Co. Wisconsin

FATHER
13. NAME Chris John Schmidt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Charlotte Trailing
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date Mar 13, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 3/13, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 8, 1936
I last saw him alive on March 8, 1936: death is said to have occurred on the date stated above, at 10.35 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis	
Other contributory causes of importance: Psychosis with other somatic diseases	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino – Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97883

APR 3 1936 RECEIVED

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 97
(No. 110)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel L. Towns

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burbon Indiana

MOTHER FATHER
13. NAME Jesse L. Towns
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME Sarah B. Borton
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Arthur Towns (Address) Orofino Idaho.
18. BURIAL, CREMATION OR REMOVAL Place Orofino Ida. Date 3-15, 1936
19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida.
20. FILED 3/15, 1936 Wm. O'Brien Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1936, to 3-13, 1936.
I last saw h. alive on 3-13, 1936: death is said to have occurred on the date stated above, at 12:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Flu)	
Other contributory causes of importance:	
Only one Doctor in Cafe (Nursing)	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) H. H. Stetson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97884

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 35

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George L. Woolfolk

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25- 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ill.

FATHER

13. NAME George Woolfolk

14. BIRTHPLACE (city or town)
(State or country) unascertained

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Lige Woolfolk
(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 3/18, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/18, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3- 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1936, to , 1936

I last saw him alive on 2/25 1936: death is said to have occurred on the date stated above, at about 12:35 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Block -	before 2/25/36
Last saw him 2/25/36	

Other **contributory causes** of importance:

None

Glomerulo Nephritis

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Shylam M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97885

Registration District No. 96
Primary Registration District No. 2167
Local Registrar's No. 41

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

16

2. FULL NAME Nick Arvis

(a) Residence. No. ..... St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? ..... yrs. 7 mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	?	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Greece
(State or country)

FATHER

13. NAME Christ Arvis
14. BIRTHPLACE (city or town) Greece
(State or country)

MOTHER

15. MAIDEN NAME Sofia Palookios
16. BIRTHPLACE (city or town) Greece
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date 3-7-3, 1936

19. UNDERTAKER Hopkins Mortuary
(Address) Orofino Ida

20. FILED 3/23, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 21 1936

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1936, to March 21, 1936.
I last saw him alive on March 21, 1936; death is said to have occurred on the date stated above, at 8.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General paralysis of the insane	1933
Other contributory causes of importance:	
Syphilis	

Name of operation None Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Bruce McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 7886

APR 3 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 42

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett E. Bonner

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19-1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boy
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Orofino Ida

FATHER
13. NAME Walter Bonner
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Cora Kelley
16. BIRTHPLACE (city or town) (State or country) South Dak

17. INFORMANT (Address) Walter Bonner Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 3/25, 1936

19. UNDERTAKER W. A. Shaw (Address) Orofino Ida

20. FILED 3/24, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22nd, 1936, to March 23rd 1936
I last saw him alive on 3/22 3rd, 1936: death is said to have occurred on the date stated above, at 11.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza-	3/22/36
Pneumonia	

Other contributory causes of importance:
None

Name of operation None Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) W. H. Peterson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97887

PLACE OF DEATH

County of Clearwater
City of Orofino
Registration District No. 70
Primary Registration District No. 2157
Local Registrar's No. 40
APR 2 1936 REGISTERED
(No. Burns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Lundberg
(a) Residence. No. [illegible] St. Pierce, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Burns Hospital
(Address) Orofino
18. BURIAL, CREMATION, OR REMOVAL
Place Orofino Date 3/22, 1936
19. UNDERTAKER W. A. Schaeffer
(Address) Orofino
20. FILED 3/26, 1936 W. A. Schaeffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-3-1936
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 3, 1936
I last saw h[illegible] alive on March 3, 1936: death is said to have occurred on the date stated above, at 1:50 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar (Influenza)	Unknown

Other contributory causes of importance:

Septic Infection and Alcoholism	Unknown

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) J. W. Watson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97888

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 43

APR 3 1936 RECEIVED

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Martin

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 82			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hosp Orofino
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Mar 27, 1936

19. UNDERTAKER W.A.Shaw Orofino
(Address)

20. FILED 3/26, 1936 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1935, to 3/25, 1936.
I last saw ~~him~~ alive on 3/25, 1936.; death is said to have occurred on the date stated above, at 9.30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia from Cerebral Hemorrhage	12/15/36
Other contributory causes of importance: Arterial sclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Hopkins, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97889

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 29
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

33

2. FULL NAME Emma Hanson

(a) Residence. No. ..... St. Turner Bay, Lower d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman H. Hanson

6. DATE OF BIRTH (month, day, and year) June 22 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓	62	✓ 8	✓ 9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Minnesota
(State or country)

FATHER
13. NAME ✓ Ephrem Hanson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Emma Helgerson
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida. Date 3-28, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3/28, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feby 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to Febrvery 22, 1936.
I last saw her alive on Febrvery 22, 1936: death is said to have occurred on the date stated above, at 7:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Tuberculosis	Abt. 5 yrs.
Other contributory causes of importance: Psychosis with other somatic diseases.	

Name of operation None Phys. Signs Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

MAR 24 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 97890

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer

City of Mackay

Registration District No. 76

Primary Registration District No. 2153

Local Registrar's No. 204

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Virginia Cleaveland

(a) Residence. No. St. (If nonresident give city or town and State.)

(Usual place of abode.)

Length of residence in city or town where death occured. 1 yrs. 9 mos. 1 ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word.)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 23, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Chilly, Idaho

PARENTS

10. NAME OF FATHER Isaac Lee Cleaveland

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spring City Utah

12. MAIDEN NAME OF MOTHER Jessie Virginia Wilson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Orangeville, Utah

14. Informant (Address) Jessie Cleaveland, Mackay, Idaho

15. Filed Mar. 21, 1936 Rose M. Thibodeau Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. (Month) 25 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1934, to Jan. 25, 1936

that I last saw her alive on Jan. 25, 1936

and that death occurred, on the date stated above, at 4 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Chilly, Ida.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary test

(Signed) Zae O. Freeman M. D.

1-28, 1936 (Address) Mackay Ida

19. Place of Burial, Cremation, or Removal: Mt McCabe, Mackay Ida. Date of Burial: 1-27 1936

20. Undertaker: None Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 97891

Primary Registration District No. ____ Local Registrar's No. ____

APR 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Chris Jensen

(a) Residence: No. Emmett Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 12 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 2-5

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Prissa Utah

FATHER

13. NAME John Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Nielsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT C. F. Jensen
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida. Date 2/13, 193 6

19. UNDERTAKER C. D. Beachum
(Address) Emmett Idaho

20. FILED 2/12, 193 6 J. S. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 th, 193 6, to Feb 9, 193 6.

I last saw h[illegible] alive on Feb 6 th, 193 6; death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 4th
Other contributory causes of importance:	
Pneumonia	
Uremia	Feb 6th

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Otto Lawrence, M. D.
(Address) Emmett

APR 5 1936 RECEIVED

Form V. S. No. 5. 10M.3-20-1 **CERTIFICATE OF DEATH**

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.** Registration District No. ____ File No. 9789?

County of Gem Primary Registration District No. 6 Registered No. ____

City of Emmett (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. **FULL NAME** John Dean Moulton

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Male

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** (Write the word.) infant

6. **DATE OF BIRTH** Feby 19 1936 (Month) (Day) (Year)

7. **AGE** ____ yrs. ____ mos. 40 ds. IF LESS than 1 day how many ____ hrs. or ____ min.?

8. **OCCUPATION**
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry business, or establishment in which employed (or employer) ____

9. **BIRTHPLACE** (State or Country) Emmett Idaho

10. **NAME OF FATHER** Frank Edgar Moulton

11. **BIRTHPLACE OF FATHER** (State or Country) Sweet Idaho

12. **MAIDEN NAME OF MOTHER** Avagene Bolinger

13. **BIRTHPLACE OF MOTHER** (State or Country) Three Rivers Michigan

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Frank & Avagene Moulton

(Address) Emmett Idaho

15.

Filed 3-31-1936 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** March 30 1936 (Month) (Day) (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from Saw him for the first time after death that I last saw h____ alive on ____ 191____, and that death occurred on the date stated above, at 9 M.

The **CAUSE OF DEATH*** was as follows:

Definitely unknown – Expired during the night in bed without warning Indications point to a convulsion

(Duration) ____ yrs. ____ mos. 0 ds.

Contributory (Secondary) none

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. J. Cummings M. D.

3/31 1936 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was Disease contracted, if not at place of death? ____

Former or usual residence ____

19. **PLACE OF BURIAL OR REMOVAL** Emmett Cemetery — **DATE OF BURIAL** March 31 1936

20. **UNDERTAKER** Family — **ADDRESS** Emmett

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

APR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97893

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles L. Anderson

(a) Residence. No. Emmett St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lulu E. Anderson

6. DATE OF BIRTH (month, day, and year) Nov 12 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 5/1/1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lickingsville Pa

FATHER

13. NAME A J Anderson

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eva Myers

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Floyd C. Anderson

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 3/27, 1936

19. UNDERTAKER C. D. Beckman (Address) Emmett Idaho

20. FILED 3/27, 1936 J. L. Runnells Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1933, to 3/24, 1936

I last saw him alive on 3/24, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension resulting in Cerebral hemorrhage week	
left sided paralysis Oct 1933	
Other contributory causes of importance:	
Cholelithiasis resulting in a Cholangitis with jaundice which was terminal condition	

Name of operation none Date of .....

What test confirmed diagnosis? no Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. M. Cummings, M. D.

(Address) Emmett Ida

MAR 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97894

PLACE OF DEATH
County of Gooding
City of "

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 655
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Guy Toone

(a) Residence. No. Fairfield, Idaho St. —
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. one yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Nyda I. Toone

6. DATE OF BIRTH (month, day, and year): May 26, 1894

7. AGE: Years 41 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) 1 yr.
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Preston, Idaho

FATHER
13. NAME Richard C. Toone
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Mary E. Swann
16. BIRTHPLACE (city or town) (State or country) Croydon, Utah

17. INFORMANT Vera Toone
(Address) .....

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Date 3-19-, 1936

19. UNDERTAKER Thompson
(Address) .....

20. FILED 3-30-, 1936 J. H. Connell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-17-1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935, to March 17, 1936
I last saw him alive on 3/17, 1936: death is said to have occurred on the date stated above, at 6.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Leukemia Lukaemia (Lymphoblastic type cell)	Spring 1935
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. Cranmer, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

I certify the above is a true copy from record of Dist # 24 J. H. Connell Reg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

[redacted] WELFARE
ISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97895
State File No.

City or Cottonwood

Registration District No.

Primary Registration District No. Local Registrar's No. 8

(No. Cottonwood Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ferris Rose Ella Baker

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. S. Baker

6. DATE OF BIRTH (month, day, and year) Aug. 28, 1903

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 3/26/36

11. Total time (years) spent in this occupation 15 Years

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Frank Porter

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Frances Baughman

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT W. S. Baker
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 3/30, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville

20. FILED 3-28, 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936, to Mar. 28, 1936.
I last saw her alive on Mar 28, 1936: death is said to have occurred on the date stated above, at 11:05 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Secondary Meningitis	3-25-36
To Streptococcus Otitis	
Media	3-15-36
Influenza	3-10-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation [redacted] M. D.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 97895

Registered No. 6

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183

(No. O. S. of C. Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Miss Clara Rustemeyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: January 15 (Month) (Day) 1887 (Year)

7. AGE: 49 Yrs. 1 Mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mankato, Minn

10. NAME OF FATHER: Fred Rustemeyer

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Theresa Meskede

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Frank Wenger

(Address) Cottonwood, Idaho

15. Filed Mar. 17 1936

W. F. Orr
Local Registrar
per J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 17 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1936, to Mar. 17 1936, that I last saw her alive on Mar. 17 1936, and that death occurred on the date stated above, at 4:40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pelvic Cellulitis
Complicated by Abscess and
Large Uterine Fibroid.

(Duration) Yrs. 6 mos. ds.

Contributory (Secondary) Influenza in Dec. '35

(Duration) yrs. mos. ds.

(Signed) Wesley F. Orr M. D.

3/17 1936 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Ida. DATE OF BURIAL: 3/20 1936

20. UNDERTAKER: Glenn Culor ADDRESS: Grangeville Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-

APR 3 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
37897

1. PLACE OF DEATH

Registration District No. 105
Primary Registration District No. 2183

County of Idaho
City of Cottonwood
(No. ..... , ... St.)
File No. .....
Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sister M. Lucia (Anna Jermain)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	White	Single

6. DATE OF BIRTH: April (Month) 11 (Day) 1874 (Year)

7. AGE: 61 Yrs. 10 Mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: A Sister
(b) General nature of industry, business or establishment in which employed (or employer): In Convent

9. BIRTHPLACE (State or Country): Conception, Mo.

10. NAME OF FATHER: Mathias Jermain

11. BIRTHPLACE OF FATHER (State or Country): Hungary

12. MAIDEN NAME OF MOTHER: Mary Stuckel

13. BIRTHPLACE OF MOTHER (State or Country): Hungary

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister M. Eugenia
(Address) St. Gertrude's, Cottonwood, Idaho.

15. Filed Mar. 2 1936

H. J. Orr
Local Registrar
per J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 1 (Month) (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1934 to Mar - 1 1936
that I last saw her alive on Feb. 28 1936
and that death occurred on the date stated above, at 2 A.M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

(Duration) 3 Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry J. Orr, M. D.
3/1 1936 (Address) Cottonwood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Gertrude's, Cottonwood	3-2 1936

20. UNDERTAKER	ADDRESS
Rev. A. Gendreau, O.S.B.	Cottonwood, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen OCCUPATION is very important. See instruction on back of certificate.

County of [illegible]

City of Cottonwood

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

WRITE IN THIS SPACE

State File No. 97898

Registration District No. 105

Primary Registration District No. ..... Local Registrar's No. 9

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

1402

2. FULL NAME Henry Rehder

(a) Residence. No. Cottonwood, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Rehder

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retire Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Germany (State or country)

MOTHER/FATHER

13. NAME Max Rehder

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Marie Rehder

(Address) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Cottonwood, ... Date 3.31.., 1936

19. UNDERTAKER Glenn Ailor

(Address) Grangeville, Idaho.

20. FILED 3-31.., 1936. W. F. Orr per S. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28 ....., 193.6.., to Mar. 30 29..., 193.6.

I last saw him alive on Mar. 30 29 1936.: death is said to have occurred on the date stated above, at 3 P. ..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-30-36

Other **contributory causes** of importance:

Influenza	3-25-36

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical only Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henry F. Orr, ..., M. D.

(Address) [illegible]

FORM V. S. No. 5-25 M. 1-16-18

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 97899
Registered No. 7

1. PLACE OF DEATH
Registration District No. 105
Primary Registration District No. 2183
(No. St. Gertrude's Convent St.)
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sr. M. Hyacinth Gena Schneider
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. Jan (Month) 3 (Day) 1903 (Year)

7. AGE: 33 Yrs. 2 Mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nun
(b) General nature of industry, business, or establishment in which employed (or employer): Convent

9. BIRTHPLACE (State or Country): Hazelton, N. D.

10. NAME OF FATHER: John Schneider

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Anna Klapprich

13. BIRTHPLACE OF MOTHER (State or Country): North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Sister M. Eugenia
(Address): St. Gertrude's, Cottonwood

15.
Filed March 30 1936
H. F. Orr
Local Registrar
per J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March (Month) 28 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1934, to Mar 28 1936, that I last saw her alive on Mar 24 1936, and that death occured on the date stated above, at 4:15 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 3 Yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harley F. Orr M. D.
3/28 1936 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. Gertrude's, Cottonwood — DATE OF BURIAL: 3-31 1936

20. UNDERTAKER: Rev. A. Hendricks O.S.B. — ADDRESS: Cottonwood Ida.

SYMS - YORK CO., PTRS. & BDRS. 24653

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97900

PLACE OF DEATH
County of Idaho
City of John Day's

Registration District No. 103
Primary Registration District No. 1007
Local Registrar's No. 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Oliver O. Gordon

(a) Residence. No. John Day's St. Ida
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and state)

10/a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 31-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman & farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (mo. and yr.) 3-1-36

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Corvallis (State or country) Oregon

MOTHER FATHER

13. NAME Arthur H. Gordon

14. BIRTHPLACE (city or town) ✓ (State or country) Mass.

15. MAIDEN NAME Amanda Stewart

16. BIRTHPLACE (city or town) ✓ (State or country) Mo.

17. INFORMANT Wife Catherine Gordon (Address) John Day's Ida.

18. BURIAL, CREMATION OR REMOVAL
Place John Day's Date 3-19, 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED 3-28, 1936 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 8, 1936, to Mch. 17, 1936
I last saw him alive on Mch 15, 1936: death is said to have occurred on the date stated above, at 6:05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right.	
Other contributory causes of importance:	
Intestinal	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry E. Rees, M. D.
(Address) Riggins Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] BUREAU OF VITAL [redacted]

County [redacted]

City of Wallace

CERTIFICATE OF [redacted]ATH

State File No. 97301

Registration District No. 103

Primary Registration District No. 1001. Local Registrar's No. 5

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Kieth Hosley

(a) Residence. No. Mt 2 Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** 0

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 0

10. Date deceased last worked at this occupation (mo. and yr.) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Mt 2 Idaho (State or country) Idaho

FATHER

13. NAME Ralph Arthur Hosley

14. BIRTHPLACE (city or town) Ferrat (State or country) Idaho

MOTHER

15. MAIDEN NAME Ruth Katherine Powers

16. BIRTHPLACE (city or town) Tesco (State or country) Washington

17. INFORMANT (Address) R. A. Hosley Mt 2 Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place ~~Mt 2 Idaho~~ Ferrat Date Feb 18, 1936

19. UNDERTAKER .....
(Address)

20. FILED 3-25, 1936 C. Clarkson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 193 6, to Feb 17, 193 6
I last saw him alive on Feb 17, 193 6: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia Pallida	birth
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Lelumyer M. D.

(Address) Grangeville Idaho

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97902
State File No.

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Tillie Vonberge

(a) Residence. No. Grangeville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1002

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct 5-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Residence

10. Date deceased last worked at this occupation (mo. and yr.) Feb 1-1936

11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME J. H. Vonberge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Rathe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank McGrane
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Id Date Feb 13, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 3-28, 1936 B Stephenson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 8, 1936

I last saw h~~e~~s alive on Feb 8, 1936: death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Broncho Pneumonia	About Feb 1 1936
Other contributory causes of importance: Common Cold.	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L O Wheelhouse M. D.

(Address) [redacted] Grangeville

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97903

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 11

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. John A. Keller

(a) Residence. No. Winona St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Ruhamie

6. DATE OF BIRTH (month, day, and year) Aug 23-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (mo. and yr.) Feb 18-36

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER

13. NAME Alexander Keller

14. BIRTHPLACE (city or town) (State or country) not obt. Kentucky

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) not obt. Indiana

17. INFORMANT (Address) Wife Mrs. Ruhamie Keller Winona, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date Feb 27 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 3-28, 1936 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1936, to 2-20, 1936

[last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart Trouble	
Nephritis	
Cerebrosa Fever	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. P. Weber, M. D.

(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97904

Registration District No. 163
Primary Registration District No. 1001 Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Black

(a) Residence. No. Dixie St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) not obt.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not obt.

FATHER

13. NAME not obt.

14. BIRTHPLACE (city or town) (State or country) not obt.

MOTHER

15. MAIDEN NAME not obt.

16. BIRTHPLACE (city or town) (State or country) not obt.

17. INFORMANT Hancock Funeral Home
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Feb 25, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville, Ida.

20. FILED 3-28, 1936 B. Simpson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury..... Fell down stairs
Nature of injury..... Case

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) B. Chapman M. D.
(Address) Grangeville Ida.

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97905

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 7181
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marshall Howard

(a) Residence. No. Grangeville, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) June 2, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	8.	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retire Stockman

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER/FATHER

13. NAME Squire Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Canfield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Flora Howard Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 2/12, 1936

19. UNDERTAKER (Address) Glenn Ailor Grangeville, Idaho

20. FILED 3-2, 1936 R. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1936, to 2-9, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how? .....

(Signed) B. Dickinson M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9706

PLACE OF DEATH

County of Idaho
City of Grangeville,

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 7

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Lawrence

(a) Residence. No. Grangeville, Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

887

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laboror

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1919

11. Total time (years) spent in this occupation 55years

12. BIRTHPLACE (city or town) (State or country) Walla Walla Washington

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

FATHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Clifford Lawrence
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 2/1/, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 2-7-, 1936 B. Shipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1936, to 2-10-, 1936.
I last saw him alive on 2-9-, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) ..... B. Shipman, M. D.
(Address) Grangeville, Ida.

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97907

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert J. Smith

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Loboror

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cook

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (city or town) LongIsland
(State or country) NewYork

FATHER

13. NAME Unkonwn

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 2/5, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED 2-7, 1936 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/1 193

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1936, to 2-1, 1936

I last saw h... alive on 2-1, 1936: death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other **contributory causes** of importance:

na	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) B. Chipman M. D.
(Address) Grangeville Ida

APR 5 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97908

Registration District No. 106

Primary Registration District No. 2184 Local Registrar's No. 400

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Olson

(a) Residence. No. ..... St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 43 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Olson

6. DATE OF BIRTH (month, day, and year) May 17 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) (State or country) Jurstmark Sweden

FATHER

13. NAME Ole Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Anna Olson Stites

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date 3/18, 1936

19. UNDERTAKER (Address) Geo. Tunaley Kooskia

20. FILED April 2, 1936 J. M. Verbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th, 1936, to Mar. 15, 1936.
I last saw him alive on Mar. 15 1936: death is said to have occurred on the date stated above, at 2:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion following	
Lobar pneumonia	
Recovery -	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) H. W. Wentworth, M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

MAR 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97909

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 3

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otis Earl Crooks

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 6-1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
9	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Fremont Idaho

FATHER

13. NAME Dean F. Crooks

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Estelle F. Ames

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Dean F. Crooks
(Address) Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Ida Date 2-16, 1936

19. UNDERTAKER Easley funeral home
(Address) Hayden Lake Idaho

20. FILED Feb 15, 1936. E C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb 14, 1936.
I last saw him alive on Feb 14 1936: death is said to have occurred on the date stated above, at 3 PM m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Bronchial Pneumonia	Feb 7-36
Other **contributory causes of importance:**	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Naturc of injury ____

24. Was disease or injury in any way related to occupation of deceased No If so, specify ____

(Signed) E M Schmidt M. D.
(Address) Spirit Lake, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 3 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97910

Registration District No. 30

Primary Registration District No. 1020 Local Registrar's No. 58

(No. 1185)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doris Irene Ayers

(a) Residence. No. Home Hospital St. Harrison Idaho

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. 3 hrs. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virgil Lorenzo Ayers.

6. DATE OF BIRTH (month, day, and year) 10/3/08

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 3-21-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Custer Wash

FATHER

13. NAME Fred. Behme

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Myra Blodgett

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Myra Behme (Address) Kellogg

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Date 3-29, 1936

19. UNDERTAKER Cassady Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Mar 31, 1936 E. L. Sherman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1936, to 3/25/36, 1936

I last saw her alive on 3/25, 1936: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel obstruction	3/21/36
several feet of gangrenous bowel.	

Other contributory causes of importance:

multiple adhesions in abdomen	

Name of operation Exploratory Laparotomy Date of 3/25/36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Hoffman, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97911

APR 3 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 56
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie R. Best

(a) Residence. No. 904 — 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Eugene Best

6. DATE OF BIRTH (month, day, and year) 3-10-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Penn.

FATHER
13. NAME Chas. P. Hepburn
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Emma Hulihen
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Raymond Best
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Coeur d'Alene Date 3-29 1936

19. UNDERTAKER Carey Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED Mar. 31, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to ——, 193..
I last saw h— alive on ——, 193..; death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-20-36
Chronic Valvular heart disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lloyd J. Stringer, M. D.
(Address) Coeur d'Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted] IDAHO

PLACE OF DEATH — DEPARTMENT OF PUBLIC HEALTH — DO NOT WRITE IN THIS SPACE

County of Kootenai — BUREAU OF VITAL STATISTICS — State File No. 97912

City of Harrison

CERTIFICATE OF DEATH

Registration District No. 126

Primary Registration District No. 2304 — Local Registrar's No. 7

APR 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Smolik. 49

(a) Residence. No. ... St. Harrison, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. 6 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Caroline Smolik

6. DATE OF BIRTH (month, day, and year) 1854-3-8

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Planning

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** mill man

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Smolik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Caroline Smolik Harrison Ida

18. BURIAL, CREMATION OR REMOVAL Place Harrison Ida Date 3-15 ..., 1936

19. UNDERTAKER (Address) Cassedy Funeral Home Harrison Ida

20. FILED April 7, 1936 Ruth Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1936, to 3-13, 1936.

I last saw him alive on 3-17, 1936: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	2

Other **contributory causes** of importance:

age	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in ~~industry~~, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ed Cassedy M. D.

(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97913
State File No.

Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. 6

(No.) 46
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miriam B. Williams

(a) Residence. No. Harrison Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Glenn B. Williams

6. DATE OF BIRTH (month, day, and year) 11-9-1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	48	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) May 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carl Junction Mo.

MOTHER-FATHER
13. NAME Andrew W. Ballard
14. BIRTHPLACE (city or town) (State or country) Kentucky
15. MAIDEN NAME Evelyn Hunt
16. BIRTHPLACE (city or town) (State or country) Hunsville Miss.

17. INFORMANT Evelyn Branch (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida. Date 1-6, 1936

19. UNDERTAKER Connedy Funeral Home (Address) Harrison Idaho

20. FILED April 2, 1936 Ruth Connedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1935, to Jan 3, 1936.
I last saw h[illegible] alive on Sept 6, 1935: death is said to have occurred on the date stated above, at 4:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	Dec 1934

Other **contributory causes** of importance:

Name of operation Radium & X-ray Therapy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. L. Cornwall, M. D.
(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 3 1936 RECEIVED

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97914

Registration District No. 3
Primary Registration District No. 1151 Local Registrar's No. 54

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Johnson

(a) Residence. No. Lakeside Hospital St. Live 10 mi from Coeur d'alene
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Johnson

6. DATE OF BIRTH (month, day, and year) 1880 - 1 - 30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Feb 28 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Emil Johnson (Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Place Coeur d'Alene Date 3-23, 1936

19. UNDERTAKER Casedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED [illegible], 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936, to March 19, 1936
I last saw him alive on 19, 1936: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	March 1, 1936

Other contributory causes of importance:
Abscess Formation throughout body.

Name of operation NO Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lee Lepshe, M. D.
(Address) Coeur d'Alene

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97915

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 1050
Primary Registration District No. 20 Local Registrar's No. 6

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Mark

(a) Residence. No. 1009 - 4th St. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, and year) 2-17-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Industrial

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Insurance Adjuster

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Belmont S. Utah

MOTHER FATHER

13. NAME George Mark

14. BIRTHPLACE (city or town) (State or country) Eng.

15. MAIDEN NAME Emma Merchant

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT (Address) Ruth Mark Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Coeur d'Alene Date 1-10, 1936

19. UNDERTAKER (Address) Mooney Mortuary

20. FILED 1-7, 1936 E. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1935, to Jan 7, 1936.
I last saw him alive on Jan 6, 1936; death is said to have occurred on the date stated above, at 2:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca carcinoma of Stomach	
Other **contributory causes** of importance:	

Name of operation Partial Gastrectomy Date of Dec 23
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. H. Hunted, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 2 1936 RECEIVED

Hurtd.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97916

PLACE OF DEATH.

County of Kootenai

City of Coeur d'Alene

Registration District No. 1050

Primary Registration District No. 30 Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Anne Wall

(a) Residence. No. 1207 - 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10/a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9 - 10 - 1854

7. AGE: Years 81 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER/FATHER

13. NAME James H. McCabe

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Jane Lucy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kate W. Fowler C'd'A, Ida.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place C'd'A Date 1 - 5 1936

19. UNDERTAKER Mooney Mortuary C'd'A
(Address)

20. FILED 1 - 3 1936 Co. J. Rahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 - 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1., 1936., to Jan. 3., 1936.
I last saw her alive on Jan. 3 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 1 - 1936

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. Whitcomb, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97917

Registration District No. 1050

APR 3 1936 RECEIVED

...ry Registration District No. 30 Local Registrar's No. 3

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Ruth Fuller

(a) Residence. No. Fruitland Addn St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roscoe Fuller

6. DATE OF BIRTH (month, day, and year) May 10 - 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation 2½ yrs

12. BIRTHPLACE (city or town) (State or country) Petrosky Mich

FATHER

13. NAME G W Evers

14. BIRTHPLACE (city or town) (State or country) Pleasburg Kansas

MOTHER

15. MAIDEN NAME Carolina Van Evera

16. BIRTHPLACE (city or town) (State or country) Hague Holland

17. INFORMANT (Address) Roscoe Fuller Coeur d'Alene

18. BURIAL, CREMATION ~~OR REMOVAL~~
Place Forest Cem Date Jan 5 - 193 6

19. UNDERTAKER Casady
(Address) Coeur d'Alene

20. FILED 1-7 193 6 E. J. Coates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 193 6 to Jan 1 193 6
I last saw her alive on Jan 1 193 6 death is said to have occurred on the date stated above, at 5:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 27/35
Other contributory causes of importance:	
Secondary Anemia	

Name of operation Hysterectomy Date of Oct 26/35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lurkensie, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Rathdrum

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 97918

Local Registrar's No. 47

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sterling A. Smith

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 12 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 3 1923

7. AGE — Years 12 | Months 8 | Days 26 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Rathdrum Idaho

FATHER

13. NAME Perley H. Smith

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Elsie Richmond

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Perley H. Smith Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL Place Pine Grove Cem. Rathdrum Date 3-3 1936

19. UNDERTAKER (Address) Cassidy Funeral Home Rathdrum Ida.

20. FILED Mar 3, 1936 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36, 193__, to 3/1/36, 193__
did not see him alive
I last saw h__ alive on _____ 193__: death is said to have occurred on the date stated above, at Between 11 PM & 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture - crushing chest injury - compound fracture of leg, collar bone and lacerations and abrasions of abdomen & hands	2/29/36
Other contributory causes of importance:	
Exsanguination of body and marks of accident	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: accident
Accident, suicide, or homicide? _____ Date of injury 2/29 1936
Where did injury occur? 1½ miles west of Rathdrum on N.P. track
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. N.P. track west of Rathdrum
Manner of injury dragged by train
Nature of injury Skull fracture (compound)

24. Was disease or injury in any way related to occupation of deceased No If so, specify _____

(Signed) P. J. Hornung, M. D.
(Address) Coeur d'Alene
acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Mrs. A. A. Braun

DO NOT WRITE IN THIS SPACE

State File No. 97919

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 46

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Krook

(a) Residence. No. 1047 Young St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Karna

6. DATE OF BIRTH (month, day, and year): 8 29 1856

7. AGE: Years 79 | Months 5 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.): 1926

11. Total time (years) spent in this occupation: 48 Years

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: John J. Krook

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Margaret Olson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. A.A. Braun

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Detroit Lakes, Minn. Date: 3/1/ 1936

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene, Ida.

20. FILED Feb. 29, 1936. E. L. Sholton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/29/36 2/28/36 193

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936 to Feb. 28, 1936.

I last saw him alive on Feb. 28 1936: death is said to have occurred on the date stated above, at 7 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 28 1936
Other **contributory causes** of importance:	

Name of operation: Usual Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?: Date of injury.., 193.

Where did injury occur?: (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify:

(Signed) John O'Leod M. D.

(Address) Coeur d'Alene Ida.

M. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Wm. Hubert Stringer.

PLACE OF DEATH

County of Latah

City of Moscow

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97920

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. # 2

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Mc Mullen

(a) Residence. No. 701 - 4th St.
(Usual place of abode)

St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

185

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Mc Mullen

6. DATE OF BIRTH (month, day, and year) 9-30-1849

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	86	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Thomas Pettit

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT (Address) Mrs. H. E. Perkins Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Ida Date 1-5, 1936

19. UNDERTAKER Warren Mortuary (Address) Moscow Ida

20. FILED 1-3, 1936. E. R. Dyslin M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1935, to Jan. 1, 1936.
I last saw her alive on Jan. 1, 1936; death is said to have occurred on the date stated above, at 9:45 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility complicated by	
fracture of upper extremity	Nov. 26. 35
& Femur due to fall.	

Other **contributory causes** of importance:

Name of operation None Date of ....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury Nov. 26, 1935
Where did injury occur? In her own home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home
Manner of injury Fell in bath room
Nature of injury Fracture L. N. Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Hubert Stringer M. D.

(Address) Corner 4th & Adams Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 3 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97921

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 57

(No. 98)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert E. Bronson

(a) Residence. No. ____ St. Gibbs, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella Bronson

6. DATE OF BIRTH (month, day, and year) 1860-8-30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME ~~——~~ Bronson

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) H. E. Stanton Gibbs, Ida.

18. BURIAL, CREMATION OR REMOVAL

Forest-Place Coeur d'Alene Date 3-4, 1936

19. UNDERTAKER Cassedy Funeral Home

(Address) Coeur d'Alene Idaho

20. FILED Mar 4, 1936 E. L. Yeakel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) about Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2/36, 193__, to 3/2/36, 193__

I last saw him alive on ____, 193__; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	10 or 15 years.
(over exertion)	
Senility	

Other contributory causes of importance:

Pneumonia showed large heart. Signs of violence

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. F. Manning, M. D.

(Address) Coeur d'Alene acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97922
State File No.

Registration District No. 3 c
Primary Registration District No. 1551 Local Registrar's No. 55

APR 3 1936 RECEIVED

(No. 4)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David M. Swift

(a) Residence. No. 1911 - N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary Kathren Swift

6. DATE OF BIRTH (month, day, and year) 1864-7-24

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ore.

FATHER
13. NAME John Swift
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Elizabeth McDonald
16. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

17. INFORMANT Ernest Swift
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 3-30 193 6

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED 4-3-36, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan., 193 8, to Mar., 193 6
I last saw h in alive on Mar 27, 193 6: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3-24-36
Lobar	

Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? ~~Was there an autopsy?~~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard Stump M. D.
(Address) Ida Hotel

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97923

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 51

APR 3 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Clyde West

(a) Residence. No. (Usual place of abode) lived 8 miles from Worley St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1935-12-8

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worley Ida

FATHER

13. NAME Jesse S. West

14. BIRTHPLACE (city or town) (State or country) Clearmont Iowa

MOTHER

15. MAIDEN NAME Mary Jane Sexton

16. BIRTHPLACE (city or town) (State or country) Centralia Mich

17. INFORMANT (Address) Jesse West Worley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Worley, Idaho Date 3-8, 1936

19. UNDERTAKER (Address) Canard Funeral Home Coeur d'Alene Idaho

20. FILED Apr 2 1936 C. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-6-1936

22. I HEREBY CERTIFY, That I attended deceased from Cured Cased, 193..., to Very quickly, 193...
I last saw him alive on Did not see Baby, 193...: death is said to have occurred on the date stated above, at 9-A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	

Other contributory causes of importance:

Lobar Pneumonia	

Name of operation No. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. C. Harrington M. D.
(Address) Worley, Ida
County Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97924

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan C. Carlyright 90

(a) Residence. No. 816 - 7th Place St.
(Usual place of abode) Parma, Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Silas Carlyright

6. DATE OF BIRTH (month, day, and year) 1857 - 11 - 30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3-11-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Arthur Chamberlin
14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER
15. MAIDEN NAME Eliza Horn
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Paul Carlyright
(Address) Coeur d'Alene Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Coeur d'Alene Date 3-13, 193 6

19. UNDERTAKER Cossedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 193 6, to 3-11, 193 6.
I last saw h[illegible] alive on No. During life, 193..: death is said to have occurred on the date stated above, at 7 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Alford M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97925

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 53

APR 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Daniel Schilke

(a) Residence. No. 614 Empire St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred? 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1918-11-22

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worden
(State or country) Wash

FATHER
13. NAME Daniel Schilke
14. BIRTHPLACE (city or town) Ezeka
(State or country) S. D.

MOTHER
15. MAIDEN NAME Mary Hille.
16. BIRTHPLACE (city or town)
(State or country) N. D.

17. INFORMANT Dan Schilke
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Lawn
Place Coeur d' Alene Date 3-24, 1936

19. UNDERTAKER Cossedy Funeral Home
(Address) Coeur d' Alene Ida

20. FILED March 24, 1936 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to March 23, 1936.
I last saw h— alive on 22, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	April 1934
Failing myocarditis	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. L. Keeler, M. D.
(Address) Coeur d' Alene

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 5 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97926

Registration District No. 126

Primary Registration District No. 2304 Local Registrar's No. 5

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matt Ranaer 118 lb

(a) Residence. No. Harrison Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 11 1870

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER FATHER

13. NAME: Matt Ranaer
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Francis Hallor
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Mrs C. Tanty Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date ....., 193..

19. UNDERTAKER (Address): M. E. Thornhill Kellogg Ida

20. FILED April 7 1936 Chas. E. Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abdominal Abscess	Feb 12-36
of Bowels	Patient Came Feb 12 36 11:30 P.M.

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Chas. E. Connolly M.D.
(Address) Harrison Ida

MAR

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9827

Registration District No. 15

Primary Registration District No. 2145 Local Registrar's No. 5

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Babb

(a) Residence. No. St. Palouse Wash,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7 1929

7. AGE — Years: 6 | Months: 6 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Palouse Wash,

MOTHER FATHER

13. NAME: Roscoe Babb

14. BIRTHPLACE (city or town) (State or country): Colfax Wash,

15. MAIDEN NAME: Wilma Jones

16. BIRTHPLACE (city or town) (State or country): Palmer Neb,

17. INFORMANT (Address): Roscoe Babb Palouse Wash,

18. BURIAL, CREMATION OR REMOVAL
Place: Palouse Wash, Date: Feb, 26 1936

19. UNDERTAKER (Address): D.D.Kimball Palouse Wash,

20. FILED Feb 26th 1936. D. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb, 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1936., to Feb. 24th, 1936.
I last saw her alive on Feb 23rd, 1936.; death is said to have occurred on the date stated above, at 335 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Meningitis	
following Middle Ear Abscess	Feb 10th

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) T. C. Gibson, M. D.
(Address) Potlatch

MAR 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97928

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME John Elmer Flannigan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jessie Flannigan

6. DATE OF BIRTH (month, day, and year) Jan, 15 1874

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	62	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Common

10. Date deceased last worked at this occupation (mo. and yr.) Jan, 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Waukesha Co,
(State or country) Wisconsin

FATHER

13. NAME Josiah Flannigan

14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Jessie Flannigan
(Address) Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Troy Ida. Date Mch 1, 1936

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED Feb 27, 1936 D. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb, 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb 26, 1936

I last saw her alive on Feb 26, 1936; death is said to have occurred on the date stated above, at 805p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other **contributory causes** of importance:	
Chronic myocarditis and	
Chronic interstitial nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [redacted] F. E. Ambrose, M. D.

(Address) Potlatch Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 37929

PLACE OF DEATH
County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgil Wesley Minden

(a) Residence. No. St. Princeton Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

110

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb, 25 1927

7. AGE: Years 9 | Months -- | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Feb, 1936
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Princeton Idaho

FATHER OF CHILD
13. NAME: William Minden
14. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER OF CHILD
15. MAIDEN NAME: Elsie Elden
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): William Minden Princeton Ida,

18. BURIAL, CREMATION OR REMOVAL
Place: Potlatch Ida, Date: Mar, 8, 1936

19. UNDERTAKER (Address): D.D.Kimball Palouse Wash,

20. FILED: March 4 1936 Jr Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar, 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to March 3, 1936
I last saw him alive on March 3, 1936; death is said to have occurred on the date stated above, at 820a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	Feb 26

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) T. E. Gibson, M. D.
(Address) Potlatch

MAR 27 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Harvard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2-145 Local Registrar's No.

(No. .)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
97930
State File No.

2. FULL NAME Ruth Olive Vowels

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 4. 1926

7. AGE: Years 9 | Months 4 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) mar. 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Palouse
(State or country) Wash.

FATHER

13. NAME Henry V. Vowels

14. BIRTHPLACE (city or town) Perrytown
(State or country) Ontario Canada

MOTHER

15. MAIDEN NAME Maude Kendall

16. BIRTHPLACE (city or town) Hartline
(State or country) Wash.

17. INFORMANT Maude Vowels
(Address) Harvard Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash, Date Mar, 24 193 6

19. UNDERTAKER D. D. Kimball
(Address) Palouse Wash,

20. FILED March 23 1936 W. H. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar, 23 6

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to Mar 23, 1936

I last saw her alive on Mar 22, 1936; death is said to have occurred on the date stated above, at 1040A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Spinal	
Meningitis	
(Epidemic type)	

Other **contributory causes** of importance:

None.	

Name of operation None Date of

What test confirmed diagnosis? Bacteriological Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. O. Armstrong, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Deary

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97931

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ivar Svenson Ringsage

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19-1839

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
96	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Sven Svendson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Siri Svendsdatter

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Ed Svenson

18. BURIAL, CREMATION OR REMOVAL
Place Deary Date 29, 1936

19. UNDERTAKER (Address) John J. Pickerd

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 29 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to 3-26—, 1936.
I last saw him alive on March 1, 1936: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97932

APR 4 1936 RECEIVED

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Lenore Neeley

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred D. Neeley

6. DATE OF BIRTH (month, day, and year) Aug 3 1885

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
50	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spirit Lak Iowa

MOTHER FATHER

13. NAME Charles D Kettleson

14. BIRTHPLACE (city or town) (State or country) Wis

15. MAIDEN NAME Lona Bergan

16. BIRTHPLACE (city or town) (State or country) Recm Was

17. INFORMANT (Address) Alfred D Neeley Bovill Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place St Maries Ida Date ....., 193..

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED Jan 8, 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 193.6, to Jan 8, 193.6.
I last saw her alive on Jan 8, 1936; death is said to have occurred on the date stated above, at 1.20 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 2 36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. A. Meyer M. D.
(Address) Troy Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Deary (rural)

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97933

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Hiram Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hulda Johnson

6. DATE OF BIRTH (month, day and year) March 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Hartland
(State or country) Wis.

FATHER
13. NAME Andrew B. Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Helen Hanson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Hilda Johnson
(Address) Deary, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Deary, Ida. Date 2/17, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Feb 20, 1936 Lucy M. Pickerd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/5/36, 1936, to 2/14/, 1936
I last saw him alive on 2/14/36, 1936: death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia, primary	2/12/36
Cardiac decompensation due to thyroid disease	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M Fuchs, M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah.
City of Troy

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97934

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Lindberg Soderstrom

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick Soderstrom

6. DATE OF BIRTH (month, day, and year) Sept 29-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Lindberg
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Fred Soderstrom

18. BURIAL, CREMATION OR REMOVAL
Place Dry creek cem Date Feb 13, 1936

19. UNDERTAKER (Address) John J. Pickerd

20. FILED Feb 12, 1936 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to Feb. 10, 1936
I last saw her alive on Feb. 3, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 35
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. G. Meyer, M. D.
(Address) Troy Idaho

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97935

PLACE OF DEATH
County of Latah
City of Deary

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(Hylmer) (No.) 188

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 48	years	old	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Eugene Darrar

18. BURIAL, CREMATION OR REMOVAL
Place Dry creek cem. Date Feb. 20, 1936

19. UNDERTAKER (Address) John J. Pickerd Troy Ida.

20. FILED Feb. 17, 1936. Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936 to Feb. 16, 1936.
I last saw him alive on Feb. 16 1936: death is said to have occurred on the date stated above, at 11.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accident &	
Skull fracture	2-16-36.

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-16 1936
Where did injury occur? Clearwater County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** In industry
Manner of injury Struck by falling tree
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify falling trees

(Signed) Chas A. Meyer M. D.
(Address) Troy Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97936

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels P. Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 3 - 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lund Sweden

FATHER
13. NAME Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Nels Johnson

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED Mar 30, 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar ....., 1935, to March 29, 1936
I last saw him alive on Feb ....., 1936: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance:	
Carcinoma Prostate	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. C. Lyons, M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Deary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97937

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

APR 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Brita Katherine Olson

(a) Residence. No. Deary St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ O. P. Olson

6. DATE OF BIRTH (month, day, and year) July 18-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Pearson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Fritz Olson

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cem. Date Feb 2, 1936

19. UNDERTAKER (Address) John J. Pickerd Troy Idg

20. FILED Feb 1, 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Jan 29, 1936
Last saw her alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	9
Hepatic metastases	?
Other contributory causes of importance:	
Myocarditis	?
Hemorrhage	Jan 24/36

Name of operation No operation Date of
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. Vogel, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97938

APR 8 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 99

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Ella Goodwin

(a) Residence. No. 1103- S. Lynn Ave., Moscow St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Goodwin

6. DATE OF BIRTH (month, day, and year) Feb 4th-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	--	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Louis Skifton

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Selland

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs W. R. Davidson (Address) Moscow, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Moscow Cem. Date Apr 13 1936

19. UNDERTAKER (Address) Moscow Idaho

20. FILED 4-4, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-10-1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936, to 2-10-, 1936

I last saw her alive on 2-10-, 1936. death is said to have occurred on the date stated above, at 5:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right hemiplegia	18 months ago (began without warning)
Chronic Myocarditis	
Starvation	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph R. Wilson, M. D.

(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Rural, Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97939

APR 8 1936 RECEIVED

Registration District No. 6 1

Primary Registration District No. 1011

Local Registrar's No. 98 1011

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. J. Ellen Barnes

(a) Residence. No. Moscow, Rural St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Barnes

6. DATE OF BIRTH (month, day and year) June 21- 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Skeltin

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Gaskell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edward Barnes (Address)

18. BURIAL, CREMATION OR REMOVAL Burial

Place Moscow Cem. Date Feb 8-, 1936

19. UNDERTAKER Glenn Pyce (Address) Moscow, Idaho

20. FILED 4-4, 1936 Mary Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12-, 1935, to Feb 5-, 1936

[last saw her alive on Aug 12 1935; death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Senility	

Other contributory causes of importance: Lethargic Encephalitis & Paralysis Agitans

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury....., 193...

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph J. Wilson M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97940

APR 8 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 100

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

16 W

2. FULL NAME Baby Childers

(a) Residence. No. Moscow, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb-15th-1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Pearley Childers

14. BIRTHPLACE (city or town) Thornton (State or country) Wash.

MOTHER

15. MAIDEN NAME Katherine Heick

16. BIRTHPLACE (city or town) Moscow (State or country) Idaho.

17. INFORMANT Pearley Childers

(Address) Moscow, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Moscow Cem. Date Feb 18th, 1936

19. UNDERTAKER Wilson Mortuary

(Address) Moscow Idaho

20. FILED 4-4, 1936 Adam Eisenhower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1936, to 2-16, 1936

I last saw her alive on 2-16, 1936; death is said to have occurred on the date stated above, at 6:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Pallida	at birth

Other contributory causes of importance:

Possible Enlarged Thymus
Premature birth

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) C. E. Wilson M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97941

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 101

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma F. Jacksha

(a) Residence. No. Pullman Road St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jacksha

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

FATHER
13. NAME Jacob Kambitsch
14. BIRTHPLACE (city or town)
(State or country) Austria

MOTHER
15. MAIDEN NAME Thressia Deiger
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Walter Jacksha
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/9, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 3/7, 1936 Johnny Emhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to March 5, 1936
I last saw her alive on March 5, 1936 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	unknown
Infection of skin	Jan 15, 1936
Cardiac decompensation	March 1, 1936

Other contributory causes of importance:
senility

Name of operation Appendectomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edward N. Dupp, M. D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97942

Registration District No. 61

APR 8 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 102

(No. 1030 Blake Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME Arthur M. Pecka

(a) Residence. No. ..... St. Chicago, Ill.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): January 9, 1914

7. AGE: Years 22 | Months 2 | Days 12 | If LESS than 1 day,... hrs or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U. of I.

10. Date deceased last worked at this occupation (mo and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Chicago Ill.

FATHER

13. NAME: John Pecka

14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER

15. MAIDEN NAME: Mary Peitl

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Weld & Weld, Chicago, Ill.

18. ~~INTERMENT~~ CREMATION OR REMOVAL
Place Chicago, Ill. Date Mar. 8 193 6

19. UNDERTAKER (Address): H.R. Short, Moscow, Ida.

20. FILED Mar. 8, 193 6 Stanley Eichorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 7 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 7:05A p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound in head	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) H.R. Short Coroner M. D.

(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97943

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 103

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Erastus Artumis Rathbun 90

(a) Residence. No. N. Hayes St. .....
(Usual place of abode) 45 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. Rathbun

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME Laura Hart
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Arthur Glenn Rathbun
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ -
Place Moscow Date 3/12, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 3/11, 1936 Mary Lenhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935 to Mar. 9, 1936
I last saw him alive on Mar. 9, 1936: death is said to have occurred on the date stated above, at 11:25p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1 year
Other contributory causes of importance: Hypertension, Cerebral	
hemorrhage 1½ ago.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M Lyeth, M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

APR 8 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97944
State File No.

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 104

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Evans

(a) Residence. No. 315 N. Jefferson St.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Machinesburg, Ohio

FATHER

13. NAME W. C. Evans

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Tharp

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) H. M. Stewart, Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 3/12, 1936

19. UNDERTAKER (Address) H.R.Short, Moscow, Idaho

20. FILED 3/11, 1936 Mary Emborne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Mar. 9, 1936

I last saw her alive on Mar. 6, 1936: death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar. 6
Other contributory causes of importance: Arteriosclerosis and	
hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Foster M. D.

(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97945
State File No.

APR 8 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 105

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Edward Carlson

(a) Residence. No. 118 S. Hayes St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos ds. How long in U. S., if of foreign birth 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Carlson
6. DATE OF BIRTH (month, day, and year): Oct. 12, 1855
7. AGE: Years 80 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer.
10. Date deceased last worked at this occupation (mo. and yr.): 1919
11. Total time (years) spent in this occupation: 30 yr.

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Byrnglesbyn, Sweden
13. NAME: Carl Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden
15. MAIDEN NAME: Lisa Stake
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Clara Carlson, Moscow, Idaho
18. BURIAL, ~~CREMATION, REMOVAL~~ Place: Moscow Date: 3/19, 1936
19. UNDERTAKER (Address): H.R. Short, Moscow, Ida.
20. FILED: 3/18, 1936 Mary Eichhorst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1936, to 3/16, 1936.
I last saw him alive on 3/15, 1936.: death is said to have occurred on the date stated above, at 2:15 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other **contributory causes** of importance:	
Chronic Endocarditis	
Marked Heart Lesion	

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. W. Lamberson, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

DO NOT WRITE IN THIS SPACE
97946
State File No.

APR 9 1936 REGISTERED

Primary Registration District No. 1011 Local Registrar's No. 106

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Joseph Strong

(a) Residence. No. 219 East 3rd St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Strong

6. DATE OF BIRTH (month, day, and year): June 4, 1870

7. AGE: Years 65 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.): 1935

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Cumberland, England

FATHER

13. NAME: Jacob Strong

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Peal

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Mary Strong, Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place: Moscow, Ida. Date: 3/25, 1936

19. UNDERTAKER (Address): H.R. Short, Moscow, Ida.

20. FILED 3/25, 1936 J. Harvey Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/23 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to 3/23/36, 1936
I last saw him alive on March 23 1936; death is said to have occurred on the date stated above, at 10:00a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	3/21/36
ca. of the sigmoid	?
Other **contributory causes** of importance:	
secondary anemia	

Name of operation: colostomy Date of: 3/16/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Doyle M. Fuchs M. D.
(Address) Moscow Idaho

APR 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9794?

Registration District No. 6 1

Primary Registration District No. 2011 Local Registrar's No. 107

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie King

50

(a) Residence. No. 625 S. Adams St. St. .....
(Usual place of abode)

Length of residence in city or town where death occurred: 5 yrs. 10 mos. 14 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11, 1930

7. AGE: Years 5 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER

13. NAME Lewie King

14. BIRTHPLACE (city or town) Johnson,
(State or country) Wash.

MOTHER

15. MAIDEN NAME Youla Parks

16. BIRTHPLACE (city or town) Davenport
(State or country) Wash

17. INFORMANT Lewie King
(Address) Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 3/27, 1936

19. UNDERTAKER H.R.Short
(Address) Moscow Idaho

20. FILED 3/26, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Mar. 25, 1936.
I last saw her alive on March 25 1936: death is said to have occurred on the date stated above, at 7:30p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxiation	3/25/36
Metastatic round cell sarcoma of the lung	Jan., 193[illegible]
Other **contributory causes** of importance:	
Round cell sarcoma of the vulva	Jan, 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) Doyle M. Lyeburn, M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latha
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97948

APR 1 1936 RECEIVED

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Ellen Durbin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas Durbin

6. DATE OF BIRTH (month, day, and year) Jan 26 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Frank Brown
14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER
15. MAIDEN NAME Thaesia Wilkins
16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT (Address) W. F. Wilkins

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Mar 26 1936

19. UNDERTAKER (Address) John J. Packard Troy Ida

20. FILED Mar 25 1936 Lucy M. Packard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to March 22 1936
I last saw her alive on March 21, 1936.: death is said to have occurred on the date stated above, at 8 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Jan 1936
Other contributory causes of importance:	
Senility.	1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. G. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

APR 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97943
State File No.

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 27
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hollis Emory Drake

(a) Residence. No. Canyon Ave. St. Wallace Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Dorothy Drake

6. DATE OF BIRTH (month, day, and year) April 28-1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	9	3.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machenic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hecla Mine.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 3yrs.

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Joseph W Drake
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Carrie Wolf.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs Dorothy Drake Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida. Date Apr 3, 1936

19. UNDERTAKER (Address) J A Bever (Wards) Wallace Ida.

20. FILED Mar 31 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 193[illegible] to Mch 31, 1936
I last saw h[illegible] alive on Mch 31, 1936; death is said to have occurred on the date stated above, at 730 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr	
Arteriosclerosis	

Other contributory causes of importance: Pulmonary Tuberculosis Chr

Name of operation ~~Exploratory~~ Date of
What test confirmed diagnosis? ~~Was autopsy held?~~ No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 8 1936 RECEIVED

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97950

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 25

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethebert Haug.

(a) Residence. No. Mullan Ida St. Mullan Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida Haug.

6. DATE OF BIRTH (month, day, and year) June 9 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho City Idaho

FATHER
13. NAME Nicholas Haug
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Garrech
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Ida Haug Mullan Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Boise Idaho Date March 8, 1936

19. UNDERTAKER (Address) J. A Bever (Boards) Wallace Ida.

20. FILED March 7, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 6, 1936
I last saw him alive on March 5, 1936. death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Pneumonia	3-10-36
Other contributory causes of importance: Influenza	3-8-36

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible], M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97951

PLACE OF DEATH

County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 24

(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Langton McCarthy,

(a) Residence. No. 304 Cedar Street St. Wallace, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed or divorced: (or) WIFE of James F. McCarthy
6. DATE OF BIRTH (month, day, and year): August 18th 1867.
7. AGE: Years 68 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Ashland (State or country) Pennsylvania.

MOTHER FATHER
13. NAME Peter Langton
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Harrison
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) James F. McCarthy and Wallace, Idaho.
18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash Date Mar 16, 1936
19. UNDERTAKER Bruce G. Worstell (Address) Wallace, Idaho.
20. FILED March 16 1936 John Biver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1936, to Mar 13, 1936.
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 8:20 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	3-10-36
Other **contributory causes** of importance: Pernicious Anemia	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify. .....
(Signed) .... Pancutelli's ..., M. D.
(Address) .... Wallace .... Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97952
State File No.

Registration District No. 70

APR 9 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 23

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah E Funderburg

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23 - 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Jacob White
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME McNeeley
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Boerber
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Mar. 14, 1936

19. UNDERTAKER J.A Boyer (Wards)
(Address) Wallace Ida

20. FILED Mar 13, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.0., to Mar 12, 1936
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1245P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis on right Side	
Other contributory causes of importance:	
Senility	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A W Pollan M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Mullan

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Roy.

DO NOT WRITE IN THIS SPACE
97953
State File No.

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 22

(No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Collins 87

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 11 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Lord Collins
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Humphreys.
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Kirkland
(Address) Mullan Ida.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Mullan Ida. Date March 13 1936

19. UNDERTAKER C A Bower (Wards)
(Address) Wallace Ida.

20. FILED March 11, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 10, 1936
I last saw her alive on March 9, 1936: death is said to have occurred on the date stated above, at 10:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	March 10/36
Other contributory causes of importance:	
Rheumatism	about 20 yrs ago

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F W Robertson M. D.
(Address) Mullan Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Nonreg.

DO NOT WRITE IN THIS SPACE
State File No. 07653

APR 8 1936 RECEIVED

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 21

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Katherine Webb Prescott.

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5-1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER
13. NAME Stephen Webb.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Margaret McFarland
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaret Prescott (Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date March 12 1936.

19. UNDERTAKER Ed Boyer (Address) Wallace Ida.

20. FILED March 11, 1936 John Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 9 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 193.6 to March 9, 193.6
I last saw h[illegible] alive on March 6, 193.6 death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bladder & Kidneys Sep. Mo.

Other contributory causes of importance:

Uterus Prolapsed

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Hartwell M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9795

Registration District No. 10

MAR 8 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 20

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Tina Schilling

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School.

10. Date deceased last worked at this occupation (mo. and yr.) March-2-36

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Geo Schilling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Edith Butka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M D Strain
(Address) Tomorrow Wash

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Portland Ore. Date Mar 10, 1936

19. UNDERTAKER J A Bwer (work)
(Address) Wallace Ida.

20. FILED March 9, 1936 John Bwer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936, to Mar 7, 1936

I last saw h.e.r. alive on Mar 7, 1936. death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Pneumonia	3-5-36
Other contributory causes of importance:	
Influenza	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 1936

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Forrest Foote, M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97956

Registration District No. 70

APR 8 1936 RECEIVED

Primary Registration District No. 104 Local Registrar's No. 19

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Deckard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Elbridge Deckard

6. DATE OF BIRTH (month, day, and year) May 1-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Labrand Ore

FATHER
13. NAME Ted Dillinger
14. BIRTHPLACE (city or town) (State or country) Winchester Virginia

MOTHER
15. MAIDEN NAME Laura Hughie
16. BIRTHPLACE (city or town) (State or country) LaGrande Ore

17. INFORMANT Ted Young (Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida. Date March 4 1936

19. UNDERTAKER John Bruce (Address) Wallace Ida

20. FILED March 3 1936 John Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936, to March 1, 1936.
I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 11:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Years
Arteriosclerosis	Years

Other contributory causes of importance:

Name of operation ..... Date of operation .....
What test confirmed diagnosis .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury ~~occurred~~ in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Hours per week .....

(Signed) ..... M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Gem

APR 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97957

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 18

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel L Dorsey

(a) Residence. No. Gem Idaho St. Gem Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Kate Dorsey

6. DATE OF BIRTH (month, day, and year) May 9 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER
13. NAME: Daniel Dorsey
14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER
15. MAIDEN NAME: Robertson
16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMANT (Address): Mrs Kate Dorsey Gem Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date March 4, 1936

19. UNDERTAKER (Address): A Buer (Wards) Wallace Ida

20. FILED March 2 1936 John Buer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feby 9, 1936 to March 1, 1936
I last saw him alive on March 1, 1936: death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12 hours
Other contributory causes of importance:	
Arteriosclerosis	4 years
Myocarditis	4 years.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis K Bray M. D.
(Address) Wallace

FORM V. S. No. 5-25 M. 1-16-13

Feb 22.

CERTIFICATE OF DEATH.

Registration District No. 47

Primary Registration District No. .....

(No. ....., ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 97958

Registered No. 205

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Lewis

City of Mayfield Idaho
Village

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Donna Schmitz

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH. March (Month) 10 (Day) 1874 (Year)

7. AGE: 61 Yrs. 11 Mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Minnesota St James

10. NAME OF FATHER George Leisther

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Mary Wurster

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schmitz

(Address) Mayfield Idaho

15.

Filed Mar 2 1936

Local Registrar

BYRON - YORK CO., PTRS. & BKBS. 24658

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb (Month) 28 (Day) 1936 (Year) 5 P.M.

17. I HEREBY CERTIFY, That I attended deceased from July 31 1935, to Feb 28 1936, that I last saw her alive on Feb 22 1936, and that death occured on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus with Metastasis to lung

(Duration) Yrs. 6 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. A. Collins M. D.

19..... (Address) Craigmont Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cmetry — DATE OF BURIAL: Mar 2 1936

20. UNDERTAKER: Albert Huff — ADDRESS: Mayfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

MAR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97959

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 17

(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Bailey Bagley

(a) Residence. No. (Usual place of abode) Rupert Ida St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jos H. Bailey

6. DATE OF BIRTH (month, day, and year) Born Nov. 24 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation " "

12. BIRTHPLACE (city or town) (State or country) Perry County Tennessee

FATHER
13. NAME Thilipto Miller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Sarah Bird Davids
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Jos H. Bailey
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 3-20, 1936

19. UNDERTAKER Jos. H. Bailey
(Address) Rupert Ida

20. FILED 3-23, 1936 E. E. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-36, 193.6 to 3-7-36, 193.6
I last saw h alive on 3-7-36, 193.6: death is said to have occurred on the date stated above, at 4 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease (thrombosis)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Gray, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97960

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 18

APR 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther A Brazzeal

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed or divorced
~~HUSBAND of~~
(or) WIFE of George C Brozzeal

6. DATE OF BIRTH (month, day, and year) Aug 18 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nevada
(State or country)

FATHER
13. NAME Tom Werry
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Hesther A Hendra
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Leo Brozzeal
(Address) Rupert, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem Date 4/7, 193 6

19. UNDERTAKER W. A. Goodmon
(Address)

20. FILED 4/2, 193 6 E K Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 193 6

22. I HEREBY CERTIFY, That I attended deceased from April, 193 5 to June 4, 193 6
I last saw h alive on June 6, 193 6: death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroid Heart Disease	1934
Other contributory causes of importance:	
Anemia	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E E Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97961

APR 3 1936 RECEIVED

Registration District No. 19
Registration District No. 2015 Local Registrar's No. 19
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel L. Frank

(a) Residence. No. St. 117
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER
13. NAME: Elmer Frank
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Francis Togier
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Elmer Frank Heyburn

18. BURIAL, CREMATION OR REMOVAL
Place: Heyburn Cem. Date: 2/19, 1936

19. UNDERTAKER (Address): W. A. Goodson Rupert Ida.

20. FILED 4/2, 1936. E. E. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1936, to 2-17, 1936.
I last saw her alive on 2-17, 1936: death is said to have occurred on the date stated above, at 8:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis generalized	
Severe suppuration	
Other contributory causes of importance:	
Appendicitis acute severe	
suppuration.	

Name of operation: Appendectomy Date of: 2-16-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Elmore M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Rupert

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97962

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 16

(No. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse H. Badger

106

(a) Residence. No. Oregon St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER

13. NAME Le Roy Badger

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Vira Bowen

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Le Roy Badger
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 3-24 1936

19. UNDERTAKER J. D. Haynes
(Address) Rupert

20. FILED 3-23, 1936 Edith Ehmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1936, to 3-23, 1936.

I last saw h[illegible] alive on 3-23, 1936: death is said to have occurred on the date stated above, at 5:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema, Rt	3-18-36
Other contributory causes of importance:	
Pneumonia Hypostatic	1-19-36

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Jensen M. D.

(Address) Rupert Idaho

MAR 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97964

PLACE OF DEATH

County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Mason Thorpe

(a) Residence. No. ..... St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Thorpe

6. DATE OF BIRTH (month, day, and year) April 19 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Feb 1936

11. Total time (years) spent in this occupation 8a

12. BIRTHPLACE (city or town) ..... (State or country) Wales

FATHER

13. NAME Thomas Mason

14. BIRTHPLACE (city or town) ..... (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Mason

16. BIRTHPLACE (city or town) ..... (State or country) Wales

17. INFORMANT Jos. Thorpe Jr.
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Pleasantview Ida. Date Feb 19 193 6

19. UNDERTAKER J. Guy Benson
(Address) Malad Idaho

20. FILED Mar 18 1936 M. J. Kerr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 193 6, to Feb 16 193 6.
I last saw her alive on 2/14 193 6: death is said to have occurred on the date stated above, at 1.P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. B. Mallory M.D.
(Address) Malad Ida.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AIR - MAIL PERMIT

PLACE OF DEATH

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 2

DO NOT WRITE IN THIS SPACE
97965
State File No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Palmer Salkield

(a) Residence. No. Driggs St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Wm Salkield

6. DATE OF BIRTH (month, day, and year) Aug. 12 - 1861

7. AGE: Years 74 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leslers Eng.

FATHER

13. NAME John Palmer
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Jane Mabby
16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT (Address) Joseph F. Salkield La Grand, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Utd Date 3/24, 1936

19. UNDERTAKER (Address) W. M. Stanger St. Anthony Idaho

20. FILED 3-31-1936 Alta M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to March 22, 1936.
I last saw h[illegible] alive on March 11, 1936.: death is said to have occurred on the date stated above, at 1.00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma - of liver.	
Intestinal obstruction of	
minimum degree	
Other **contributory causes** of importance:	
Chronic myocarditis	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Reese M. D.
(Address) 36 Driggs, Idaho

APR 1 - 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97966

PLACE OF DEATH
County of Teton
City of Driggs

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 4
(No.) 190
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lewis Dell Ellis

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) 3/24/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs, Idaho

PARENTS

10. NAME OF FATHER Lewis A. Ellis
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho
12. MAIDEN NAME OF MOTHER Velda Hall
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Idaho

14. Informant (Address) Lewis A. Ellis, Driggs, Idaho

15. Filed 3-31-, 1936 Albie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 28, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1936, to 3/28, 1936
that I last saw him alive on 3/28, 1936
and that death occurred, on the date stated above, at 9:00 P.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Malaena Neonatorum

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Don't know

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L. E. Palmer, M. D.
3/28, 1936 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Driggs, Ida	3-29-1936
20. Undertaker	Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

APR 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 97967

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Teton
City of Driggs
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 3
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

98a

2. FULL NAME Lowell Hillman

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 22 yrs. 3 mos. 8 ds. How long in U. S if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 16, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laboror
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs, Idaho

PARENTS

10. NAME OF FATHER Roy L. Hillman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Utah

12. MAIDEN NAME OF MOTHER Eva Valentine

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Salem, Idaho

14. Informant Melvin Muir
(Address)

15. Filed 3-31- 1936 Alice M Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 24 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Sept. 15 1935 to March 24 1936
that I last saw h.im alive on March 23 1936
and that death occurred, on the date stated above, at 2:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Acute Endocarditis
(Mitral Regurgitation)
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Rheumatic Fever
(duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) L. W. Pedrue, M. D.
3/25 1936 (Address) Driggs, Idaho

19. Place of Burial, Cremation, or Removal Darby Cemetery, Near Driggs Ida. Date of Burial 3/26 1936

20. Undertaker W. M. Hansen Address St. Anthony Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97969
State File No.

MAR 11 1936 RECEIVED

Registration District No. 37
Registration District No. 1085
Local Registrar's No. 41

(No.) 119 - 10th Ave. N.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldon Bracken.

(a) Residence. No. 119 - 10th Ave, N, City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6- 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME Eldon Bracken,

14. BIRTHPLACE (city or town) Barnard,
(State or country) Kansas

MOTHER

15. MAIDEN NAME Goldie Pennock

16. BIRTHPLACE (city or town) Boulder,
(State or country) Colo.

17. INFORMANT Mrs. F. F. Bracken
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2-20-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 2/20, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to Feb., 18, 1936
I last saw him alive on Feb., 18, 1936; death is said to have occurred on the date stated above, at 7:15 P/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia.	Feb 14. 1936
Influenza - Immunized.	
Complicated by pleurisy.	
Other contributory causes of importance	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97970

PLACE OF DEATH
County of Twin Falls
City of Buhl.
Registration District No. 39

APR 4 1936 RECEIVED

Primary Registration District No. 2087 Local Registrar's No. 159

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Lindeen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): March 22 - 1936
7. AGE: Years: X | Months: X | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Buhl Ida.

MOTHER FATHER
13. NAME: L. A. Lindeen ✓
14. BIRTHPLACE (city or town) (State or country): McPherson. Kan
15. MAIDEN NAME: Sylphia Kudlac
16. BIRTHPLACE (city or town) (State or country): Pine City Minn
17. INFORMANT (Address): L. A. Lindeen Buhl, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl, Ida Date: 3/30, 1936
19. UNDERTAKER (Address): Evans & Johnson Buhl Ida
20. FILED Mar. 31, 1936 G. T. Atkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/23 1936
22. I HEREBY CERTIFY, That I attended deceased from 3/22/36, 193.., to 3/23/36, 193..
I last saw him alive on 3/22/36, 193.. death is said to have occurred on the date stated above, at 6 P. ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic Heart	3/22/36
Disease	
Failure & Pneumonia	
Cause to Close	
Other **contributory causes** of importance:	

Name of operation: None Date of: -
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Leo Jennings, M. D.
(Address) Buhl, Ida.

APR 4 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97971

PLACE OF DEATH

County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sylvia Ann Proctor

(a) Residence. No. 1010½ Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. F. Proctor

6. DATE OF BIRTH (month, day, and year): Jan. 6 1860

7. AGE: Years 76 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Petersburg Ill

FATHER
13. NAME: Nelson Maltby.
14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER
15. MAIDEN NAME: Mary Ann Boyd.
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): W. F. Proctor Buhl

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 3/14 1936

19. UNDERTAKER: Evans & Johnson
(Address) Buhl E. E. Johnson

20. FILED Mar. 14, 1936 D. T. Dickenson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/14 1936

22. I HEREBY CERTIFY, That I attended deceased from June ..., 1934, to 12 Mch ..., 1936.
I last saw h[illegible] alive on 7 Mch., 1936.; death is said to have occurred on the date stated above, at 12 15 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial heart due to influenza	
Enlarged liver due to weak heart and emphisis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. W. MacMannis, M. D.
(Address) Buhl, Idaho

MacMannis

APR 4 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97972

PLACE OF DEATH

County of Twin Falls
City of Castleford

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgil Gail Charles

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married
6. DATE OF BIRTH (month, day, and year): Nov. 14 - 1870
7. AGE: Years 66 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Girard Kansas

FATHER
13. NAME: Samuel Charles
14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER
15. MAIDEN NAME: Angeline Gail
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs V. G. Charles Castleford Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Burke Date: 3/15, 1936

19. UNDERTAKER (Address): Evans & Johnson Burke. L. O. Johnson

20. FILED Mar. 14, 1936. G. T. Dickenson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 45, to 12 Mch, 1936.
I last saw him alive on 2 Mch, 1936.: death is said to have occurred on the date stated above, at 6:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Weakened heart due to influenza a year ago	
causing acute pneumonia	
I lives and stomach a	
Emphysema with obstruction	
Other **contributory causes** of importance: gas pressure in intestines	

Name of operation: none Date of:
What test confirmed diagnosis?: V. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. O. McMannon, M. D.
(Address) Burke, Idaho

APR 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97973

PLACE OF DEATH

County of Twin Falls
City of Burley
R. F. D.

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Howard Marshall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 16 - 1925
7. AGE: Years 11 | Months 1 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fuller Ida

MOTHER
13. NAME: C. C. Marshall
14. BIRTHPLACE (city or town) (State or country): Callao Mo
15. MAIDEN NAME: Laura Radliff
16. BIRTHPLACE (city or town) (State or country): Ethel Mo

17. INFORMANT (Address): Mrs. C. C. Marshall Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Ida Date: 3/11, 1936

19. UNDERTAKER (Address): Evans & Johnson Burley - L. Johnson

20. FILED Mar 31, 1936 H. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936, to 3-10, 1936
I last saw him alive on 3-9, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Epilepsy	1927
(multiple seizures per month)	

Other **contributory causes** of importance:

Name of operation: none Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury..Natural
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. G. Berry, M. D.
(Address) Burley Ida

Canto

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97975

Registration District No. 86
Registration District No. 2112
Local Registrar's No. 15

MAR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvin Dale Mikkelson

(a) Residence. No. Eaton Dist St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Sing

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 7, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Glenn Mikkelson
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Emma Green
16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT Glenn Mikkelson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 3-2- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Mch 6 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Feb 28, 1936
I last saw him alive on Feb 27, 1936; death is said to have occurred on the date stated above, at 9 05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 23, 1936
Bronchial	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. W. Cook, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9797

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 59

APR 11 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) (No.....)

2. FULL NAME Joseph Lyman Raymond

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 18 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME Burt H. Raymond

14. BIRTHPLACE (city or town) (State or country) Blue Earth Minnesota

MOTHER

15. MAIDEN NAME Ora Dennett

16. BIRTHPLACE (city or town) (State or country) Victor Ohio

17. INFORMANT Mrs. Ora Smith
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parma Date 3-21 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell

20. FILED 4/10 1936 Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/17 1936 to 3/18 1936

I last saw him alive on 3/18 1936: death is said to have occurred on the date stated above, at 4-07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholangitis	3/18/36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Jaundice Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. C. Newberry, M. D.

(Address) Caldwell Ida

APR 10 1936 Rodwell—

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97978

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Deutsch

(a) Residence. No. 820 11th Ave So. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Deutsch

6. DATE OF BIRTH (month, day, and year) Feb. 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alsatz Canton Country Switzerland

MOTHER FATHER

13. NAME Christian J.

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Emma Braseh

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Mrs. G. Deutsch 820 11th Ave So.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date 3/26, 1936

19. UNDERTAKER Heath & Allred
(Address) Nampa Idaho

20. FILED Mar. 3, 1936 Lydia R. Rogers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936, to Mar. 22nd 1936.
I last saw him alive on Mar. 22, 1936; death is said to have occurred on the date stated above, at 11 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	??
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Robert D. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

Rodwell -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97979

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 60

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Louise King

(a) Residence. No. 1103 11th Ave So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. D.C. King

6. DATE OF BIRTH (month, day, and year) Oct 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
75	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lunenburg Nova Scotia Can

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Lunenburg Nova Scotia Can

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James L. King (Address) Los Angeles Cal.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date March 1936

19. UNDERTAKER Ruth Talley (Address) Nampa Ida

20. FILED Apr. 3, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h[illegible] alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma	1935
of uterus	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) R L Rodwell M. D.
(Address) Nampa Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1[illegible]

-Rodwell-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97989

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 57

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Gertrude Belle Pendleton

(a) Residence. No. 119- 9th No. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Pendleton

6. DATE OF BIRTH (month, day, and year): Jan 31, 1884

7. AGE: Years 52 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Vera Haute Ind.

FATHER

13. NAME: Jim Anderson

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: Mattie Cummings

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Mrs. J. W. Pendleton Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Nampa Ida Date: 3/27, 1936

19. UNDERTAKER (Address): Meadows Valley Nampa Ida

20. FILED Mar. 3, 193 6 Lydia A. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-25 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 193 5, to 3-25, 193 6

I last saw her alive on 3-25, 193 6; death is said to have occurred on the date stated above, at 6 3/4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1935

Other **contributory causes** of importance:

Name of operation: none Date of: —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. L. Rodwell, M. D.

(Address) Nampa Idaho

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97981
State File No.....

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 2
Primary Registration District No. 1006 Local Registrar's No. 57
(No. 1223 - 13 Ave S)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lunely Yarnell

(a) Residence. No. 1223 - 13 - Ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): 12-3-1870
7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Labor
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Yarnell Nampa Ida
18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 3-15-36
19. UNDERTAKER (Address) F. K. Robinson
20. FILED Apr. 4, 1936 Lytha Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-13 1936

22. I HEREBY CERTIFY, That I attended deceased from on 3-12 1936, to ....., 193..
I last saw him alive on 3-12, 1936; death is said to have occurred on the date stated above, at 4 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
with Angina Pectoris	Angina 2 days

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...
(Signed) J. Chester ....., M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97982
State File No.

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 62
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME Charles Flahiff

(a) Residence. No. 1015 - 11 Ave S St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21-71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Plumber (retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farley Iowa

MOTHER/FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Chas Flahiff Jr
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 3-27, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Apr. 4, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 3-25-, 1936.
I last saw him alive on 3-24-1936.; death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Progressive Right sided paralysis following brain injury. Brain cyst	1934
Other **contributory causes** of importance: Direct cause of death was - Post operative edema of the brain.	3-25-'36.

Name of operation Craniotomy Date of 3-25-'36
What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Geo. A. Wilson M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97983

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Norman McDonald

(a) Residence. No. 211-14 Ave So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-11-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER FATHER
13. NAME Norman Albert McDonald
14. BIRTHPLACE (city or town) (State or country) N. D.

MOTHER
15. MAIDEN NAME Margaret E. Gould
16. BIRTHPLACE (city or town) (State or country) Neb

17. INFORMANT N. A. McDonald
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 4-7, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED April 4, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1936, to 3-31, 1936
I last saw him alive on 3-31, 1936; death is said to have occurred on the date stated above, at 6 15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Suffocation	3-31-36 6 15 pm
due to ruptured post pharyngeal abcess	
Other contributory causes of importance:	
Peritonsillar abcess	3-19-36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L Rodwell M. D.
(Address) Nampa Ida

APR 20 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 37987

State File No.....

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mads Peter Hansen

(a) Residence. No. Nampa, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1862.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Jas. M. Hansen
(Address) 208 2nd Ave. So. Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 3-20 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Apr. 4, 1936 Lyda R. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936., to 3-18, 1936.
I last saw him alive on 3-18, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hyd Lobar Pneumonia	3-15-36
Other **contributory causes** of importance: Cerebral Hemorrhage	3-2-36

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) F. C. Bell M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9798

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 63

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judah Pierce Gray

(a) Residence. No. 721 - 5th St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) aug. 8, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Orchardist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11 Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cortland N. Y.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Pierce

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. J. P. Gray
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 3-27 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Apr. 4, 1936 Lyda A. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936, to 3-24, 1936.
I last saw him alive on 3-24, 1936; death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic dilatation heart	
One day	
Other **contributory causes** of importance:	
Gall bladder disease	
Ulcer stomach	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace B. Richards, M. D.
(Address) Nampa Ida.

APR [illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97986

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 52

(No. State School & Colony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Lola Baker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME A J Baker

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lula Banning

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Dr. Rogers Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Date 3/27, 1936

19. UNDERTAKER Keith Taylor (Address) Nampa Ida

20. FILED April 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-26- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-25- 1919, to 3-26- 1936.

I last saw her alive on 3-26- 1936; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis	3-25-36
Other contributory causes of importance:	
Scarlet Fever	3-17-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. Rogers, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9798

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 54
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John William Greene
(a) Residence. No. Melba Ida St. 128
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19- 185[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	84			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER/FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) [illegible]
(State or country)
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT Bert Greene Nampa Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 3-3-, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED April 4, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 8., 193 6., to March 2 193 6.
I last saw him alive on March 2 1936. death is said to have occurred on the date stated above, at 7.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. C. Nolte M. D.
(Address) Nampa, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97988

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 56
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Curtis Norton

(a) Residence. No. Seven Miles South of Nampa
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

179

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Norton

6. DATE OF BIRTH (month, day, and year) 1-29-95

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME E. C. Norton

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT R. L. Norton
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 3-11-, 193 6

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED April 4, 1936 Lydia V. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 8 193 6

22. I HEREBY CERTIFY, That I attended deceased from March 2, 193 6, to March 8, 193 6.
I last saw him alive on 3-8, 193 6 death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Burns of 1st & 2nd degree	Mar 2 1936

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

R.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97989
State File No.

Registration District No. 7

Apr 1 1936 RECEIVED
Registration District No. 2006

Local Registrar's No. 56

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conrad Alex Pape

(a) Residence. No. near Meridian St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-21-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Conrad Pape

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wendt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. L. A. Pape Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 3-11-, 1936

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED April 4, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9-1936.

22. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1936, to 3-9, 1936.

I last saw him alive on 3-8-, 1936, death is said to have occurred on the date stated above, at 8:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis and pulmonary edema	
acute failure of the right heart	3-9-36
Other **contributory causes** of importance:	
Myocarditis and pulmonary edema (hypostatic)	about 1 year ago.

Name of operation None Date of

What test confirmed diagnosis? Evi. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Ida Orr Stinson, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97990

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 58

APR 1 0 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Preston Hartzell

(a) Residence. No. Melba Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Hartzell

6. DATE OF BIRTH (month, day, and year) Oct 8 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Fredrick Hartzell

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Starba

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Jean Crane
(Address) Ontario Ore.

18. BURIAL, CREMATION, OR REMOVAL
Place Melba Ida. Date 3-18, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED Apr. 4, 1936 Lyda L. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Mar. 16, 1936.

I last saw him alive on Mar. 15, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pneumonitis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Swayne M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9799 1

Registration District No. 7
Primary Registration District No. 2086 Local Registrar's No. 61
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Dow Fike

(a) Residence. No. Rural St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/15/56

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER FATHER
13. NAME —
14. BIRTHPLACE (city or town) —
(State or country) Unknown
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs R. F. Taylor
(Address) Nampa, Ida
18. BURIAL, CREMATION OR REMOVAL Nampa, Idaho
Place Kohlerlawn Date 3/29, 1936
19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida
20. FILED April 4, 1936 Lyda A. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 26, 1936
I last saw him alive on March 26, 1936: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Swaney, M. D.
(Address) Nampa, Ida

Note -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9799?

APR 10 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 46

(No. Samaritan Hospital Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Baby Day

(a) Residence. No. Parma Ida St. Parma Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 10 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Leslie Clem Day

14. BIRTHPLACE (city or town) (State or country) West Plains Missouri

MOTHER

15. MAIDEN NAME Edna Emma Jones

16. BIRTHPLACE (city or town) (State or country) Caldwell Ida

17. INFORMANT (Address) Mr. Leslie Clem Day Parma

18. BURIAL, CREMATION OR REMOVAL Schleuse

Place Nampa, Ida. Date March 14 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa Ida

20. FILED Mar. 3., 1936 Clyde Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to March 12, 1936

I last saw her alive on March 12, 1936; death is said to have occurred on the date stated above, at 8:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia Pallada	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Wolfe, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97993

APR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 57

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lawson

(a) Residence. No. Caldwell Isola St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3 1842

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Christiana Norway

FATHER
13. NAME Eric Lawson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dorit Larson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs Emma E. Thompson
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lawson Hill Date 4-2 1936

19. UNDERTAKER C. V. Leatherman
(Address) Caldwell Ida

20. FILED 4/6 1936 Mrs Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to Apr. 1, 1936
I last saw him alive on April 1, 1936; death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day.
Other contributory causes of importance:	
Arteriosclerosis	Years
Hypertension	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G. Neuber M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 3799

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 56

APR 11 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lou Mae Graves

(a) Residence. No. 1521 Dearborn St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 26 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise Idaho

FATHER

13. NAME Allen L. Graves

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Maude Graham

16. BIRTHPLACE (city or town) (State or country) Maple Rapids Michigan

17. INFORMANT Allen L. Graves
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 4-[illegible], 1936

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 4-13, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1936, to Mar 30, 1936

I last saw her alive on Mar 30, 1936: death is said to have occurred on the date stated above, at 11-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tonsilitis & pharyngitis with cellulitis of the neck	Mar 17 1936
Septicemia	Mar 29 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following: Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Linford M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97995

Registration District No. 1
Primary Registration District No. 1305
Local Registrar's No. 54

APR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Duncan Gualgrass

(a) Residence. No. 117 Elm St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Gualgrass

6. DATE OF BIRTH (month, day, and year) March 26 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	—	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marie Home Missouri

FATHER
13. NAME Elroy Duncan
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Malinda Adair
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Joe White (Address) 1310 Belmont

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Cem. Date 4/1, 1936

19. UNDERTAKER E. V. Buckhaus (Address) Caldwell Ida

20. FILED 4/6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936, to Mar 28, 1936
I last saw h[illegible] alive on Mar 28, 1936; death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 28-36
Other contributory causes of importance:	
Hypertension	4 yrs
Arteriosclerosis	1 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Newkirk M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97996

APR 11 1936 RECEIVED

Registration District No. 1005
Primary Registration District No. 1005 Local Registrar's No. 53

(No. Simon Convalescent Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Troy Claudius Clemmens

(a) Residence. No. Homedale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 25 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelby Co. Indiana

FATHER

13. NAME Isaac Clemmens
14. BIRTHPLACE (city or town) (State or country) Clark Co. Iowa

MOTHER

15. MAIDEN NAME Sarah M. Black
16. BIRTHPLACE (city or town) (State or country) Shelby Co. Indiana

17. INFORMANT (Address) Mrs. Opal Clemmens Meridian #1

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 3/29, 1936

19. UNDERTAKER (Address) C. V. Peck & Son Caldwell Ida.

20. FILED 3/28, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to March 26, 1936
I last saw him alive on Mar. 26, 1936: death is said to have occurred on the date stated above, at 2-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
March 1, 1936 Influenza	
March 18, 1936 Pneumonia	
Colon-right lung and lower lobe. Acute dilatation	
Other contributory causes of importance:	
of the heart	March 21, 1936

Name of operation None Date of
What test confirmed diagnosis? Unsure Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Whittenberger M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
97997
State File No.

Registration District No. 1

APR 11 1936 RECEIVED

Primary Registration District No. 1005 Local Registrar's No. 50

(No.) Mrs Martin Jensen Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Orr

(a) Residence. No. Homedale St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Polk Co. Oregon

FATHER
13. NAME John H. Orr
14. BIRTHPLACE (city or town) (State or country) Arkansas.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Martin Jensen Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date 3-23, 1936

19. UNDERTAKER (Address) C. V. Pechman Caldwell Ida

20. FILED 3/24, 1936 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 24, 1936
I last saw h alive on March 24 1936: death is said to have occurred on the date stated above, at 1.00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	March 16 1936
B Hypostatic pneumonia	March 16 1936
B Complications	March 16 1936
A Colic	March 16 1936
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? U Was Blood Wa Autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Earl Warner M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
97993
State File No.

Local Registrar's No. 48

APR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Logan Smyth

(a) Residence. No. 507 Chicago St. Caldwell

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Geo W. E. Smith

6. DATE OF BIRTH (month, day, and year) Jan 19 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogle Co. Illinois

FATHER

13. NAME James M Hamilton

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliza Hamilton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Smyth (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Star Cem. Date 3/22 1936

19. UNDERTAKER E. V. Reichhart (Address) Caldwell Ida

20. FILED 3/25, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1935, to Mar 19, 1936

I last saw her alive on Mar 18 1936. Death is said to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valv. Heart disease	4 yrs
Aortic Stenosis & Reg	4 yrs
Mitral Stenosis & Reg	4 yrs

Other contributory causes of importance:

Chronic Cholecystitis	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. C. Kelsher, M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97993

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 47

APR 11 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Moores Leavitt.

(a) Residence. No. 1302 Dearborn St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A Leavitt

6. DATE OF BIRTH (month, day and year) May 16 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boyleston Mass

FATHER

13. NAME James Leavitt

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT H M Leavitt

(Address) Genesee Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Canyon Hill Cem. Date 3-20 1936

19. UNDERTAKER E V Packham

(Address) Caldwell Ida

20. FILED 3-23 1936 Vernon Summy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1935, to March 18 1936

I last saw h[illegible] alive on March 16 1936: death is said to have occurred on the date stated above, at 2— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Encephalitis Lethargica with Hydrocranii	Several Months

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H M Leavitt

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ____

Primary Registration District No. 285

DO NOT WRITE IN THIS SPACE

State File No. 9800

Local Registrar's No. 45

APR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Thomas Vassar

(a) Residence. No. Caldwell Ida St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Sept 19 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER

13. NAME L. E. Vassar

14. BIRTHPLACE (city or town) (State or country) Groveland Canyon

MOTHER

15. MAIDEN NAME Mary Pearson

16. BIRTHPLACE (city or town) (State or country) Middleton Idaho

17. INFORMANT L. E. Vassar (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 3-18 1936

19. UNDERTAKER E. Peckham (Address) Caldwell Ida

20. FILED 3/16 1936 E. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 4th 1936 to Mar 15 1936

I last saw him alive on Mar 15 1936: death is said to have occurred on the date stated above, at 5-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Mar 12th
Scarlet fever	Mar 8th
Appendicitis	Mar 4th
Other contributory causes of importance:	

Name of operation Appendectomy Date of Mar 9th

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. Montgomery M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98001

County of Canyon
City of Caldwell
Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Emma Munger Nelson.

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year) Jan 3 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jeffersonville Indiana

FATHER

13. NAME Peter Munger

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Malinda Shy

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Maude Hazlett
(Address) Shawnee Okla.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date ....., 193..

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 3/16, 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Mar. 14, 1936
I last saw h[illegible] alive on Mar 14, 1936: death is said to have occurred on the date stated above, at 5-30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystral Tumor Lagr	Feb. 23-36
Other contributory causes of importance:	
Hypertension	4 yrs
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. A. Newberry, M. D.
(Address) Caldwell Ida

APR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98002

PLACE OF DEATH
County of Canyon
City of Nuston

Registration District No. 1
Primary Registration District No. 2002
Local Registrar's No. 40

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Smith Minton

(a) Residence. No. Nuston Rt 2 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Dora B. Minton

6. DATE OF BIRTH (month, day, and year) June 26 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Johnson Co. Missouri

FATHER

13. NAME W. J. Minton

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Martha S. ....

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Flora B. Minton
(Address) Nuston Ida

18. BURIAL, CREMATION OR REMOVAL Boise Cem Date Mch 13 1936

19. UNDERTAKER E. V. Pendleton
(Address) Caldwell Ida

20. FILED 3/12, 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to March 10, 1936
I last saw him alive on March 1, 1936: death is said to have occurred on the date stated above, at 5-15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1935
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193...
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Robert E. Liddell M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98003
State File No.

Registration District No. /
Primary Registration District No. 2005 Local Registrar's No. 41

APR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Fraught

(a) Residence. No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 13-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilder Idaho

FATHER
13. NAME Thomas J Fraught
14. BIRTHPLACE (city or town) (State or country) Coldwater Ohio

MOTHER
15. MAIDEN NAME Dora Bell Mattingly
16. BIRTHPLACE (city or town) (State or country) Henry Co Kentucky

17. INFORMANT (Address) Mrs Dora Fraught Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 3-14-1936

19. UNDERTAKER (Address) C. V. Hawkins Caldwell Ida

20. FILED 3/12, 1936 T Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to March 10, 1936
I last saw him alive on March 10, 1936: death is said to have occurred on the date stated above, at 6:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 8/36
Other contributory causes of importance:	
Diphtheria	March 3/36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98004
State File No.

Registration District No. 2015

Primary Registration District No.

Local Registrar's No. 42

APR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Pearson

(a) Residence. No. Corner Montana & Linden
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 9 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Ohio

FATHER

13. NAME Benson Pearson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susan Krise

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs J W Watson
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weldon Cem Date , 193

19. UNDERTAKER C V Peckham
(Address) Caldwell Ida

20. FILED 3/16, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 193 6, to Mar 10, 193 6

I last saw him alive on Feb 15, 193 6: death is said to have occurred on the date stated above, at 10-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic & Retroclusion	June 35
Urinary retention	Jan 36
Uremia	Mar 7-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W H Miller M.D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Number 44

PLACE OF DEATH

County of Canyon

City of Caldwell

DD 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9800

Registration District No. /

Primary Registration District No. 9105 Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Jacob L. Ashberry

(a) Residence. No. Huston # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Dec 2 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nat Ashberry

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ida Ashberg
(Address) Huston # 2

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date Mch 2 1936

19. UNDERTAKER E. V. Perkins
(Address) Caldwell

20. FILED ....., 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 2 1936

22. I HEREBY CERTIFY That I attended deceased from 3/2/36, 193..., to 3/2/36, 193...
I last saw him alive on 3/2/36, 193...: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	Upon
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G. Newberry, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98006

Registration District No. ____

Primary Registration District No. 2005 Local Registrar's No. 46

APR 11 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) ____

2. FULL NAME Orville Rufus Deel

(a) Residence. No. Wilder Rt 2 St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) July 31 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Butler Co Kansas

FATHER

13. NAME Isiah Deel

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Clarissa Meddlet

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT L O Deel (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Place Rosewell Cem Date 3/19 1936

19. UNDERTAKER C V Peckham (Address) Caldwell Ida

20. FILED 3/24, 193 T M Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935 to Mar 17, 1936

I last saw him alive on Mar 17, 1936; death is said to have occurred on the date stated above, at 4:38 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Sept 4 1935
Other contributory causes of importance: Chronic Interstitial Nephritis	1934

Name of operation ____ Date of ____

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert E Smith M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Caldwell

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9800?

Registration District No. 1
Registrar's Registration District No. 2005 Local Registrar's No. 49

APR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Lindsay

(a) Residence. No. 1 Wilder St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of E M Lindsey

6. DATE OF BIRTH (month, day, and year) Aug 17 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waukesha Co Wisconsin

FATHER
13. NAME George Tiernan
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Ann
16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT E E Lindsay
(Address) Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem Date 3-22-1936

19. UNDERTAKER S V Peckham
(Address) Caldwell Ida

20. FILED 3/24, 1936 Thomas Lowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 21, 1936
I last saw h[illegible] alive on March 21, 1936.: death is said to have occurred on the date stated above, at 11-2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 19/36
Other contributory causes of importance:	
Influenza	March 15/36
Chronic Bronchitis	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Hall, M. D.
(Address) Wilder

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Near Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98003

APR 11 1936 RECEIVED

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 52

(No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number)

1050

2. FULL NAME Mrs Winifred Eller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Eller

6. DATE OF BIRTH (month, day, and year) Oct 3 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Toon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John P. Eller
(Address) Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 3-23 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida

20. FILED 3/24 1936 E. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1936 to 3/22 1936

I last saw her alive on 3/23 1936: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Montgomery M. D.
(Address) Caldwell Ida

APR 16 1936 RECEIVED

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

58005

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2006
(No. ....., ... St.)

File No. .....
Registered No. 66

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Valdon Eugene Shaddy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Oct. (Month) 3 (Day) 1935 (Year)

7. AGE: # yrs. 5 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canyon County, Idaho

10. NAME OF FATHER: Chandos C. Shaddy

11. BIRTHPLACE OF FATHER (State or Country): Wright County, Mo.

12. MAIDEN NAME OF MOTHER: Ada Ellen Saltman

13. BIRTHPLACE OF MOTHER (State or Country): Nampa, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chandos C Shaddy
(Address): Nampa, Idaho

15. Filed April 7 1936 Lyda Rodgers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 2- (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2- 1936 to April 2- 1936 that I last saw him alive on ~~Jan~~ Feb. 2 - 1936 and that death occurred on the date stated above, at 6:30 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia, bronchial.

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel A Swaney M. D.
4-2-1936 (Address) Nampa, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida
DATE OF BURIAL: April 3 1936

20. UNDERTAKER: Keith Talley
ADDRESS: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 1976O

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 10 1936 ARCHIVE [redacted]

PLACE OF DEATH

DEPART[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98010

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2086 Local Registrar's No. 48

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grace Marie Foster

(a) Residence. No. Route 1 St. Homedale, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Foster

6. DATE OF BIRTH (month, day, and year) March 9th 1889

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
37	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sands Springs Iowa

FATHER

13. NAME Wm Ormsby

14. BIRTHPLACE (city or town) (State or country) Red Oak Iowa

MOTHER

15. MAIDEN NAME Margaret Vesey

16. BIRTHPLACE (city or town) (State or country) Hopkinton Iowa

17. INFORMANT (Address) Joe Foster Homedale Ida.

18. BURIAL, CREMATION OR REMOVAL Place Nampa, Ida. Date 3-16 1936 Kohlerlawn

19. UNDERTAKER (Address) Mrs. Nina M. Fallen Nampa, Ida.

20. FILED Apr. 3., 1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936., to 3-13, 1936.

I last saw h[redacted] alive on 3-13, 1936.; death is said to have occurred on the date stated above, at 11:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-2-36
Ballooning rupture	
Pelvic Abscess	

Other **contributory causes** of importance:

Pelvic Abscess	2 mo.

Name of operation Laparotomy Date of 3-11-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Bell [illegible] M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98011
State File No.

APR 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Richards

(a) Residence. No. Caldwell R.D. 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar - 30 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osakis Minnesota

FATHER
13. NAME Will Bowman
14. BIRTHPLACE (city or town) (State or country) Not known " "

MOTHER
15. MAIDEN NAME Amelia Richardson
16. BIRTHPLACE (city or town) (State or country) Not known " "

17. INFORMANT (Address) Mrs Geo R Lyons Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 3/29, 1936

19. UNDERTAKER (Address) C V Pettingill Caldwell Ida

20. FILED 4/6, 1936 Geo Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March - 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1936, to Mar 27, 1936
I last saw her alive on Mar 26, 1936: death is said to have occurred on the date stated above, at 3 - A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Mar 20
Other contributory causes of importance: Diabetes Mellitus	15 yrs
Chronic Yellows Heart	1 year

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. G. Newbery M. D.
(Address) Caldwell Ida

APR 10 1936 RECE... STA... O

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98012

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 58
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne De Forest Davis

(a) Residence. No. Nyssa St. Canyon
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-2-23

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
13	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME D. A. Davis

14. BIRTHPLACE (city or town) (State or country) Wash.

15. MAIDEN NAME Queen

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) S. A. Davis Nyssa Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 3-5, 1936

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED April 4, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1936, to March 1st 1936.
I last saw him alive on March 1st 1936.: death is said to have occurred on the date stated above, at 9 P. ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Feb. 16th, 1936
Other **contributory causes** of importance:	
Empyema	Feb. 25, 1936

Name of operation ..... Date of operation
What test confirmed diagnosis? X-Ray & aspiration of chest. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, how? .....

(Signed) F. K. Robinson M. D.
(Address) Emmett, Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

APR 10 1936 RECEIVED

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE 98013

State File No. 98013

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 66

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME Mollie Belle Bothwell

(a) Residence. No. Ola, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME A. J. Thornton

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) C. J. Bothwell Ola Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star, Ida. Date 3-26, 1936

19. UNDERTAKER (Address) F. K. Robinson Nampa Idaho

20. FILED Apr. 8, 1936. Lyda L. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-23-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1935, to Mch. 23, 1936.
I last saw her alive on Mch. 23, 1936.: death is said to have occurred on the date stated above, at 12 noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute gangrenous cholecystitis	8-20-35
C Cholelithiasis	3 or 3 yrs. previous
Other **contributory causes** of importance:	
Mitral incompetency	several yrs. standing

Name of operation Cholecystectomy Date of 3-21-36

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of [redacted]yon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9801

APR 11 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 51

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warner P. Jones

(a) Residence. No. Middleton St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 9-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME ....

14. BIRTHPLACE (city or town) (State or country) ....

MOTHER

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT C. J. Murphy (Address) Middleton Ida

18. BURIAL, CREMATION OR REMOVAL Place Middleton Ida Date 3/25, 1936

19. UNDERTAKER C. V. Pettyjohn (Address) Caldwell Ida

20. FILED 3/26, 1936 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 23 1936

I last saw him alive on March 22 1936; death is said to have occurred on the date stated above, at 2 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	March 22 36
Bronchial	
Congenitality of heart action,	
Weak.	
Other contributory causes of importance:	

Name of operation ✓ Date of ....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Carl Warner M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho.

APR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98016

Registration District No. 82
Primary Registration District No. 2459
Local Registrar's No. 16
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Horsley

(a) Residence. No. Soda Springs, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of SARAH Horsley

6. DATE OF BIRTH (month, day, and year) Sept. 6th, 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reited merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Thomas Horsley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Malden
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT T. A. Horsley
(Address) Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Idaho Date 4/3/36, 193...

19. UNDERTAKER C. S. Whiteman
(Address) Soda Springs, Idaho.

20. FILED 4/3/36, 193..... W. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to April 1, 1936
I last saw him alive on April 1st, 1936: death is said to have occurred on the date stated above, at 6.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Age	

Name of operation 0 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou

City of Soda Springs, Ida ho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9801?

APR 9 1936 RECEIVED

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 15

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Francis McClellan

(a) Residence. No. Conda? Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30th, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	X 3 ~~22~~	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conda, Ida ho.

FATHER

13. NAME KENNETH McCLELLAN

14. BIRTHPLACE (city or town) (State or country) Benjamin, Utah

MOTHER

15. MAIDEN NAME Zella Panting

16. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

17. INFORMANT (Address) Kenneth McClellan Conda, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Soda Springs Date 3/30, 1936

19. UNDERTAKER (Address) Idaho Mortuary Soda Springs, Idaho.

20. FILED 3/30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 28, 1936

I last saw him alive on March 28, 1936: death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Left	

Other contributory causes of importance:

None	

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Russell Leigh M. D.

(Address) Soda Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98018

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 11

(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Henry Adams

(a) Residence. No. Soda Springs, Idaho. St. 101 a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bachelor

6. DATE OF BIRTH (month, day, and year) June 12th, 1872

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
63	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fillmore (State or country) Utah

FATHER

13. NAME Joseph Adams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME SELINA CRIDDLE

16. BIRTHPLACE (city or town) ENGLAND (State or country)

17. INFORMANT John Adams (Address) Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Soda Springs, Idaho. Date 3/3/36 193..

19. UNDERTAKER E. D. Hutman (Address) Soda Springs, Idaho.

20. FILED 3/2/36, 193... D. Russell Light Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/29 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to 2/29/36..., 193....
I last saw him alive on 2/29/36 193...: death is said to have occurred on the date stated above, at 4.35 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Other **contributory causes** of importance:	
c	

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ELLIS FACER M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98013

Registration District No. 82

APR 9 1936 RECEIVED

Registration District No. 2159 Local Registrar's No. 14

(No. 50)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME BARBARA EVALYN NELSON

(a) Residence. No. Kemmerer, Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daughter of Mr. And Mrs. J.Q.Nelson.

6. DATE OF BIRTH (month, day, and year) Jany. 4th, 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown, Idaho.

FATHER

13. NAME J.Q.NELSON

14. BIRTHPLACE (city or town) (State or country) Soda Springs, Idaho.

MOTHER

15. MAIDEN NAME AGNES HAYES

16. BIRTHPLACE (city or town) (State or country) Georgetown, Idaho.

17. INFORMANT J.Q. Nelson
(Address) Kemmerer, Wyo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Idaho Date 3.20/36 193..

19. UNDERTAKER E. L. Hutchman
(Address) Soda Springs, Idaho.

20. FILED 3/18/36, 193.. Dr. Russell Zigrist
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/9/36, 193.., to 3/17/36, 193..
I last saw her alive on 3/17/36, 193..: death is said to have occurred on the date stated above, at 10.20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cereberal Tumor	
Other contributory causes of importance: None	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Idaho.

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9802U

PLACE OF DEATH

County of Caribou

City of Soda Springs, Ida.

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 13

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1 2 6

2. FULL NAME DANIEL P. MAUGHAN

(a) Residence. No. GRACE, IDAHO St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ALICE L. MAUGHAN

6. DATE OF BIRTH (month, day, and year) DECEMBER 9TH 1887.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & WHEAT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buyer

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation 26 years

12. BIRTHPLACE (city or town) (State or country) WELLSVILLE UTAH

FATHER

13. NAME DANIEL H. MAUGHAN

14. BIRTHPLACE (city or town) (State or country) WELLSVILLE UTAH

MOTHER

15. MAIDEN NAME ELLEN PARKINSON

16. BIRTHPLACE (city or town) (State or country) GRANTSVILLE UTAH

17. INFORMANT Wm H Maughan
(Address) BANCROFT, IDAHO.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place WELLSVILLE UTAH Date 3/16/36, 193...

19. UNDERTAKER C S Whitaman
(Address) Soda Springs, Idaho.

20. FILED 3/12/36, 193.... D. Russell Tyrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/11/36 ds

22. I HEREBY CERTIFY, That I attended deceased from 3/2/36, 193.... to 3/11/36, 193.... I last saw him alive on 3/11/36, 193....: death is said to have occurred on the date stated above, at 8.30 A. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, General	
Other contributory causes of importance:	
Ruptured Appendix	

Name of operation Appendectomy Date of 3/5/36

What test confirmed diagnosis? Physical Ex. and LAB Was there an autopsy?....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

APR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98022

Registration District No. 167
Primary Registration District No. 2196 Local Registrar's No. 29
(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Murl Harlow Stumpf

(a) Residence. No. ~ Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 23 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jerome Hotel
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Ed H Stumpf
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Edith McKeon
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Fred Stumpf Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL. Place Jerome Idaho Date Feb 30, 1936

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED Apr 8, 1936 Laura G Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936, to Feb 27, 1936
I last saw him alive on Feb 27, 1936; death is said to have occurred on the date stated above, at 6:45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Feb 25
Other contributory causes of importance: Fracture Skull	Feb 25

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Feb 25 1936
Where did injury occur? Cassia County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Burley highway
Manner of injury Auto accident
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry F Deo M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

APR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98023

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 28

1010

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Le Roy Nielson

(a) Residence. No. Burley, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May, 1, 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burley Twin Falls, Ida.
(State or country)

FATHER

13. NAME Vernon C. Nielson

14. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER

15. MAIDEN NAME Viola N. Zierlein

16. BIRTHPLACE (city or town) Furitland
(State or country) Idaho

17. INFORMANT Vernon C. Nielson
(Address) Burley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho. Date 3/8/36, 193..

19. UNDERTAKER D.E. Johnson
(Address) Burley, Idaho.

20. FILED 3/7/36, 193. Laura D. Spraches
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5/36, 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) .....

information should be carefully supplied. Fact statements must state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98021

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 27

APR 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Eliza Read

(a) Residence. No. .... Oakley Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Read

6. DATE OF BIRTH (month, day, and year): Dec. 19-1881

7. AGE — Years: 54 | Months: 2 | Days: 7 | If LESS than 1 day,... hrs. or .... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: Ellis Sattleston

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Ann Parke

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Elva Read Ogden Utah

18. BURIAL, CREMATION OR REMOVAL
Place: Marion Idaho Date: 3/1/..., 1936

19. UNDERTAKER (Address): D. E. Johnson Oakley Idaho

20. FILED: 2/29/..., 1936 Laura G. Smacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 2/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17..., 1936.., to Feb 27..., 1936.
I last saw h.. alive on Feb 27 193.6 death is said to have occurred on the date stated above, at 6 P. ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
....	....
Cardiac Asthma	8 mos.
....	....
....	....
Other **contributory causes** of importance:	
Myocarditis	10 mo

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify....

(Signed) .... Eugene Schreiber, M. D.
(Address) .... Oakley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

APR 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98025

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 26

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rae LaVell Gould.

(a) Residence. No. .... Burley, ... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 2nd 1932

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
3	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Burley Ida.

FATHER

13. NAME Marion Gould

14. BIRTHPLACE (city or town) (State or country) Mowry Utah

MOTHER

15. MAIDEN NAME Dora Smith

16. BIRTHPLACE (city or town) (State or country) Burley Ida.

17. INFORMANT Marion Gould (Address) Burley R. 7 Box 42

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date Jan. 10, 1936

19. UNDERTAKER Geo. L. Rogers (Address) Burley

20. FILED Apr 1, 1936 Laura E. Sprague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 6, 1936

I last saw her alive on Jan 6, 1936: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis - Colitis	Jan 4-

Other contributory causes of importance:

Name of operation Laparotomy Date of Jan 5

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hugh E Owen, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98025

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 24

APR 11 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Allen

(a) Residence. No. Burley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 13 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Ft Dupbeun Ind

FATHER

13. NAME Hugh Allen

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Eda ~

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Hugh Allen Burley
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 3-13 1936

19. UNDERTAKER Lois A Sprecher Burley
(Address)

20. FILED Mar 16 1936 Laura G Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1936, to Mar 12, 1936

I last saw her alive on Mar 12, 1936: death is said to have occurred on the date stated above, at 4: a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Septicaemia	Feb 20
Other contributory causes of importance:	
Scarlet Fever	Feb 20

Name of operation Appendectomy Date of Feb 17-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L Dunn M. D.

(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 08027

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 28

(No. Fremstad Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 11 1936 RECEIVED

2. FULL NAME Hilda June Rebhan

(a) Residence. No. Burley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1006

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): May, 27, 1931

7. AGE: Years 4 | Months 8 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Coburg, Oregon

FATHER

13. NAME: H. J. Rebhan

14. BIRTHPLACE (city or town) (State or country): Crawford, Oregon

MOTHER

15. MAIDEN NAME: Lillie Osterhout

16. BIRTHPLACE (city or town) (State or country): Elba, Idaho

17. INFORMANT (Address): H. J. Rebhan, Declo, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Malta Cdy. Date 2/13, 1936

19. UNDERTAKER (Address): R.E. Johnson, Burley Idaho

20. FILED 2/10/, 1936 Laura Greco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/9/36

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1936, to 2-9, 1936

I last saw her alive on 2-9, 1936 death is said to have occurred on the date stated above, at 11 - m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2 days

Other **contributory causes** of importance:

Contusion of Abdomen
Internal Injury

Name of operation: Abdominal Section Date of

What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to **external causes** (violence) fill in also the following: Coasting accident
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Declo Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. At play
Manner of injury Coasting & Sled Injury
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph Fremstad M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Bridge

APR 1 01936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98023

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Lawrence Olson

(a) Residence. No. Bridge Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Bridge Ida
(State or country)

FATHER

13. NAME Frank Olson

14. BIRTHPLACE (city or town) Bridge Ida
(State or country)

MOTHER

15. MAIDEN NAME Genevia Jolley

16. BIRTHPLACE (city or town) Mt Carmel Ut.
(State or country)

17. INFORMANT Frank Olson Bridge
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bridge Date 3-16, 1936

19. UNDERTAKER Co Mortuary
(Address) Burley

20. FILED Apr 1 1936 C. L. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15/1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936, to Mar 15, 1936
I last saw him alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 730 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3/15/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) C. L. Baker, M. D.
(Address) Malta Ida

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98029

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 211
(No. Audrey)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Buell

(a) Residence. No. Phillipsburg Mont St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Donald Buell

6. DATE OF BIRTH (month, day and year) Dec. 13, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Salmon
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Issic Baird

11. BIRTHPLACE OF FATHER (city or town) Sparta
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER Jessie Webb.

13. BIRTHPLACE OF MOTHER (city or town) ~~Lake county~~
(State or Country) Jefferson Co. Kansas ~~Kans~~

14. Informant Jessie Van Camp
(Address) Challis Idaho

15. Filed March 12 1936 Edna McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 10 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at 7:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

accident gun shot
in head
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Erik Burstedt, M. D.
..., 19... (Address) Coroner

19. Place of Burial, Cremation, or Removal	Date of Burial
Salmon Idaho	March 17 1936
20. Undertaker	Address
M M C. Doebler	Salmon Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAR 17 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98

PLACE OF DEATH
County of Custer
City of Challis

Registration District No. 184
Primary Registration District No. 2186
Local Registrar's No. 211

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Audrey Buell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Donald Buell.

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1914.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
22	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salmon Idaho
(State or country)

FATHER
13. NAME Isaac Lloyd
14. BIRTHPLACE (city or town) Sparta Ill.
(State or country)

MOTHER
15. MAIDEN NAME Jessie Webb
16. BIRTHPLACE (city or town) Jefferson Co. Kansas
(State or country)

17. INFORMANT Jessie D. Mrs. Crump
(Address) Challis Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida. Date Mar. 17, 1936

19. UNDERTAKER W. C. Roeber
(Address) Salmon Idaho

20. FILED Mar 12, 1936. Edna M. McKinney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 10 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
accident - gun	.....
.....	.....
shot wound in	.....
head.	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 10 1936
Where did injury occur?.... Challis Custer
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..... home .....
Manner of injury.. gun shot wound
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ....., M. D.
(Address) .....

APR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98030

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer — Registration District No. 96

City of Mackay — Primary Registration District No. 2153 — Local Registrar's No. 205

(No. ... If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** George Gilbert Garrard

(a) Residence. No. ... St. ...
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Behunen

6. DATE OF BIRTH (month, day and year) May 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rancher
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Moroni, Utah

PARENTS

10. NAME OF FATHER Jacob Claward

11. BIRTHPLACE OF FATHER (city or town) (State or Country) U. S. Nakaura

12. MAIDEN NAME OF MOTHER Susan Wunderhall

13. BIRTHPLACE OF MOTHER (city or town) (State or County) U. S. Unknown.

14. Informant (Address) Mrs Thos Coates Mackay Ida

15. Filed Apr-9 1936 Kate M. Thibadeau Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2 (Month) 15 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/2 1936 to 2/15 1936
that I last saw him alive on Feb. 15 1936
and that death occurred, on the date stated above, at 9:30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) — yrs. 1 mos. — ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) F. P. Richards, M. D.

2/17 1936 (Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal: Mackay, Idaho — Date of Burial: Feb 18 1936

20. Undertaker: Lloyd W. Thompson — Address: Leslie, Idaho

Exact statement of OCCUPATION is very important. See instructions on back. ... classified.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Camp F-175, Alexander Flats, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98032

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 31

(No. Camp Infirmary, Camp F-175, Alexander Flats.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gene R. Baldwin

(a) Residence. No. 247 North 12th Street, Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 22, 1916.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 19, '36

11. Total time (years) spent in this occupation ¾ year.

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Bertha E. Baldwin
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 3/25/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 3-24, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from dead on arrival, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	Mar. 22, 1936.
Other contributory causes of importance:	
Acute endocarditis	Mar. 22, 1936.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Clarence G. Faue, M. D.
(Address) Clarence G. Faue, 1st Lt. Med. Res.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38033

PLACE OF DEATH
County of Elmore
City of Atlanta
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Eric A. Miller

(a) Residence. No. Atlanta. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Finland	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Ma. Miller

6. DATE OF BIRTH (month, day, and year) Sept. 26-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	6~~9~~	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Mine

10. Date deceased last worked at this occupation (month and year) 4-11-36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) O La. Finland

FATHER

13. NAME Alexander Miller

14. BIRTHPLACE (city or town) (State or country) O la. Finland

MOTHER

15. MAIDEN NAME UNKNOWN by informant

16. BIRTHPLACE (city or town) (State or country) UNKNOWN by informant

17. INFORMENT (Address) Ida Ma Miller

18. ~~BURIAL, CREMATION,~~ OR REMOVAL to Belt Montana via ~~Place~~ Boise, Idaho Date 4-12, 1936

19. UNDERTAKER McBratney Funeral Home (Address) 9 and State St. Boise, Idaho

20. FILED 4/11, 1936 Geo Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11- afterdeath, 1936, to 4-11, 1936
I last saw him ~~alive~~ on 4-11-, 1936: death is said to have occurred on the date stated above, at about 1.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury by falling rocks	
IN MINE, where	
deceased was Employed	

Other contributory causes of importance:
NONE

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/11, 1936
Where did injury occur? Atlanta Elmore Co, State of Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. IN INDUSTRY
Manner of injury fall of rock
Nature of injury Fractures of Skull & ribs

24. Was disease or injury in any way related to occupation of deceased? YES If so, specify accident while working in mine
(Signed) W. H. Draper M. D.
(Address) Atlanta, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98035

PLACE OF DEATH
County of Franklin
City of Franklin

Registration District No. 27
Primary Registration District No. 2129 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blain H. Wickham

(a) Residence. No. Franklin St. 176
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21 1927

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
8	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** CHILD
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER FATHER
13. NAME Peter LaVon Wickham
14. BIRTHPLACE (city or town) (State or country) Franklin Idaho
15. MAIDEN NAME Alice B Hampton
16. BIRTHPLACE (city or town) (State or country) Franklin Id.

17. INFORMANT LaVon Wickham (Address) Franklin Id.

18. BURIAL, CREMATION OR REMOVAL Place Franklin Id. Date Mar 31 36, 193..

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED April 8 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 29 193 36

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Was in a Chicken Coop	
a lamp on a brooder was	
overturned and the coop	
was burned, The boy was	
caught in the coop and	
Other **contributory causes** of importance:	
could not be rescued	
was completly burned.	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) [illegible] M. D.
(Address) .....

STATE OF IDAHO

APR 9 1936 RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98036

PLACE OF DEATH

CERTIFICATE OF DEATH

County of ~~Franklin~~ Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 25

(No. 880)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph William Whitehead

(a) Residence. No. Franklin Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Selma Mockley Whitehead

6. DATE OF BIRTH (month, day and year) June 3 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	9	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Franklin Idaho

PARENTS

10. NAME OF FATHER Peter G Whitehead

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Franklin Idaho

12. MAIDEN NAME OF MOTHER Martha Morrison

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Franklin Id.

14. Informant Peter G Whitehead
(Address) Franklin Idaho

15. Filed April 8, 1936 G. W. Stalz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar (Month) 26 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1936, to Mar 26 1936 that I last saw him alive on Mar 26 1936 and that death occurred, on the date stated above, at 10 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. 9 ds.

18. Where was disease contracted if not at place of death? Residence

Did an operation precede death? Yes Date of 3-16-36

Was there an autopsy? ~~no~~

What test confirmed diagnosis?

(Signed) O. R. Eyler, M. D.

3-29 1936 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal: Franklin Idaho — Date of Burial: Mar 29 36

20. Undertaker: M. W. Hendricks — Address: Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

APR 8 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9803

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena M Erickson

(a) Residence. No. ..... Weston ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3 1856

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	79	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** For years

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... Denmark ..... (State or country)

FATHER

13. NAME Neilson

14. BIRTHPLACE (city or town).... Denmark ..... (State or country)

MOTHER

15. MAIDEN NAME Margurett Neilson

16. BIRTHPLACE (city or town)..... Denmark ..... (State or country)

17. INFORMANT Mrs Lavina Allen
(Address) Weston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place..... Weston ..... Date..... Mar 24, 36

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Apr. 8, 1936 ..... G. W. States ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1936, to Mar 21, 1936

I last saw her alive on Mar 20 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Old Age, Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

APR 9 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98033

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percilla Smith Cottle

(a) Residence. No. ..... Fairview Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Abraham Cottle

6. DATE OF BIRTH (month, day, and year): May 5 1891

7. AGE: Years 44 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): Fairview Idaho

MOTHER FATHER

13. NAME: Charles Smith

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Honnor Rawsings

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Abraham Cottle
(Address): Fairview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Richmond Utah Date: Mar 10 36

19. UNDERTAKER: M. W. Hendricks
(Address): Preston Idaho

20. FILED April 8, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 ..., 1936, to Mar 7 ..., 1936.
I last saw her alive on Mar 7 ..., 1936: death is said to have occurred on the date stated above, at 5:00 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pleuro-Pneumonia	Mar 1 ... 1936
Other **contributory causes** of importance: Interstitial Nephritis	10 years

Name of operation: None Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) G. W. States, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98039

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2117
Local Registrar's No. 22
(No. Preston Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Francis Cornish Larsen

(a) Residence. No. ... St. ...
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Almartin Larsen

6. DATE OF BIRTH (month, day, and year) March 28, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho

FATHER

13. NAME John Cornish

14. BIRTHPLACE (city or town) (State or country) Isle of Man England

MOTHER

15. MAIDEN NAME Esther Stanford

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Almartin Larsen Preston Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Date , 1936

19. UNDERTAKER (Address) L L Johnson Preston Ida.

20. FILED Apr. 8, 1936 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-1-36 193

22. I HEREBY CERTIFY, That I attended deceased from 1-28-36, 193..., to 2-1-36, 193...

I last saw h[illegible] alive on 2-1, 1936.: death is said to have occurred on the date stated above, at 11:33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio pneumonia	1-28-36
Coronary thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A R Cutler, M. D.

(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98049

County of Franklin

City of Franklin

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 20

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Farley S. Gamble

(a) Residence. No. St. Franklin, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 7 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

FATHER

13. NAME Harry S. Gamble

14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER

15. MAIDEN NAME Leona Stokes

16. BIRTHPLACE (city or town) Preston
(State or country) Idaho

17. INFORMENT Leona Stokes Gamble
(Address) Franklin, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Date , 193

19. UNDERTAKER L. L. Johnson
(Address) L. L. Preston Idaho

20. FILED April 8, 1936 G. W. Sales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1936, to 3-12, 1936

I last saw h alive on 3-12, 1936; death is said to have occurred on the date stated above, at 4:38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-2-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Adler, M. D.

(Address)

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38041

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lula Leola Clayton Winn

(a) Residence. No. 64 South Second West St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Winn

6. DATE OF BIRTH (month, day, and year) May 28, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2/1/36

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Edward Clayton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Morrison

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Geo S Winn

18. BURIAL, CREMATION, OR REMOVAL Place Preston Idaho Date 4/11, 1936

19. UNDERTAKER L. L. Johnson (Address) Preston Idaho

20. FILED Apr. 8, 1936 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936, to 3-8, 1936
I last saw h. alive on 3-8, 1936; death is said to have occurred on the date stated above, at 10:9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
For Pneumonia	3-1-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. R. Cutler, M. D.
(Address) Preston Ida

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98042
State File No.

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elmer Buckley Chatterton

(a) Residence. No. 41 East Second North St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louvana Larson

6. DATE OF BIRTH (month, day, and year) October 30, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) 2/29/36

11. Total time (years) spent in this occupation ten

12. BIRTHPLACE (city or town) (State or country) Cherryville Idaho

FATHER

13. NAME Arthur Richard Chatterton

14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER

15. MAIDEN NAME Laura Buckley

16. BIRTHPLACE (city or town) (State or country) Millville Utah

17. INFORMENT (Address) Arthur R. Chatterton

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date 3/7, 1936

19. UNDERTAKER (Address) [illegible] Preston Ida.

20. FILED April 1936 G. W. Sales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-4-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 4, 1936
I last saw him alive on Mar 4, 1936; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2-28-1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? P. X. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) O. R. Cantley, M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98043

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Woodrow Mc Clung

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Mortensen

6. DATE OF BIRTH (month, day, and year) July 4, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	~~9~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Motion picture operater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Grand Theatre Preston Ida.

10. Date deceased last worked at this occupation (month and year) 2-28-36

11. Total time (years) spent in this occupation 4 mo

12. BIRTHPLACE (city or town) Preston (State or country) Idaho

FATHER

13. NAME John N. Mc Clung

14. BIRTHPLACE (city or town) Mt. Ayre (State or country) Iowa

MOTHER

15. MAIDEN NAME Martha J. Cabaun

16. BIRTHPLACE (city or town) Weston (State or country) Idaho

17. INFORMENT (Address) Earl J. McClung

18. BURIAL, CREMATION, OR REMOVAL Place Preston Ida. Date 4-8, 1936

19. UNDERTAKER L. L. Johnson
(Address) Preston Idaho

20. FILED April 8, 1936 W. W. Staples Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Mar 4, 1936
I last saw h... alive on Mar 4, 1936; death is said to have occurred on the date stated above, at 12 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 29 1936
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Grover C. Warner, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98044

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 218

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ....)

2. FULL NAME Thurston George Larson

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Daisy Barger Larson

6. DATE OF BIRTH (month, day, and year) Sept 21 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) South Cottonwood Utah
(State or country)

FATHER
13. NAME Thurston Larson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Mary Fox
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Edna Jackson
(Address) Bessemillon Utah

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 3/19, 1936

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED 4/1, 1936. Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1936, to 3/16, 1936
I last saw him alive on 3/16/36 1936...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... (Specify)
(Signed) K. L. Merrill M. D.
(Address) St. Anthony, Idaho

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98045

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 219

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amelia A. Brown

(a) Residence. No. St. Anthony Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Samuel L. Brown

6. DATE OF BIRTH (month, day, and year) July 9- 1875

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Huntsville (State or country) Utah

MOTHER
13. NAME Peter Anderson
14. BIRTHPLACE (city or town) ..... (State or country) Denmark

FATHER
15. MAIDEN NAME Hannah Nielsen
16. BIRTHPLACE (city or town) ..... (State or country) Denmark

17. INFORMANT Samuel L. Brown
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Date 3/30, 1936

19. UNDERTAKER N. M. Hansen
(Address) St. Anthony Idaho

20. FILED 3/28, 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/26 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ March 15, 193.6, to ~~Feb~~ 3/15, 193.6.
I last saw h~~er~~ alive on ~~Feb~~ March 15, 193.6; death is said to have occurred on the date stated above, at 1.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) R. R. Merrill M.D.
(Address) St. Anthony Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Ashton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98046

Registration District No. 99

Primary Registration District No. 2077 Local Registrar's No. 221

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellcare D. Hoy

(a) Residence. No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Neighbor
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Riverview Date Apr. 1, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Apr. 1, 1936 Sarah B. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown	
Other **contributory causes** of importance:	
By other than own hand	

Name of operation ..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No specify.....

(Signed) W. M. Hansen C. Coroner M. D.

(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonaduce
City of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 9804

Local Registrar's No. 655

174

APR 11 1936 RECEIVED

1. No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Fred Hatch

(a) Residence. No. Bonaduce St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Common Law

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 193

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 3-31-, 1936 J. H. Connell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193 ...: death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide - By exploding dynamite cap on his head	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) A. E. Manuel Coroner M.D.
(Address) Bonaduce Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Goodings

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98043

Registration District No. 24
Primary Registration District No. ..... Local Registrar's No. 661

APR 11 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Solon A Bray

(a) Residence. No. Goodings St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ada Bray
6. DATE OF BIRTH (month, day, and year): May 6 1882
7. AGE — Years: 53 | Months: 9 | Days: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Tuttle Idaho

FATHER
13. NAME: Benjamin Bray
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Ada Bray

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 3-[illegible], 1936

19. UNDERTAKER (Address): A. E. Thompson

20. FILED 3-31, 1936. J. H. Cummings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1936, to 3/16, 1936.
I last saw him alive on 3/16, 1936; death is said to have occurred on the date stated above, at 10:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	3/15/36 8 P.M.
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. E. Romanelli M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lovang

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 38049

Registration District No. 24

APR 11 1936 RECEIVED

Primary Registration District No.

Local Registrar's No. 660

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Logansteadt

(a) Residence. No. Hagerman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

34

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Logansteadt

6. DATE OF BIRTH (month, day, and year): March 20 - 1880

7. AGE: Years 55 | Months 11 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ida.

FATHER

13. NAME: Jeff Reynolds
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER

15. MAIDEN NAME: Lucy Jane Collins
16. BIRTHPLACE (city or town) (State or country): Dent Texas

17. INFORMANT (Address): Walter Logansteadt

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 3-, 193..

19. UNDERTAKER (Address): A. Thompson

20. FILED 3-31-, 193.6 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 193.5, to Mar. 16, 193.6

I last saw her alive on Mar. 16, 1936.: death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dyspnea	1901 ?
Mitral regurgitation	?
+ aortic	
Cardiac failure	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Lesser M. D.
(Address) Gooding, Idaho

H. Lesser

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98050

Registration District No. 24

Primary Registration District No. Local Registrar's No. 659

APR 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Edholan

(a) Residence. No. St. Gooding
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Edholan

6. DATE OF BIRTH (month, day, and year) May 18 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Peter Eastroan

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Dorit Ramsgor

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs John Edholan
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 3-17 1936

19. UNDERTAKER Geo. Thompson
(Address)

20. FILED 3-31 1936 J. A. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1936, to 3-15, 1936.

I last saw h[illegible]ive on 3-12, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Nephritis	?

Other **contributory causes** of importance:

Senile Coma	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) J. A. Cromwell, M. D.
(Address) Gooding Ida.

J. A. Cromwell

FORM V. S. No. 5-A—25 M. 1-19 APR 13 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2018
File No. 9805
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alfred Hansen
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Feb 1 1876 (Month) (Day) (Year)

7. AGE: 57 Yrs. 2 Mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Grain mill hand
(b) General nature of industry, business or establishment in which employed (or employer): Grinding grain & handling feed.

9. BIRTHPLACE (State or Country): American Fork, Utah

10. NAME OF FATHER: Christian Hansen

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Caroline Miller

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John L. Hansen
(Address) Wendell Ida

15. Filed Apr 9 1936 O. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 9 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 2 1936 to Apr 9 1936
that I last saw h[illegible] alive on Apr 8 1936
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(Duration) ..... Yrs. ..... mos. 8 ds.
Contributory (Secondary) Duff pneumonia of uremia
(Duration) ..... yrs. ..... mos. 7 ds.
(Signed) O. L. Simonton M. D.
4/9 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida
DATE OF BURIAL: 4/12 1936

20. UNDERTAKER: Wiley
ADDRESS: Jerome Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98052

Registration District No. 2018 22
Primary Registration District No. 2018 Local Register's No.

APR 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Wendell H. Valentine Hospital

2. FULL NAME Mrs. Jessie McMillan

(a) Residence. No. Klamath Falls, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell McMillan

6. DATE OF BIRTH (month, day, and year) Oct 3 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (city or town) (State or country) Hagerman Idaho

FATHER
13. NAME Peter Sinclair
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elsa McMillan
(Address) Wendell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone, Ida. Date March 29 1936

19. UNDERTAKER Burdett Funeral Home
(Address)

20. FILED J-30, 1936 E. L. Armantrout
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936, to Mar. 29, 1936
I last saw her alive on 3 pm 3/29, 1936: death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1930
Apoplexy	1936 3/23/36
Nephritis	Unknown
Other contributory causes of importance:	
Obesity	12-15 yrs

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Rosser M. D.
(Address) Gooding, Idaho

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98053

PLACE OF DEATH:
County of Ada
City of Wendell
Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Orville Von Weller

(a) Residence. No. Wendell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Lillian M. Von Weller
6. DATE OF BIRTH (month, day, and year): Oct 28 - 1907
7. AGE: Years 28 | Months 4 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Ditch Rider
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Chicago Ill

FATHER
13. NAME: George Von Weller
14. BIRTHPLACE (city or town) (State or country): Florida

MOTHER
15. MAIDEN NAME: Alice Dams
16. BIRTHPLACE (city or town) (State or country): Dent Texas

17. INFORMANT (Address): Harold Von Weller

18. BURIAL, CREMATION OR REMOVAL
Place Wendell Ida Date ....., 193..

19. UNDERTAKER (Address): A. E. Thompson Gooding Ida

20. FILED 3-20, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 15, 1936
I last saw him alive on March 15 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Collapse of right foot and leg	March 13/36
Septicemia	March 15/36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Thyroid fever Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Dr. Edmund A. Rees M. D.
(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9805

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 658

APR 11 1936 RECEIVED

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas E Carter

(a) Residence. No. Gooding, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J Carter

6. DATE OF BIRTH (month, day, and year) June 18 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER FATHER
13. NAME Mary Carter
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Sam Rosenbaum
(Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 3-10 1936

19. UNDERTAKER Thompson Mortuary
(Address) A E Thompson

20. FILED 3-31 1936 J H Cummins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1936 to 3-8 1936
[last saw h.im alive on 3-8 1936: death is said to have occurred on the date stated above, at 1A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Arteriosclerosis	
Mitral stenosis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) [illegible] M. D.
(Address) Gooding Idaho

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98056
State File No.

Registration District No. 103

Primary Registration District No. 2181 Local Registrar's No. 6

(No. At Home in Grangeville, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME James W. Lynd

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) March 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retire Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Samual Lynd

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Liptin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lester Derrick
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 1-13, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho.

20. FILED 3-7, 1936 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan. 11, 1936.
I last saw him alive on Jan. 11, 1936: death is said to have occurred on the date stated above, at 7:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrh	
Chronic Bronchitis	Years
Arterio Sclerosis	
Other **contributory causes** of importance:	
Chronic Nephritis	
Senile Paralitis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. B. Wales M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Clark.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98057

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 14

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Arthur Bate

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Harriet Ellen Bate.

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	0	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) American Fork, Ut.
(State or country)

FATHER
13. NAME Wm. Bate.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Hanna Shelley.
16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Harriet E. Bate
(Address) Rigby, Ida. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Riverton, Ut. Date 3/22, 1936

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 3/20, 1936 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936 to Mar 17, 1936.
I last saw him alive on Feb 15, 1936: death is said to have occurred on the date stated above, at 10:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Fibrosis and dilatation	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98053

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 15

APR 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilma Michaelson.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 18, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.

FATHER
13. NAME Nels O. Michaleson.
14. BIRTHPLACE (city or town) (State or country) St. Charles, Ida.

MOTHER
15. MAIDEN NAME Susan C. Harmon.
16. BIRTHPLACE (city or town) (State or country) Star Valley, Wyoming.

17. INFORMANT Susan C Michaelson
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville, Ida Date 4/8, 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 4/7, 1936 A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6 1936

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~193~~ to ~~193~~
~~I saw her alive~~ last on 4-6, 1936: death is said to have occurred on the date stated above, at 6:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in thoracic cavity due to lacerations in back.	
Other contributory causes of importance: Automobile Accident.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 4-6 1936
Where did injury occur? Rigby Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto Accident
Nature of injury wound in back.

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify
(Signed) A B Eckersell Coroner.
(Address) Rigby Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98059

Registration District No.
APR 13 1936 Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Paul Kehrer

(a) Residence. No. 6 Mi North - Jerome, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER

13. NAME Paul Kehrer
14. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

MOTHER

15. MAIDEN NAME Jessie Martin
16. BIRTHPLACE (city or town) Baker Oregon
(State or country)

17. INFORMANT Paul Kehrer
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date April 5, 1936

19. UNDERTAKER J. R. Wiley.
(Address) Jerome Idaho

20. FILED 4-4, 1936. C. E. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 3, 1936.
I last saw him alive on April 3, 1936.: death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymolymphaticus	April 2, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Stephen C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

APR 15 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98069
State File No.

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Dorothea Benson Dalton

(a) Residence. No. Farm Jerome, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
~~(or)~~ WIFE of Frederick William Dalton

6. DATE OF BIRTH (month, day, and year) 2/6/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bornholm, Denmark

FATHER
13. NAME Andreas Peter Benson
14. BIRTHPLACE (city or town) (State or country) Bornholm Denmark

MOTHER
15. MAIDEN NAME Mathilda Caroline Baberg
16. BIRTHPLACE (city or town) (State or country) Kalahamn Sweden

17. INFORMANT (Address) Mrs D. E. Hendry Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date 4/5, 1936

19. UNDERTAKER (Address) D. A. Morrison Jerome Idaho

20. FILED 4/3, 1936 C. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 193 3, to April 2, 1936
I last saw h~~e~~r alive on April 1, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
in convulsion	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Zeller M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9806

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) Dr. Hamm 7-10

2. FULL NAME Lucinda Baker

(a) Residence. No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
(a) WIFE of Wm. Baker

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Invalid)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris, Missouri

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Hazel Baker
(Address) Eden, Idaho

18. BURIAL, [redacted]
Place Twin Falls Cem. Date , 193

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4-1, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935, to March, 1936

I last saw her alive on , 1936; death is said to have occurred on the date stated above, at 2:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	March 24
Other contributory causes of importance:	
Weak heart	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd Hamm, M. D.

(Address) Twin Falls, Idaho

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

File No. 98062

PLACE OF DEATH

County of Kootenai

City of Lane

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 13

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophia Marie Dierks

(a) Residence. No. .... Lane, Idaho St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hans D. Dierks

6. DATE OF BIRTH (month, day, and year) July 27 1853

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
62	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Germany

FATHER

13. NAME Wm Graf

14. BIRTHPLACE (city or town) .... (State or country) Germany

MOTHER

15. MAIDEN NAME No Information

16. BIRTHPLACE (city or town) .... (State or country)

17. INFORMANT Mrs. Ida Darnell (Address) Rose Lake, Ida

18. BURIAL, CREMATION OR REMOVAL Place. Lane Date. 3/20 1936

19. UNDERTAKER M. C. Thorngate (Address) Kellogg Idaho

20. FILED Apr. 9, 1936. Walter R. Beers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1936, to 3/17, 1936.

I last saw her alive on 3/15, 1936: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	10 years
Bronchitis	1 week

Other **contributory causes** of importance:

Senility	

Name of operation None Date of....

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury.., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) F. F. Hemming M. D

(Address) Coeur d'Alene Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98063

Registration District No. 6 3
Primary Registration District No. 2143
Local Registrar's No.

APR 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Calvin C Blackburn

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Blackburn

6. DATE OF BIRTH (month, day, and year): June 8, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER
13. NAME: Solomon Blackburn
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Polly Elwood
16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Mrs C.C. Blackburn
(Address): Kendrick, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Kendrick Date: Mar 27, 1936

19. UNDERTAKER: John J. Pickard
(Address): Troy, Ida.

20. FILED: Mar 26, 1936 B.F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932., to ....., 1936.
I last saw him alive on Mar 20, 1936.: death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic	
heart disease	?
Hypostatic congestion	?
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?: Date of injury: , 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. Christensen M. D.
(Address) Kendrick, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 9806

Local Registrar's No.

MAR 14 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Brooke

164

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas Brooke
6. DATE OF BIRTH (month, day and year): Nov 17 1859
7. AGE: Years 76 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Louis Mo.

FATHER
13. NAME: Fraser
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Catherine Gudby
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Nicholas Brooke Kendrick Idaho
18. BURIAL, CREMATION OR REMOVAL Place American Ridge Date Mar 21 1936
19. UNDERTAKER (Address): John D. Packard Troy Idaho
20. FILED Mar 19, 1936. B. F. Market Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar. 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. ....., 1936., to Mar. 17..., 1936.
I last saw her alive on Mar. 17., 1936.; death is said to have occurred on the date stated above, at 5:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Influenza	Jan. 1936

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) D. D. Christensen M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98065
State File No.....

PLACE OF DEATH
County of Latah
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.....

(No. 6 (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Gustave Eugene Simmons

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Mable Simmons

6. DATE OF BIRTH (month, day, and year) 6-30-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) 7-3-36

11. Total time (years) spent in this occupation about 10 yrs

12. BIRTHPLACE (city or town) (State or country) Genesee Idaho

FATHER

13. NAME Louis Allen Simmons

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Charity Smith

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Allen D. Simmons Craigmont Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Craigmont Date 7-9-36, 193..

19. UNDERTAKER (Address) Lisle Robertson

20. FILED 7-9-36, 193.. Lisle Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1-36, 193.., to 7-8-36, 193....
I last saw h....alive on 7-5-36: death is said to have occurred on the date stated above, at 2.4 a..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) C. H. Simmons M. D.
(Address) Kamiah Idaho

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98067

PLACE OF DEATH
County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No. 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Mc Leod

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5 1936

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

FATHER

13. NAME Donald Mc Leod Jr.

14. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

MOTHER

15. MAIDEN NAME Retta May Gibler

16. BIRTHPLACE (city or town) Cook City
(State or country) Idaho

17. INFORMANT Mary Ellen Mc Leod
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date 4-7, 1936

19. UNDERTAKER Home
(Address)

20. FILED 4-9, 1936 Neil A. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/5 -, 1936, to 4/5 -, 1936.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) ....., M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98063

Registration District No. 16 & 17

Primary Registration District No. ..... Local Registrar's No. 59

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ray Mooney

(a) Residence. No. Butfield Ada St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 20 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Shoshone Idaho

FATHER

13. NAME Irvin James Mooney

14. BIRTHPLACE (city or town) (State or country) Toledo Ohio

MOTHER

15. MAIDEN NAME Mary E Anderson

16. BIRTHPLACE (city or town) (State or country) Toledo

17. INFORMANT (Address) Irvin J Mooney

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Cem Date 2/6, 1936

19. UNDERTAKER (Address) B Terry Dupton City

20. FILED 2-5, 1936 J O Babb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Feb 4, 1936.

I last saw him alive on Feb 2 1936: death is said to have occurred on the date stated above, at 1.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immature birth	Jan 20. 1936
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H E Barrett, M. D.

(Address) Shoshone

(E) 6

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98069

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16-17
Primary Registration District No.
Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Benton Davis

(a) Residence. No. 525 West Clark St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Sept 16, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: R.R. Conductor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: O.S.L.R.R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER/FATHER

13. NAME: James Davis
14. BIRTHPLACE (city or town) (State or country): Wales
15. MAIDEN NAME: Owens
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Mrs. T. B. Davis Pocatello Ida
18. BURIAL, CREMATION OR REMOVAL Place: Pocatello Ida Date: Feb 12 1936
19. UNDERTAKER (Address): T. L. McDonald Pocatello Idaho
20. FILED Feb 14, 1936 J Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year): Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Did not attend 193... to ... 193...
I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 6:55 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1933

Other **contributory causes** of importance:

Age	

Name of operation ... Date of ...
What test confirmed diagnosis? Dx Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. E. Barrett M. D.
(Address) Shoshone Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILL IN THIS SPACE
State File No. 98070

County of Kootenai
City of Spokane
No. 16117
District No. ..... Local Registrar's No. 60
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Cullen Powers
(a) Residence. No. ..... St. Lake
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 13-1935
7. AGE: Years | Months: 2 | Days: 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spokane

FATHER
13. NAME: Fred Powers
14. BIRTHPLACE (city or town) (State or country): Dixon Kentucky

MOTHER
15. MAIDEN NAME: Audrey Coppard
16. BIRTHPLACE (city or town) (State or country): Ft. Gibson Okla

17. INFORMANT (Address)
18. BURIAL, CREMATION OR REMOVAL
Place: Spokane Date: 2-9 1936
19. UNDERTAKER (Address): [illegible]
20. FILED 3-7, 1936 J. O. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936, to Feb 8, 1936
I last saw him alive on Feb 8 1936: death is said to have occurred on the date stated above, at 7 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tobacco Pneumonia	Feb 2-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) T. E. O'Bannon, M. D.
(Address) Spokane Wash

E

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 98071

Local Registrar's No. 657

APR 11 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Cecil

(a) Residence. No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie E. Cecil

6. DATE OF BIRTH (month, day, and year) November 8 1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	66	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth, Ill

FATHER

13. NAME Austin Cecil

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. Rahit Dottie

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date Mar. 1936

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED 3-31-, 1936 J. H. Cromwell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-, 1936, to 3-7-, 1936.

I last saw him alive on Oct. 21, 1935; death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
apoplexy	3/7/36
Other **contributory causes** of importance: coronary artery disease	1930
generalized arteriosclerosis	about 10 years

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Cromwell M. D.
(Address) Gooding Idaho

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9807

PLACE OF DEATH
County of Madison.
City of Rexburg

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 20
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorena Robison.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Ivan O. Robison.

6. DATE OF BIRTH (month, day, and year) March 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	0	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 3/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lyman, Idaho.
(State or country)

FATHER
13. NAME Robert McIntier.
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER
15. MAIDEN NAME Catherine Rose.
16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Ivan O Robison
(Address) Thornton, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Archer, Idaho. Date Apr. 3, 1936

19. UNDERTAKER A. O. Eschenbach
(Address) Rigby, Idaho.

20. FILED 4-6, 1936. Mrs. H. C. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936, to March 31, 1936
I last saw h[illegible] alive on Mar 31, 1936: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Pneumonia	
Influenza.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Kingsley, M. D.
(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1[illegible] 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98075

PLACE OF DEATH
County of Madison
City of Rexburg.

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 19

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William C. Jacobsen

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11 - 1928.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
7	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sugar City Idaho

FATHER

13. NAME Irvin William Jacobsen

14. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

MOTHER

15. MAIDEN NAME Stella Atkinson

16. BIRTHPLACE (city or town) (State or country) Lyman Idaho

17. INFORMANT (Address) Elmer Atkinson Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Ida. Date March 25 1936

19. UNDERTAKER (Address) Victor C. Stubbs Rexburg, Idaho

20. FILED 4-6-, 1936. Mrs. H. Eyoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1936, to Mar. 22, 1936.
I last saw he alive on 3-22, 1936. death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-15-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No Specify.....
(Signed) M. D.
(Address) Rexburg Idaho

APR 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98076

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joa Jansen

(a) Residence. No. Burton Idaho St.
*(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14- 1924

7. AGE: Years 11 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School Girl

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burton Madison Ida

FATHER

13. NAME Wilford Jansen

14. BIRTHPLACE (city or town) (State or country) Preston Franklin

MOTHER

15. MAIDEN NAME Virgia Maughn

16. BIRTHPLACE (city or town) (State or country) Preston Franklin Ida

17. INFORMANT (Address) Wilford Jansen Burton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burton Date April 1 1936

19. UNDERTAKER (Address) Thos. J. Fuller Ashton Idaho

20. FILED 4-6..., 1936. Mrs. F. E. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 25, 1936, to 3-29, 1936.

I last saw he alive on 3-29, 1936: death is said to have occurred on the date stated above, at 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diffuse Septic Peritonitis	3-25-36
Other **contributory causes** of importance:	
Gangrenous Appendicitis	3-20-36

Name of operation Laparotomy - finding Date of 3-26-36

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lorin A. Rich, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9807

Registration District No. 106
Primary Registration District No. 2178 Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elden Ruben Neeley

(a) Residence. No. ..... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Rachel R. ~~Neeley~~
6. DATE OF BIRTH (month, day, and year): Feb. 15, 1908
7. AGE: Years 28 | Months 1 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 35
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burton, Idaho

MOTHER/FATHER
13. NAME: Ruben Neeley
14. BIRTHPLACE (city or town) (State or country): Neeley, Idaho
15. MAIDEN NAME: Myral A. Heileson
16. BIRTHPLACE (city or town) (State or country): Glenwood, Utah

17. INFORMANT (Address): Ruben Neeley, Rexburg, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Rexburg Date: 3/19, 1936
19. UNDERTAKER (Address): Russell Flamm, Rexburg, Idaho
20. FILED 4-6, 1936. Mrs. H. E. Young, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-16 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1936, to 3-16, 1936
I last saw him alive on 3-16, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Frontal Sinusitis	2-20-36
Other **contributory causes** of importance:	

Name of operation: Sinus opened Date of: 3/2/36
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ... W. Gottfriedson M. D.
(Address) ... Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 13 1936 RECEIVED STATE OF IDAHO

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE

County of Madison

City of Lyman

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98078

Registration District No. 880

Primary Registration District No. 2176

Local Registrar's No. [redacted]

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luke Briggs.

(a) Residence. No. Thornton St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Ann Briggs. Smith

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 2/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Charles Briggs.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Ann Worrall.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Luke Briggs (Address) Thornton, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL

Place Archer, Ida. Date 3/19, 1936

19. UNDERTAKER C. O. Eckersell (Address) Rigby, Idaho.

20. FILED 4-6, 1936 Mrs. H. E. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936 to 3-16, 1936

I last saw him alive on 3-16, 1936: death is said to have occurred on the date stated above, at 10:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sutherland M. D.

(Address) Lyman, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Carssow

PLACE OF DEATH

County of NezPerce

City of Lewiston

APR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98079

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Valworth Hawks

(a) Residence. No. 1811-7th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1892

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29 1923

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	12	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

FATHER

13. NAME W. G. Hawks

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Lottie Keith

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT W. G. Hawks
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 3/20/36, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Apr 1 193 6 Jm Leyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 193 6., to 3/17, 1936

I last saw him alive on 3/17, 193 6.: death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	3/17/36

Other contributory causes of importance:

none	

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? — Date of injury, 193..

Where did injury occur? On the street
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Bicycle ran into Automobile

Nature of injury Fractures Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. E. Carssow, M. D.

(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Gaignard

PLACE OF DEATH

County of Nez Perce

City of Slickpoo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

DO NOT WRITE IN THIS SPACE

State File No. 98080

1936

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Jean Samuels

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): March, 1935

7. AGE — Years: | Months: 11 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Slickpoo, Idaho

FATHER

13. NAME: Titus Samuels

14. BIRTHPLACE (city or town) (State or country): Ahsahka, Idaho

MOTHER

15. MAIDEN NAME: Ann Antelope

16. BIRTHPLACE (city or town) (State or country): De Smet, Idaho

17. INFORMANT (Address): Louis S. Samuels, Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Slickpoo, Idaho Date: Feb. 19 1936

19. UNDERTAKER (Address): Brower Warm Company, Lewiston, Idaho

20. FILED Feb., 1936 George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Feb 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1936, to ....., 193....

I last saw her alive on 2-16-1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chicken Pox with infection of Vessels	? ?

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) George Gaignard, M. D.

(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 14 1936 RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lapwai Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. .....

DO NOT WRITE IN THIS SPACE
98081
State File No. .....

Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Samuels Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Indian 3/4

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: | Months: 6 | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grace Idaho

FATHER

13. NAME: Peter Samuel

14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER

15. MAIDEN NAME: Elizabeth Tahwatoy

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Mrs Samuels Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Idaho Date 1-10, 1936

19. UNDERTAKER (Address):

20. FILED Jan .., 1936 George Gaigmard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-9-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7-, 1936, to 1-9-, 1936.

I last saw him alive on 1-9-, 1936: death is said to have occurred on the date stated above, at 12:01 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral Pneumonia	1-7-36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) George Gaigmard M. D.

(Address) Culdesac Idaho

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Culdesac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 98082

APR 14 1936 RECEIVED

2. FULL NAME Paul G Paulsen

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Paulsen

6. DATE OF BIRTH (month, day, and year)
April 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miller

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dennmark

MOTHER FATHER

13. NAME Gjerman Paulsen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Marie Neilsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT George Paulsen
(Address) Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash. Date 4/10 ..., 1936

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED ....., 193. George Gjermund Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-7-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935, to Dec. 9, 1935.

I last saw him alive on Dec. 9, 1935.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of	
Sigmoid of Intestine	

Other **contributory causes** of importance:

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) W. D. Clark M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Spalding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

DO NOT WRITE IN THIS SPACE 38089

State File No.

APR 14 1936 RECEIVED

Primary Registration District No. Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louie Alexander Broncheau 31.

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 26, 1923

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
12	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Schoolboy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Nez Perce
(State or country): Idaho

FATHER

13. NAME: Alexander Broncheau

14. BIRTHPLACE (city or town):
(State or country): Idaho

MOTHER

15. MAIDEN NAME: Susie Lawyer

16. BIRTHPLACE (city or town):
(State or country): Idaho

17. INFORMANT: Sophia Red Duck
(Address): Spalding, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Spalding, Idaho Date: Jan. 29 1936

19. UNDERTAKER: Brower Wann Company
(Address): Lewiston Idaho

20. FILED: Jan. ..., 1936. George Gaignard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-30., 1935., to 1-11-....., 193.6.
I last saw him alive on 1-11-1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis ?	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) George Gaignard M. D.
(Address) Culdesac, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Sweetwater

APR 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
98084
State File No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

94a

2. FULL NAME Mary Compo

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Compo

6. DATE OF BIRTH (month, day, and year) About 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Idaho Territory

FATHER

13. NAME Simon Ky-way-puts

14. BIRTHPLACE (city or town) Salmon River (State or country) Idaho

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) Idaho County (State or country) Idaho

17. INFORMANT Joseph E. Williams (Address) Spalding, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place Slickpoo, Idaho. Date Feb. 1, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED Jan. ...., 1936. George Gaumnitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1935, to 1-3-, 1936.

I last saw her alive on 12-24-, 1935; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-24-35
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) George Gaumnitz, M. D.

(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAR 4 1936 FILED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98085

Registration District No. 109
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Carnegie

(a) Residence. No. Merriam Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 21, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known
(State or country) Scotland

FATHER

13. NAME Alexander Carnegie

14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER

15. MAIDEN NAME Jessie Davidson

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Mrs. Wm. Arnot
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 3-4, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Apr. 1, 1936 J. M. Lyle
By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-2 1936

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1936, to 3-2, 1936
I last saw him alive on 3-2, 1936: death is said to have occurred on the date stated above, at 12:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 year

Other contributory causes of importance:

None	

Name of operation None Date of
What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. E. Carnaw, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98085

APR 10 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias Jackson

(a) Residence. No. St. Sweetwater, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 1, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweetwater
(State or country) Idaho

FATHER

13. NAME David Jackson
14. BIRTHPLACE (city or town) Sweetwater
(State or country) Idaho

MOTHER

15. MAIDEN NAME Irene Laosaing
16. BIRTHPLACE (city or town) Fort McDermit
(State or country) Nevada

17. INFORMANT David Jackson
(Address) Sweetwater, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sweetwater, Ida Date April 1, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Apr 1, 1936 J M Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Mar 31, 1936
I last saw him alive on Mar 30, 1936: death is said to have occurred on the date stated above, at 10:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/30, 1936
Where did injury occur? Sweetwater Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell off cliff
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W O Clark, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Idaho

APR 1 1936 RECEIVED [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98087

[redacted] tion District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arnold H Weber

(a) Residence. No. St. Craigmont, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nina Weber

6. DATE OF BIRTH (month, day, and year) Aug 28, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Craigmont
(State or country) Idaho

FATHER

13. NAME Henry Weber

14. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

MOTHER

15. MAIDEN NAME Nellie Crowe

16. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

17. INFORMANT Mrs Nina Weber
(Address) Craigmont, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Idaho Date Apr 1, 1936

19. UNDERTAKER Brower Wonn Company
(Address) Lewiston, Idaho

20. FILED Apr 1 1936 J M Lyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to March 31, 1936, I last saw him alive on March 31, 1936; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted], M. D.

(Address) Lewiston, Idaho

Dr Haury

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of NezPerce
City of Lewiston

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98088

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Hoseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Son Mr & Mrs R.L.Marvin

(a) Residence. No. 331-2nd Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12-1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME R.L.Marvin
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Nell Schenck
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT R.L.Marvin
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Lewiston Idaho Date 3/14/36, 193..

19. UNDERTAKER Vassar- Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Apr 6, 193.. J.M.Doyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 193.6, to 3/13, 193.6
I last saw h.. alive on 3/13, 193.36 death is said to have occurred on the date stated above, at 1:40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis - after birth	
Other contributory causes of importance:	
Prematurity	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul O Hamm, M. D.
(Address) Lewiston Idaho

Dr Braddock

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98089

Registration District No. 1809
Primary Registration District No. 96
Local Registrar's No.

APR 10 1936 RECEIVED

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emma Koepl

(a) Residence. No. NezPerce Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Koepl

6. DATE OF BIRTH (month, day, and year) Jan 15 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russell
(State or country) Idaho

FATHER
13. NAME N.B.Schlader
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Michels
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT JohnKoepl
(Address) NezPerce Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place NezPerce Idaho Date 3/19/36, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED Apr 6, 193 J M Kyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/16/36, 193

22. I HEREBY CERTIFY, That I attended deceased from March 16, 193 6, to March 16, 193 6
I last saw her alive on March 16, 193 6: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Pneumonia.	March 10 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. E. Braddock, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Garrsow

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1099

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 98090

2. FULL NAME Charles H. Ryan

(a) Residence. No. St. Canfield, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Obtainable

6. DATE OF BIRTH (month, day, and year) Dec 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not obtainable

FATHER

13. NAME Jessie Ryan

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Jane Good

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT G. C. Ryan
(Address) Canfield, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Mar. 25, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED April 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1936, to March 23, 1936
I last saw him alive on March 23, 1936: death is said to have occurred on the date stated above, at 12:30 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Liver	?
Other contributory causes of importance:	
Don't Know	

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9809

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph's Hospital) 35
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis Kip-Kip-Pelican

(a) Residence. No. St. Ramiah, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kip-Kip-pelican

6. DATE OF BIRTH (month, day, and year) 1st week in July 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Harrison Kip-Kip-pelican
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Lula
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Mary Kip-Kip-pelican (Address) Ramiah, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Ramiah, Idaho Date April 1, 1936
19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho
20. FILED April 1, 1936 J. M. Hyde By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to Mar 29, 1936.
I last saw h/m alive on Mar 29 1936; death is said to have occurred on the date stated above, at 8.20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Rupture of Abscess	2 months ago
Tuberculous Peritonitis	

Other contributory causes of importance:

Name of operation Removal tongue Date of 3/20/36
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. L. Carawan, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98092

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 1406 - 7th Avenue)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin N. Strandberg

(a) Residence. No. 1406 - 7th Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Strandberg

6. DATE OF BIRTH (month, day, and year) July 13, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe repair shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own shop

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not on record

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ruby Strandberg (Address) St Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Spokane, Wn. Date Mar. 13, 1936

19. UNDERTAKER Brewer Wann Company (Address) Lewiston, Idaho

20. FILED April 1, 1936 J. M. Lyle by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936, to Mar 11, 1936

I last saw him alive on Feb 27 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis + Marasmus	
Other contributory causes of importance:	
Don't know	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. L. Larsson, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98093

APR 10 1936 RECEIVED

Registration District No. 1009
Registration District No. 96
Local Registrar's No.
(No. Lewis Clark Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number) 92

2. FULL NAME J. Monasch
(a) Residence No. St. San Francisco, Calif.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chico
(State or country) California

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Leo Preyo
(Address) San Francisco, Cal.

18. BURIAL, CREMATION OR REMOVAL
Place Los Angeles, Calif. Date Mar 7, 1936

19. UNDERTAKER Brower-Wagner Co.
(Address) Lewiston, Idaho.

20. FILED April 1, 1936 Jan Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1936, 193..., to 3-5-1936, 193...
I last saw her alive on 3-3-1936, 193...: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	

Other contributory causes of importance:

Cardiac embolism	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. F. Kramer M. D.
(Address) Lewiston, Idaho.

APR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 98094

Local Registrar's No.

162

2. FULL NAME Virginia Harriett Fletcher

(a) Residence. No. 17th Ave & 27th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): March 15, 1936

7. AGE — Years: — Months: — Days: 2 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

FATHER

13. NAME: Harry Fletcher
14. BIRTHPLACE (city or town) (State or country): Dayton Wash.

MOTHER

15. MAIDEN NAME: Iva Lucas
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mr. Harry Fletcher Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Mar. 17 1936

19. UNDERTAKER (Address): Brower Wann Company Lewiston, Idaho

20. FILED April 1 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to Mar. 17, 1936.
I last saw he alive on March 17 1936.: death is said to have occurred on the date stated above, at 5:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden Symptoms.	at birth
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. L. Whitehouse, M. D.
(Address) Lewiston, Idaho

APR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98095
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Kamphuis

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year): October 15, 1854

7. AGE: Years 81 | Months 5 | Days 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gardener
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Epe (State or country) Holland

MOTHER FATHER

13. NAME Harry Kamphuis
14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Maria Dahlhuis
16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs. Maggie Ferguson (Address) Lewiston Orchards Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Mar. 21, 193 6

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Apr 1 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 193 6, to 3-17, 193 6
I last saw h. alive on 3-17, 193 6 death is said to have occurred on the date stated above, at 1:20 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98096

APR 19 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard W. Kemp 189

(a) Residence. No. Forest, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Constant A. Kemp

6. DATE OF BIRTH (month, day, and year): March 13th 1889

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Stockman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 3/11/36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Walter Kemp
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Constance A. Kemp Forest, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Idaho Date: 3/14, 1936

19. UNDERTAKER (Address): Brown-Wamp Co. Lewiston Idaho

20. FILED Apr 1 1936 Jos. Ruble Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at ...m.
from notknown

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental fall	
Fracture Skull	
Probably Broken Neck & Injuries	
Other contributory causes of importance:	
Dyspnoea Labored	
Cardiac Dilatation	

Name of operation: ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Brown Jr. Coroner, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lapwai

APR 18 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9809?

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 31

(No. Fort Lapwai Sanatorium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarice Parsons

(a) Residence. No. Lapwai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian Full	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/7/26

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho.

FATHER

13. NAME Appolis Parsons

14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lilly Papaluite

16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Sanatorium Records
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Date 3/16/, 1936

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho

20. FILED Apr 16, 1936 Jon Ryle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/14/36

22. I HEREBY CERTIFY, That I attended deceased from February 27 1936, to March 14, 1936
I last saw her alive on March 14, 1936: death is said to have occurred on the date stated above, at 3:50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
far advanced	???
Tuberculous laryngitis	???
Tuberculosis of intestines	???
Other contributory causes of importance:	

Name of operation lab&X-Ray Date of no
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

APR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98093

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine C. Travis - 31

(a) Residence. No. 1402 - 15th Avenue St
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. W. Travis

6. DATE OF BIRTH (month, day and year) Feb 18th 1902.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
34	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Plaza
(State or country) Washington

FATHER

13. NAME J. H. Balon.

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Addie Brown

16. BIRTHPLACE (city or town)
(State or country) Montana

17. INFORMANT W. W. Travis
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kendrick Ida. Date 3/15, 193 6

19. UNDERTAKER Borrow-Warnick Co.
(Address) Lewiston Idaho.

20. FILED Apr 1 193 6 Jon Ryle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 193 6, to 3/13, 193 6
I last saw h[illegible] alive on 3/13, 193 6: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other **contributory causes** of importance:

Chr. alcoholism	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98099

Registration District No. 128

APR 14 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Erma Violet Isaac.

(a) Residence. No. Lapwai, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/13/27

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lapwai
(State or country) Idaho

FATHER

13. NAME David Isaac

14. BIRTHPLACE (city or town) Kamiah.
(State or country) Idaho

MOTHER

15. MAIDEN NAME Lucy Armstrong

16. BIRTHPLACE (city or town) Lapwai.
(State or country) Idaho

17. INFORMANT David Isaac
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho. Date 1/7/36, 1936

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED Jan. 1936 George Gaymard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5/36 193

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1935, to January 5, 1936

I last saw her alive on 1/5/36, 193..: death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	???
Other contributory causes of importance:	
Septic sore throat	9/14/35
Percarditis with effusion	9/26/35

Name of operation none Date of .....
What test confirmed diagnosis? lab. X-Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph M. Alley M. D.
(Address) Lapwai, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FILED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9810

PLACE OF DEATH
County of Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Walter Remer 90

(a) Residence. No. 1303 - 9th Avenue St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 22nd 1856.
7. AGE: Years 69 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Hardware & Implements
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Vandine Wisconsin

MOTHER
13. NAME: No record
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
15. MAIDEN NAME: No record.
16. BIRTHPLACE (city or town) (State or country): No record

17. INFORMANT (Address): Mrs. B. A. Spengler Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 3/16, 1936

19. UNDERTAKER (Address): Brown-Wann Co

20. FILED Apr 1 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Mar 14, 1936
I last saw him alive on Mar 13, 1936: death is said to have occurred on the date stated above, at 2.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Intoxication	
heart disease	
Other **contributory causes** of importance:	
Pulmonary edema	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 1936.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. D. Clark, M. D.
(Address) Lewiston Idaho

APR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9810

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Swanson

(a) Residence. No. Lewiston, Orchards, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Swanson

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Timber cruiser. Forester

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME B. Swanson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME M. Engiber Nelson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Miles Moore (Address) Lewiston, Orchards, Ida

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Ida. Date Mar 23, 1936

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Apr 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to Mar 21, 1936.
I last saw h. (m) alive on Mar 21 1936: death is said to have occurred on the date stated above, at 1.40 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	Sept 1935
Uremia	Mar 18 1936
Other **contributory causes** of importance: Arterio sclerosis	1935

Name of operation Trans Urethral Resection Date of Jan 1935

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) E. E. Braddock, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG [illegible] 1936 RECEIVED [redacted]

Brower

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98102
State File No.....

PLACE OF DEATH

County of Nez Perce

City of Lapwai

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dick Albers

n d a

(a) Residence. No. Lapwai, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70 +			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT ..... (Address) Not Known

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Feb. 12 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston Idaho

20. FILED Aug 1 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at .....m. The **principal cause of death** and related causes of importance were as follows:

	Duration between onset and death
Heart disease	
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) E. M. Hanson M. D.
(Address) Lewiston, Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98103

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Grand Hotel - 300 Main)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Francis Sweeney

(a) Residence. No. Grand Hotel - 300 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 9, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Helena
(State or country) Montana

FATHER
13. NAME Patrick Sweeney
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Minnie Hawks
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mrs. Agnes M. Towler
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 3, 1936

19. UNDERTAKER Brower Wann Company
(Address)

20. FILED April 6, 1936 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 5:P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound in Head	
Suicide	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Gail Brower-Cowan, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98104

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

APR 1 1936 REGISTERED

St Joseph Hosp

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Milton O. Cochrell

(a) Residence. No. St. Frazer Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 20 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Milton Cochrell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Roy Cochrell (Address) Frazer Ida

18. BURIAL, CREMATION OR REMOVAL

Place Frazer Ida Date Mar 10, 1936

19. UNDERTAKER W. A. Pharis (Address) Orofino Ida

20. FILED Apr 1 6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from about 1930 193..., to March 4th, 1936

I last saw him alive on 3-4, 1936; death is said to have occurred on the date stated above, at 11. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia	3-4-36
Other contributory causes of importance:	
Carcinoma of Prostate and bladder?	?

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193...

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) W. R. Stetson M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 1 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98105

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

98

2. FULL NAME Fred J. Weyen

(a) Residence. No. St. Leland, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elfrieda Weyen

6. DATE OF BIRTH (month, day, and year) July 29, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Christian,
(State or country) Illinois

FATHER

13. NAME H. O. Weyen

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hellman

16. BIRTHPLACE (city or town)
(State or country) ~~Mexx~~ Illinois

17. INFORMANT Elfrieda Weyen
(Address) Leland, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Espanolia, Wash Date 3-8-36, 193...

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED Apr 6, 193... [illegible]
By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936, to March 6, 1936
I last saw him alive on March 6, 1936: death is said to have occurred on the date stated above, at 10:27 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	3/5-36
Cardiac Failure	3/6-36

Other contributory causes of importance:

Name of operation Tracheotomy Date of 3/5/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Traut M. D.
(Address) Lewiston, Idaho

Dr. Haury.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9810[illegible]

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME George Pahl

(a) Residence. No. 6 Tammany St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maria Pahl

6. DATE OF BIRTH (month, day, and year) March 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own farm

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Randsburg Germany

FATHER

13. NAME John Pahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Maria Pahl Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Lewiston, Idaho Date Mar. 10, 1936

19. UNDERTAKER (Address) Brower Wann Company Lewiston, Idaho

20. FILED April 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1936, to March 7, 1936.
I last saw him alive on March 7 1936: death is said to have occurred on the date stated above, at 12 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Acute appendicitis~~	
Pulmonary Embolism	
Following	
Other **contributory causes** of importance:	
appendectomy	

Name of operation. appendectomy Date of 2/29/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? C Date of injury.., 193.
Where did injury occur? C
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** C
Manner of injury C
Nature of injury C

24. Was disease or injury in any way related to occupation of deceased? No If so, specify C
(Signed) Paul G. Haury, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

APR 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Mr Clark

DO NOT WRITE IN THIS SPACE

State File No. 98107

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

60 L

2. FULL NAME Stella Hattie Lusk

(a) Residence. No. Lewiston, Orchards St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert E. Lusk

6. DATE OF BIRTH (month, day, and year) June 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ferdus Falls Minnesota

FATHER

13. NAME Oliver M. Anderson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Augusta Mattson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Robert E. Lusk
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date Mar 6, 1936

19. UNDERTAKER Brewer Wann Company
(Address) Lewiston, Idaho.

20. FILED Apr 6 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936, to Mar 3, 1936
I last saw h[illegible] alive on Mar 3, 1936. death is said to have occurred on the date stated above, at 12 20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral edema [illegible]	
Other contributory causes of importance:	
[illegible]	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W O Clark, M. D.
(Address) Lewiston, Idaho

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98103

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard David Packer

(a) Residence. No. 1223 - University Court St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 9, 1936

7. AGE — Years — Months — Days — If LESS than 1 day, ½ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

FATHER
13. NAME Howard D. Packer
14. BIRTHPLACE (city or town) (State or country) Tiosa Indiana

MOTHER
15. MAIDEN NAME Agnes A. Fehlberg
16. BIRTHPLACE (city or town) (State or country) Kalispell Montana

17. INFORMANT (Address) Howard D. Packer Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Mar. 10, 1936

19. UNDERTAKER (Address) Brower Wann Company Lewiston, Idaho

20. FILED Apr 10 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch. 9, 1936, to Mch. 9, 1936.
I last saw him alive on Mch. 9, 1936; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth - 6 mos	

Other **contributory causes** of importance:
Premature spontaneous rupture of amniotic sac

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) Paul W. Johnson M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9811U

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

118 F

2. FULL NAME Rebecca Price Williams

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David D Williams

6. DATE OF BIRTH (month, day, and year) Dec 31 1857

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
78	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) March 1936

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) Murther
(State or country) South Wales

FATHER

13. NAME Jenkin williams

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Eliza Price

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT Lucile M. McGee
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Samaria Idaho Date Apr. 2, 1936

19. UNDERTAKER J. Ben Benson
(Address) Malad Idaho

20. FILED Mar 31, 1936 Marion J. Nevin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 30 193 6

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 193 6, to March 30, 193 6.

I last saw her alive on 3/29, 193 6 death is said to have occurred on the date stated above, at 12:30 A.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3/26/36

Other **contributory causes** of importance:

Umbilical hernia	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) C. M. Nelson M.D.

(Address) Malad Ida

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 9 1936

PLACE OF DEATH

County of Oneida

City of Malad R F D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9811

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Rollins Ford

(a) Residence. No. ..... St. Malad Ida. R F D # 1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip J Ford

6. DATE OF BIRTH (month, day, and year): October 26 1871

7. AGE — Years: 64 | Months: 5 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home

10. Date deceased last worked at this occupation (mo. and yr.): Mar 36

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Centerville Utah

FATHER

13. NAME: Steuben Rollins

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Amanda Melvina France

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Philip Ford (Address) Malad Idaho R F D # 1

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Centerville Utah Date: Mar 30 1936

19. UNDERTAKER: J. Leroy Benson (Address) Malad Idaho

20. FILED Mar 31 1936 Marion J Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.2., to March 27 193.6.

I last saw h.e alive on March 27 193.6. death is said to have occurred on the date stated above, at 3:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio sclerosis	

Other **contributory causes** of importance:

Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... Injury.....

(Signed) W. W. Malcolm M. D.

(Address) Malad Ida.

information should be carefully supplied. And should be stated accurately. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98112

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 7

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Tew Moser

(a) Residence. No. Malad Idaho R F D # 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Rensel Moser

6. DATE OF BIRTH (month, day, and year) July 27 1890

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
45	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 36

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Tew

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sylvester

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ernest Rensel Moser
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place St. John Idaho Date Mar 14 193 6

19. UNDERTAKER J. Ben Hanson
(Address) Malad Idaho

20. FILED Mar 15, 1936 Marion J. Kerr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby. 29, 1936, to 3-10-, 1936.
I last saw her alive on 3-10-, 1936; death is said to have occurred on the date stated above, at 8.20 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feby 29 36
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. C. Gaffey, M. D.
(Address) Malad, Ida.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Gwenford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98113

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 5
(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Savage Waldron

(a) Residence. No. St. Gwenford Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Devinah F Roderick

6. DATE OF BIRTH (month, day, and year) July 7 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) Mar 1934
11. Total time (years) spent in this occupation 89

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER/FATHER
13. NAME Benjamin Waldron
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Emiline Savage
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Levi G Waldron (Address) Gwenford Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Samaria Idaho Date Mar 11 193 6

19. UNDERTAKER J Sam Henson (Address) Malad Idaho.

20. FILED Mar 15, 1936 Marion J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.0, to Mar 9, 193.6
I last saw h. alive on Mar 4, 193.36 death is said to have occurred on the [redacted] stated above, at 1- A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Malad Idaho

Information should be carefully supplied. Age should be stated in years. Fractions should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98114

Registration District No. 26

APR 9 1936 REGISTERED

Primary Registration District No. 2069 Local Registrar's No. 4

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

97 F

1. FULL NAME George Petit

(a) Residence. No. Great Northern Hotel St. Malad Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 14 [illegible] 1865

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT John L. Smith
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Mar 4 193 6

19. UNDERTAKER J. Guy Kinman
(Address) Malad Idaho

20. FILED Mar 15 1936 Marion J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Mar 2, 1936.
I last saw him alive on Mar 1, 1936: death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion J. Kerns, M. D.
(Address) Malad, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fayette.
City of Fayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9811

Registration District No. 4
Primary Registration District No. 4008 Local Registrar's No. 34

APR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Donaldson Napton. 17 0

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Sept 13-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salisaw Co. (State or country) Missouri.

FATHER
13. NAME James Smith Napton.
14. BIRTHPLACE (city or town) Salisaw Co. (State or country) Missouri.

MOTHER
15. MAIDEN NAME Mary Lee.
16. BIRTHPLACE (city or town) Pettis Co. (State or country) Missouri.

17. INFORMANT W. B. Napton. (Address) Fayette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Ida. Date April 1- 1936

19. UNDERTAKER Glenn C. Saunders. (Address) Fayette Idaho.

20. FILED 3/31/36. 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-28- 1936, to 3-28- 1936

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 5. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
Gun Shot in right Temple.	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or ~~homicide~~? suicide Date of injury 3-27 1936
Where did injury occur? Fayette Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. house.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Edith Saunders Coroner
(Address) Fayette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette.
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
58115
State File No.

APR 10 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 33

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Early Shivers

(a) Residence. No. Payette, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jenny Shivers
6. DATE OF BIRTH (month, day, and year): Nov. 15, 1867
7. AGE: Years 69 | Months 4 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ranch
10. Date deceased last worked at this occupation (mo. and yr.): 3-20-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): De Moine Iowa

FATHER
13. NAME: Reason Porter Shivers
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: L. Thompson
16. BIRTHPLACE (city or town) (State or country): Cedar Rapids Iowa

17. INFORMANT (Address): R. P. Shivers Des Moines Ia.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 3-31-1936

19. UNDERTAKER (Address): Glenn C. Sanders Payette Idaho

20. FILED 3/31/1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1936, to 3/27, 1936
I last saw h alive on 3/27, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	2 yrs ago

Other contributory causes of importance:

Broken compensation	3/23/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Woodward M.D.
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9811

PLACE OF DEATH
County of Payette
City of Emmettland Registration District No. 4-1008
Primary Registration District No. 1008 Local Registrar's No. 22

APR 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Lee Ransom

(a) Residence. No. Emmettland, Ida St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Oct 24, 1931
7. AGE: Years 4 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Emmettland Ida.

FATHER
13. NAME: G. L. Ransom
14. BIRTHPLACE (city or town) (State or country): Okla.

MOTHER
15. MAIDEN NAME: Maggy Bretwell
16. BIRTHPLACE (city or town) (State or country): Middleton Ida

17. INFORMENT (Address): Mary Ransom Emmettland, Ida.
18. BURIAL, CREMATION, OR REMOVAL Place: Oakland, Ore. Date: Mar 10, 1936
19. UNDERTAKER: H. L. Peterson (Address): Ontario, Ore.
20. FILED 3/24/36 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): March 8 193 6
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 8, 1936,
I last saw him alive on Mar 8, 1936: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Rheumatic Endocarditis	Cannot Say
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Basalt

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98129

Registration District No. 4
Primary Registration District No. 1006 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME R. D. Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Bettie Smith

6. DATE OF BIRTH (month, day, and year) Oct 26 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Virginia

FATHER
13. NAME Geo Smith
14. BIRTHPLACE (city or town) ..... (State or country) Virginia

MOTHER
15. MAIDEN NAME Rebecca Smith
16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT R. D. Walker
(Address) Gannett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 3-25-1936

19. UNDERTAKER Glenn C. Landers
(Address) Gannett Idaho

20. FILED 3/24/36 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1936, to 3-24, 1936
I last saw him alive on 3-23, 1936: death is said to have occurred on the date stated above, at 3:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection	

Other contributory causes of importance:
Infection of prostate
Cystitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. Eaton M.D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette.
City of Payette

APR 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98121

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Amanda Belle Patterson.

(a) Residence. No. 1419 - 1st Ave South St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. S. Patterson.

6. DATE OF BIRTH (month, day, and year) Feb 12 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	2 8	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pike Co.
(State or country) Missouri.

FATHER
13. NAME Chas Thompson.
14. BIRTHPLACE (city or town) .....
(State or country) Missouri.

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT George W Patterson
(Address) 3333 Altamira St La Crescenta Cal

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Idaho Date 3-14-, 1936

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED 3/24/36 193.... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Mar 11, 1936.
I last saw h[illegible] alive on Mar 10, 1936.: death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Cannot say

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Lafayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98122

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 28

APR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Harriet Virginia Phipps

(a) Residence. No. 1028 2nd Ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Phipps

6. DATE OF BIRTH (month, day, and year) Sept 14 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Independence Virginia

FATHER

13. NAME Andrew Jones

14. BIRTHPLACE (city or town) (State or country) Independence Virginia

MOTHER

15. MAIDEN NAME Jemima Pool

16. BIRTHPLACE (city or town) (State or country) Independence Virginia

17. INFORMANT John M. Phipps
(Address) 324 N-W-bank Portland Ore

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date 3-13 193 6

19. UNDERTAKER Pleasant C. Jewell
(Address) Payette Ida.

20. FILED 3/24/36 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 1936

22. I HEREBY CERTIFY, That I attended, deceased from 3/1, 1936, to 3/8/36, 193..
I last saw her alive on 3/8, 1936: death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. F. Clark M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98123

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 27
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

8

2. FULL NAME Dayle Bishop, Jr.

(a) Residence. No. 303 3 ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Jan 7 1931

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
5	1	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME Dayle Bishop
14. BIRTHPLACE (city or town) (State or country) Emmett Idaho

MOTHER
15. MAIDEN NAME Edna Garlick
16. BIRTHPLACE (city or town) (State or country) Wilder Idaho

17. INFORMANT (Address) Dayle Bishop Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Ida. Date 3-23-1936

19. UNDERTAKER (Address) Glenn C. Landon Payette Idaho

20. FILED 3/23/36 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1936, to Mar 22, 1936
I last saw him alive on Mar 22, 1936: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	3-3-36
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. B. Standish, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette.

City of Payette.

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9812

Registration District No. 4

Primary Registration District No. 1008. Local Registrar's No. 26.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jaquelin Rae Bishop.

(a) Residence. No. 303 - 3rd ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) Nov 7 - 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Caldwell. (State or country) Idaho

FATHER

13. NAME Hayle Bishop.

14. BIRTHPLACE (city or town) Emmett (State or country) Idaho.

MOTHER

15. MAIDEN NAME Edna Garlick.

16. BIRTHPLACE (city or town) Wilder (State or country) Idaho.

17. INFORMANT Hayle Bishop (Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Idaho Date 3-24-1936

19. UNDERTAKER Glenn C. Gardner (Address) Payette Idaho

20. FILED Mar 20 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1936, to Mar 19, 1936
I last saw he alive on Mar 18, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	Mar 13 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B. Handford M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98125
State File No.

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 25

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Frank Miller

(a) Residence. No. Payette St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fuely Miller

6. DATE OF BIRTH (month, day, and year)
Oct 20, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Plumber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgan County Indiana

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs W. F. Miller Payette

18. BURIAL, CREMATION OR REMOVAL
Place Payette Date 3-18 1936

19. UNDERTAKER Edwards Funeral Co
(Address) Payette Ida

20. FILED 3/19/36 193.. J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to May 15, 1936.
I last saw him alive on May 15, 1936.; death is said to have occurred on the date stated above, at 11.45 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Several Days
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. B. Paxton, M. D.
(Address) Payette, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98126

PLACE OF DEATH

County of Payette
City of Payette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phyllis Mae Selvidge

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11 - 1921

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
14	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eadey, Colorado

FATHER

13. NAME Chas. N. Selvidge

14. BIRTHPLACE (city or town) (State or country) Lebannon Missouri

MOTHER

15. MAIDEN NAME Maude Clements

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Chas. N. Selvidge
(Address) Payette Ida

18. BURIAL, CREMATION OR REMOVAL
Place Parmele Date 3/10, 1936

19. UNDERTAKER Peterson Funeral Co.
(Address) Payette Ida

20. FILED 3/10/36 93. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6., 1936., to Mar. 9., 1936.
I last saw her alive on Mar. 9, 1936.: death is said to have occurred on the date stated above, at 3.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro-Spinal	Feby 27 - 1936
Meningitis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) C. E. Paxton M. D.
(Address) Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette.
City of Payette

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9812

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John I Hill. 70

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lewis Hill.

6. DATE OF BIRTH (month, day, and year) Dec 18-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	12.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brislpruden. Sweden.

FATHER
13. NAME Swan I Hill.
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Ellen
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT (Address) Samuel C. Hill Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 3-5-, 1936

19. UNDERTAKER (Address) Pierce C. Sanders. Payette Idaho

20. FILED 3/9/36, 193 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 1 193 6

22. I HEREBY CERTIFY, That I attended deceased from ——, 193—, to March 1, 193 6
I last saw him alive on Feb 16, 193 6; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1929
Other contributory causes of importance:	
Epilepsy	1920?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred M. Popma M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding.
City of Gooding.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98123

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 22

APR 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Nancy Collinsworth. 45

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathaniel W. Collinsworth.

6. DATE OF BIRTH (month, day, and year) July 22-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Morgan Co.
(State or country) Ind.

FATHER
13. NAME Jacob A. Lorner.
14. BIRTHPLACE (city or town) Washington Co.
(State or country) Ind.

MOTHER
15. MAIDEN NAME Mary Ann Staley.
16. BIRTHPLACE (city or town) .....
(State or country) Ind.

17. INFORMANT A. F. Collinsworth.
(Address) New Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 2-26-, 1936

19. UNDERTAKER Glenn C. Gordon.
(Address) Gooding Idaho.

20. FILED 3/4/1936, 193... J. C. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from September, 1935, to Feb 26, 1936
I last saw her alive on Feb 26, 1936: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1935
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund W. Popma, M. D.
(Address) New Plymouth, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

(VOID)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Power

City of American Falls

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 51

(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 9812

1000

2. FULL NAME Gertrude McClain

(a) Residence. No. Am. Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B. W. Mc Clain

6. DATE OF BIRTH (month, day, and year): July 22 1863

7. AGE: Years 63 | Months 8 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 2 Mo.

11. Total time (years) spent in this occupation:

FATHER

12. BIRTHPLACE (city or town) (State or country): London, England

13. NAME: Thomas Loveland

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Collins

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Victor Green Crystal, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida Date Mar. 21 1936

19. UNDERTAKER (Address): A. W. Davis. Am. Falls Ida.

20. FILED 3-22, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-20 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to March 20 193.6

I last saw her alive on Mar 20 193.6; death is said to have occurred on the date stated above, at 3:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other **contributory causes** of importance:	
Carcinoma (liver)	

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V. Green M. D.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98139

PLACE OF DEATH

County of Power
City of Am Falls

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 50

(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Maria Radke

(a) Residence. No. Pleasant Valley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5 Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, ~~or divorced~~
~~HUSBAND~~ of (or) WIFE of Martin Radke

6. DATE OF BIRTH (month, day, and year) Sept. 16 - 18[illegible]2

7. AGE: Years 74 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Adam Gutsche
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Lena Koth
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Emanuel Radke (Address) Gald Colo.

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Valley Date Mar. 8 1936

19. UNDERTAKER A. W. Davis (Address) Am. Falls, Idaho

20. FILED 3-4, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1936, to 3/4, 1936.
I last saw her alive on 3/4, 1936; death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular disease,	9

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible] M. D.
(Address) Am. Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9813

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 49

(No. Schultz Memorial Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mitchell E. Berry 58

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 11 - 1854

7. AGE — Years: 81 | Months: 3 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): W. F. Nguyen Arbon Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Mar. 3, 1936

19. UNDERTAKER (Address): A. W. Downs Am. Falls, Ida

20. FILED 3-4, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1936, to 3-1-36, 1936

I last saw him alive on 3-1-, 1936; death is said to have occurred on the date stated above, at 5:05 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious anemia	
Other **contributory causes** of importance:	
Mal-nutrition	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Rockland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 25
Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE
State File No. 98132
Local Registrar's No. 52

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mattie Leon Logan

(a) Residence. No. Rockland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Velatice K. Logan

6. DATE OF BIRTH (month, day, and year) Dec. 13 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Kentucky

FATHER

13. NAME Robert Barron

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Ellen Girdler

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. V. G. Logan Ann Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rockland Idaho Date March 24 1936

19. UNDERTAKER A. N. Davis (Address) American Falls Idaho

20. FILED 3-25, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 21, 1936

I last saw her alive on March 18, 1936; death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 Yrs.
Arterial Sclerosis	3 Yrs.
Chronic Nephritis	1 Yr.
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. C. Monkmeyer, M. D.

(Address) Aberdeen Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98133

Registration District No. 123

Primary Registration District No. 5201 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby - Rawley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 3/30/36 - 10 30 pm

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.
	—	—	—	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kellogg (State or country) Idaho

MOTHER FATHER

13. NAME Nonny

14. BIRTHPLACE (city or town) Nonny (State or country)

15. MAIDEN NAME Inez Rawley

16. BIRTHPLACE (city or town) Kellogg (State or country) Idaho

17. INFORMANT Ray Valley (Address) 134 W Cameron

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Apr. 1, 1936

19. UNDERTAKER M. C. Thornhill (Address) Kellogg Ida

20. FILED 4-9, 1936 Helen M. Beale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Mar 31, 1936.
I last saw him alive on Mar 30, 1936.: death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) M. C. Thornhill M. D.
(Address) Kellogg Idaho

APR 1 19[illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98134
State File No.....

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Harold Skeeman

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12, 1933

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
2	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Kellogg Ida
(State or country)

FATHER

13. NAME Robert Skeeman

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Lylie Caddy

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Robt Skeeman
(Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Apr 14, 1936

19. UNDERTAKER M C Thornhill
(Address) Kellogg Ida

20. FILED 4-9, 1936 Mrs. Helen M Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 1, 1936.
I last saw him alive on Apr 1, 1936: death is said to have occurred on the date stated above, at 7:50 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pneumonia	Mar. 31, 36
Other **contributory causes** of importance:	

Name of operation none Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Glenn McClapping, M. D.
(Address) Kellogg, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9813[illegible]

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Cornelius Knudson

(a) Residence. No. Stephen St. Kellogg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Hazel

6. DATE OF BIRTH (month, day, and year) Aug. 20-1903

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
32	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Millman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

MOTHER FATHER

13. NAME O. C. Knudson

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Carrie Matson Knudson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) D. R. Gutteridge Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Cem. Date Mar 29 1936

19. UNDERTAKER (Address) Mc Lee & Thornhill Kellogg, Idaho

20. FILED 4-9..., 1936. Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 27 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19., 1936., to Mar 27., 1936.
I last saw him alive on 3/27., 1936.; death is said to have occurred on the date stated above, at 1:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pleuro-Pneumonia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) D. R. Gutteridge M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9813

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 24

(No. ....., ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Rinaldi

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 24, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Millman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** B H & S Co
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bolsano
(State or country) Italy

FATHER
13. NAME Chas. Rinaldi
14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER
15. MAIDEN NAME Kathryn Rinaldi
16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Kathryn Rinaldi
(Address) Kellogg, Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Kellogg Cemetery Date 3-25-, 1936

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg Ida.

20. FILED 4-9-, 1936 Thos. Eileen M. Reed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1936, to 3-22-, 1936.
I last saw him alive on 3-22-, 1936.: death is said to have occurred on the date stated above, at 9.40 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	.....
(b) Pneumonia	3-10-36
(c) Cerebral Hemorrhage	3-20-36
(d)	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. T. Anderson M. D.
(Address) Kellogg Ida.

APR 12 1936 RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9813

PLACE OF DEATH

County of Shoshone
City of Wardner

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Horace Benjamen Hall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Bessie Hall

6. DATE OF BIRTH (month, day, and year) July 31, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Aurora (State or country) Illinois

MOTHER FATHER

13. NAME Noinf

14. BIRTHPLACE (city or town) ..... (State or country) Noinf

15. MAIDEN NAME Noinf

16. BIRTHPLACE (city or town) ..... (State or country) Noinf

17. INFORMANT Bessie Hall (Address) Wardner, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date 3/24/, 1936

19. UNDERTAKER Mc Shoenfeldt (Address) Kellogg Ida

20. FILED 4-9, 1936 Thos. Hilton Mc Brede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 19 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to ....., 193...
I last saw him alive on ...19..., 1936: death is said to have occurred on the date stated above, at 7 A. ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Angina-pectoris	.....
.....	.....
.....	.....
Brain Disease	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) J. R. Mason, M. D.
(Address) Kellogg Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9813

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry William Graham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Violet Graham
6. DATE OF BIRTH (month, day, and year): Sept 4, 1897
7. AGE: Years 38 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: B.N. & S.C.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Butte Montana

FATHER
13. NAME: James Graham
14. BIRTHPLACE (city or town) (State or country): .....

MOTHER
15. MAIDEN NAME: Elizabeth Lonhenger
16. BIRTHPLACE (city or town) (State or country): California

17. INFORMANT (Address): Violet Graham Kellogg Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wash Date Mch 24 1936

19. UNDERTAKER (Address): M. C. Thompkins Kellogg Idaho

20. FILED 4-9, 1936 Mrs. Helen M. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936, to 3-21, 1936.
I last saw him alive on 3-21, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	3-7-36
R. Lobar Pneumonia	3-13-36
Hiccoughs (Persistent)	3-17-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. T. Anderson, M. D.
(Address) Kellogg Idaho

APR [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98139
State File No.

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 31

(No. 11) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME. Hattie Jane Stephens

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Elton Stephens

6. DATE OF BIRTH (month, day, and year) Apr 22, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME William Pratt

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Minnie Byrne

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Elton Stephens
(Address) Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date Mar 23 1936

19. UNDERTAKER W. C. Thornhill
(Address) Kellogg Ida.

20. FILED 4-9, 1936 Fred Julius Fr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	3-14-36
Pleurisy	3-10-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) Ralph Wm Wright Coroner
(Address) Wardner Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9814

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 20

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

106

2. FULL NAME Clara M. Kelso

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed or divorced, ~~HUSBAND of~~ (or) WIFE of Charles E. Kelso

6. DATE OF BIRTH (month, day, and year) Nov 22, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME William Howard

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Ruth Hutchinson

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Charles E. Kelso (Address) St. Maries, Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place St. Maries Ida. Date May 17 1936

19. UNDERTAKER M. C. Thompson (Address) Kellogg Ida.

20. FILED 4-9, 1936 Mrs. Helen M. Bird Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 16, 1936

I last saw her alive on Mar. 14 1936; death is said to have occurred on the date stated above, at 6:15 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	Mar. 16, 36

Other **contributory causes** of importance:

Postoperative pelvic & perineum repair	

Name of operation Perineorrhaphy Date of Mar. 11, 36

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Glenn McCaffery M. D.

(Address) Kellogg Idaho

APR 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9814

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 19

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Kellen Bottinelli

(a) Residence. No. 104 E. Mullan St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ——
6. DATE OF BIRTH (month, day, and year): 7-6-1934
7. AGE: Years: —— Months: 20 Days: 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ——
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Kellogg Idaho

FATHER
13. NAME: Frank Bottinelli
14. BIRTHPLACE (city or town) (State or country): Kellogg Idaho

MOTHER
15. MAIDEN NAME: Helen Kellen
16. BIRTHPLACE (city or town) (State or country): Dodge Wis.

17. INFORMANT (Address): Mrs. Sam Kellen Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Idaho Date: Mch 19, 1936.

19. UNDERTAKER (Address): M. E. Thornhill Kellogg Ida

20. FILED: 4-9..., 1936. Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mch 15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, ..., 1936.., to ..... Mar. 15 ..., 1936..
I last saw h[illegible] alive on Mar. 15, 1936.: death is said to have occurred on the date stated above, at 4:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pneumonia	3-13-36
Other **contributory causes** of importance:	
Scarlet fever	
Otitis media	

Name of operation..... none ..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..no.. If so, specify.....
(Signed) ...Glenn McAffee..., M. D.
(Address) ...Kellogg, Idaho.....

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98142

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Peter Wuda

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Ruka Wuda

6. DATE OF BIRTH (month, day, and year) Jan 13 - 1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Shoe maker
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Jugoslavia

FATHER
13. NAME Soloman Wuda
14. BIRTHPLACE (city or town) ..... (State or country) Jugoslavia

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) Don't Know (State or country)

17. INFORMANT Mrs Peter Wuda (Address) Kellogg Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Kellogg Ida Date Mar 13 1936

19. UNDERTAKER ..... (Address) Kellogg Ida

20. FILED 4-9 ..., 1936 Mrs. Helen M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6 ..., 1936., to 3-11 ..., 1936.
I last saw him alive on 3-11 ..., 1936.; death is said to have occurred on the date stated above, at 6:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	2 Wks.
Other **contributory causes** of importance:	
Myocardial Degeneration	6 mos.
Hypertension	years

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold Anderson M. D.
(Address) Kellogg, Ida.

APR 1 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Enaville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98145

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 17

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora McDonald

(a) Residence. No. ..... Enaville Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 - 1864

7. AGE — Years: 71 | Months: 9 | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Osnaburgh (State or country) East Canton Ohio

MOTHER

13. NAME Adam Ballinger

14. BIRTHPLACE (city or town) ..... (State or country) Pa.

15. MAIDEN NAME Adaline Bell

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Mrs. Alice Clark (Address) Enaville Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Spokane Wn. Date Mar 12 1936

19. UNDERTAKER R. L. Hunt (Address) Kellogg Idaho

20. FILED Apr. 9 1936 Mrs. Helen M. Budd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936, to March 10, 1936.

I last saw her alive on March 10, 1936.; death is said to have occurred on the date stated above, at 11:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other **contributory causes** of importance:

Fatty degeneration	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. R. Lindsay M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98144
State File No.

Registration District No. 123 2201
Primary Registration District No. 2201
Local Registrar's No. 16

(No. Kellogg Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter E Girard

(a) Residence. No. Estelle Idaho St. Estelle Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mildred Girard.

6. DATE OF BIRTH (month, day, and year) March 29 - 1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Quebec

FATHER
13. NAME William Girard
14. BIRTHPLACE (city or town) (State or country) Quebec

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Mildred Girard Estelle Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lenore Ida Date March 9 1936

19. UNDERTAKER (Address) John A Ewer Wardner Ida

20. FILED Mar. 9, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1935, to 3-7, 1936
I last saw him alive on 3-7, 1936; death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Faciem	One Year.
Other contributory causes of importance: Myocardial Degeneration	6 mos
Hypertension	

Name of operation ~~None~~ Date of ~~None~~
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Anderson, M. D.
(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9814

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 76

APR 1 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Edward Sorenson

(a) Residence. No. Rural Route #2 St. Twin Falls, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME ~~John~~ Jack Sorenson

14. BIRTHPLACE (city or town) (State or country) Pierre, S.D.

MOTHER

15. MAIDEN NAME Margaret McCoy

16. BIRTHPLACE (city or town) (State or country) Haverhill Ohio ~~Unknown~~

17. INFORMANT Mrs. Clarence Smith
(Address) Twin Falls, Idaho

18. BURIAL, ~~[illegible]~~
Place Twin Falls Cem Date 3/31/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4-1-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1936, to Mar. 30, 1936
I last saw him alive on Mar. 30, 1936: death is said to have occurred on the date stated above, at 4:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth six weeks before due date	3-30-36
Other contributory causes of importance: Possibly due to prolapse of uterus -	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John F. Douglass, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98148

APR 13 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 86

(No. 207 8th Ave. E.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delos H. ~~Beeks~~ Peck

(a) Residence. No. 207 8th Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurseryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Schosuberg
(State or country) Illinois

FATHER

13. NAME --- Peck

14. BIRTHPLACE (city or town)
(State or country) No Info.

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town) No Info.
(State or country)

17. INFORMANT M. A. Peck
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 4/5, 1936

19. UNDERTAKER
(Address) S.C. Phillips Twin Falls

20. FILED 4/7/36 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1936, to 4/3, 1936

I last saw him alive on 4/3, 1936: death is said to have occurred on the date stated above, at 10:00A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Other contributory causes of importance:	
Senility, diabetic gangrene of foot, and Cerebral Hemorrhage.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, apopl

(Signed) C. D. Weaver, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9814

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 85

(No. Co Gen Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Patterson (Patterson)

(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Twin Falls Feb 7 1910

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Ida

FATHER
13. NAME Chas Noble
14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER
15. MAIDEN NAME Bertha Thomas
16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT John Patterson (Address) Kimberly

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Apl 6, 1936

19. UNDERTAKER Fred E. Drake (Address) Twin Falls

20. FILED 4-6, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apl 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936, to Apr 2, 1936
I last saw h[illegible] alive on Apr 2, 1936; death is said to have occurred on the date stated above, at 2 35 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1929
with hypertension	
Other contributory causes of importance:	
Albuminuric retinitis	1935
Secondary anemia	1935

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George C. Talley, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9815

APR 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard L Hansen

(a) Residence. No. Hansen Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hansen
(State or country) Idaho

FATHER
13. NAME Delbert Hansen
14. BIRTHPLACE (city or town) Dana
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mary Larsen
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mrs. Hansen
(Address) Hansen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Apl 6, 1936

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 4-4-, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936, to Apr 3, 1936
I last saw him alive on Apr 3, 1936: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thymus tod	3-1-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. L. Howe, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9815

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 85

APR 1 1936 FILED

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ross Cunningham

(a) Residence. No. Kimberly, Idaho Rt. 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Wm. Cunningham

14. BIRTHPLACE (city or town) (State or country) Harrisonville Mo.

MOTHER

15. MAIDEN NAME Jean Dean

16. BIRTHPLACE (city or town) (State or country) Washington, Ia.

17. INFORMANT (Address) Wm. Cunningham Kimberly, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls Cem Date 4-4, 1936

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho

20. FILED 4-4, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-29-36, 193..., to 4-1-, 1936

I last saw him alive on 4-1-, 1936: death is said to have occurred on the date stated above, at 7-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal infection of ? Cause	3-28-36
Other contributory causes of importance: Secondary encephalitis non-epidemic type	3-29-36

Name of operation None Date of ~~None~~

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 193...

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L. Alexander M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

APR 13 1936 RECEIVED

(466)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98152
State File No.

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 82

(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Greenwell

(a) Residence. No. 1102 - 2nd Ave East St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth C. Greenwell

6. DATE OF BIRTH (month, day, and year) 12 Mar 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	—	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - -
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) West Weber Weber County

FATHER
13. NAME Ambrose Greenwell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Lucy Cosgrove
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Elizabeth C. Greenwell
(Address) 1102 - 2nd Ave East

18. BURIAL, CREMATION, OR REMOVAL
Place Sunset Memorial Park Date 4-4-, 193 6

19. UNDERTAKER Jesse R. Lagore
(Address) Buhler Idaho

20. FILED 4-4-, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1-36, 193 after death to 4-1-36, 193
I last saw h alive on 4-1-36, 193: death is said to have occurred on the date stated above, at 1-30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal type infection	2 WKS
Other contributory causes of importance:	
Coronary occlusion	immediate.

Name of operation None Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L. A. Evander
(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. ..RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98153

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 81

APR 13 1936

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas L Thomas

(a) Residence. No. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city of town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Thomas

6. DATE OF BIRTH (month, day, and year): Jan 7 1871

7. AGE: Years 65 | Months 2 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Don Thomas
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: M Brown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Rex Thomas Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: April 3 1936

19. UNDERTAKER (Address): Fred G Drake Twin Falls

20. FILED: 4-4-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to April 1 St, 1936
I last saw him alive on April 1, 1936 death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephroma Left Kidney	Oct 17 1934
Other contributory causes of importance: Anemia Secondary	Nov 1934

Name of operation Nephrectomy L Date of 1-1635
What test confirmed diagnosis? Micro scopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan L Wilson M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9815½

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 79

APR 13 1936 RECEIVED

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank LeRoy Jensen

(a) Residence. No. Jerome, Idaho St. Rt. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 30, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome, (State or country) Idaho

FATHER
13. NAME H. A. Jemsen,
14. BIRTHPLACE (city or town) Snowville, Ut (State or country) Utah

MOTHER
15. MAIDEN NAME Lola Ostler
16. BIRTHPLACE (city or town) Nephi, (State or country) Utah

17. INFORMANT H. A. Jensen, (Address) Jerome Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Jerome, Idaho Date 4-3, 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 4-2-, 1936 [signature illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-2 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 1st 193 6, to April 1st 193 6
I last saw h.im alive on April 1st 193 6: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Scarlet fever	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. A. Jensen, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98155

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 78

(No. 160 Ash)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Omer Clark

(a) Residence. No. 160 Ash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Cherry Clark

6. DATE OF BIRTH (month, day, and year) April 24, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oilfield Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whicton
(State or country) Kansas

FATHER

13. NAME Joseph M. Clark

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Mrs. Ann Good

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT Mrs. Cherry Clark
(Address) Twin Falls

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date April 5, 1926

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls

20. FILED 4-1-, 1926 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1926

22. I HEREBY CERTIFY, That I attended deceased from Not attended by me, 193.., to ....., 193..

I last saw h..... alive on ..... 193..: death is said to have occurred on the date stated above, at about 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage following severing of radial artery and jugular vein	3/25/26

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/25, 1926

Where did injury occur? Twin Falls, Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Cut throat razor.

Nature of injury Severe lacerations throat & neck

24. Was disease or injury in any way related to occupation of deceased? No / If so, specify .....

(Signed) H. L. Stowe, M. D.

(Address) Twin Falls, Ida.
Central Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Kimberly

APR 18 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98153

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 77

(No. Kimberly R.F.D. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Amanda J. Starry

(a) Residence. No. Kimberly, Idaho R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Olin (State or country) Iowa

FATHER
13. NAME Henry Hotz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME No Info.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 4/2, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED Apr 1, 1936 J.C. Rowlands Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to March 30th 1936
I last saw h[illegible] alive on Mar 12th, 1936 death is said to have occurred on the date stated above, at 10:00P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Nephritis	
Myocarditis	
Other contributory causes of importance:	
Age, High Blood Pressure	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H E Bond, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98157

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 75

APR 13 1936 RECEIVED

No. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Munger

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 5 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr

MOTHER FATHER

13. NAME Henry Munger

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Lila Morrell

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT (Address) Etta Munger Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Mar 27 1936

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 3/28, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 23 1936

22. I HEREBY CERTIFY, That I attended deceased ~~since~~ March 23, 1936, to —, 193—
I last saw h— alive on —, 193—, death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	March 22, 1936
Other contributory causes of importance:	

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193—
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify Hard work.

(Signed) H. P. Asker M. D.
(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Hansen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98153

Registration District No. 37
Primary Registration District No. 2085
Dr. Halley
Local Registrar's No. 74 74

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella May Pennington

(a) Residence. No. Route 1 Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Matt Pennington

6. DATE OF BIRTH (month, day, and year)
July 24, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fall River, (State or country) Kansas

FATHER

13. NAME Ransome Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Robison

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Matt Pennington
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 3-26, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 3/26/1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936 to March 24, 1936
I last saw ~~her~~ alive on March 24, 1936: death is said to have occurred on the date stated above, at 10:00A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis deformans	1931
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) George C. Halley, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9815

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 73

(No. Twin Falls Co. Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry C. Appleman

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (##########)

6. DATE OF BIRTH (month, day, and year) February 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havana, Ill.
(State or country)

FATHER

13. NAME John Appleman
14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Darrell
16. BIRTHPLACE (city or town) Paris,
(State or country) France

17. INFORMANT Mrs. Helen Boyd
(Address) Reno, Nevada

18. BURIAL, CREMATION, REMOVAL
Place Twin Falls Cem. Date 3/26/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3/25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to March 25, 1936
I last saw him alive on March 25, 1936: death is said to have occurred on the date stated above, at 7:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive muscular atrophy.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 98160

APR 1 1936 KBU WKU

Local Registrar's No. 72

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Scherbinske

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Eva Scherbinske

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John S. Scherbinske
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Caroline Heir
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fred. Scherbinske
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer, Cemetery Date 3-26, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 3/25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-21 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 21, 1936
I last saw him alive on March 21, 1936: death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Hypertensive Cardio	
Vascular Renal Disease	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98161

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 11

APR 13 1936 RECEIVED

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Elrod Hawes

(a) Residence. No. Buneau, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of): Adalaide Hawes
6. DATE OF BIRTH (month, day, and year): March 9, 1872
7. AGE: Years 64 | Months 0 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Raiser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Boise, (State or country) Idaho

FATHER
13. NAME: B. F. Hawes
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Mary Mallon
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Roland Hawes
(Address): Boise, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Mt. Home, Idaho Date 3-23, 1936
via Mt. Home

19. UNDERTAKER: White Mortuary, Inc.
(Address): Twin Falls, Idaho

20. FILED 3-23, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to 3-22-, 1936
I last saw him alive on 3-22, 1936: death is said to have occurred on the date stated above, at 12:20P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic with a progressive dilation of heart.	about 1926

Other contributory causes of importance:

Cholecystatis Chronic with Cholelithiasis	2-3 yrs
Adrenal insufficiency	5 yrs
Congestion Lungs, passive, acute	3 days

Name of operation Cholecystotomy Date of 3-19-36
What test confirmed diagnosis? X Was there an autopsy? No
X lab. X Roy. - Clinical.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury -, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan L. Hasselman MD
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9816

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 69

APR 3 19[illegible]

(No.) 1 Fairview Ave.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Owen

(a) Residence. No. Fairview Ave Ext. R.T.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Wm. Owen

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Susan DaVolt

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Nita Peterson
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 3/13/, 1936

19. UNDERTAKER S.C. Phillins
(Address) Twin Falls, Idaho

20. FILED 3-19-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1920 to March 10, 1936 [last saw him alive on Feby 23 1936: death is said to have occurred on the date stated above, at 9:15 A. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arterio sclerosis & Nephritis Chr. Interstitial	1920 - ? - 1920
Other contributory causes of importance: Apoplexy. Acute	March 10/1936

Name of operation None Date of None

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan McGregor M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 68

DO NOT WRITE IN THIS SPACE
State File No. 98165

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry C. Brink

(a) Residence. No. County Farm St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Farmer on County Farm)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Miss Abbott
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Mar 29 1936

19. UNDERTAKER Fred E. Drake
(Address) Twin Falls Ida

20. FILED 3/19/36 193 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1936, to 3/19, 1936
I last saw h~~im~~ alive on 3/18, 1936: death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9816

Registration District No. 37
Registration District No. 2085
Local Registrar's No. 66

APR 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Lundin

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 8 1855
7. AGE: Years 80 | Months 10 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER
13. NAME: Mr Jacobson
14. BIRTHPLACE (city or town) (State or country): Sweden
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr Lundin Filer
18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date May 17 1936
19. UNDERTAKER (Address): Fred E Drake Twin Falls
20. FILED Mar 17 -, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16-1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936, to March 16, 1936
I last saw her alive on 3 16, 1936: death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age, Hypertension Cardio Vascular disease	

Other contributory causes of importance:
Pneumonia

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. A. Drake M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Murtaugh

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 9816

Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary B. Garner

(a) Residence. No. Murtaugh, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred E. Garner

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Novelty,
(State or country) Mo.

FATHER

13. NAME Edwin Crandal

14. BIRTHPLACE (city or town) .....
(State or country) Illinois

MOTHER

15. MAIDEN NAME Ella Barclay

16. BIRTHPLACE (city or town) .....
(State or country) Illinois

17. INFORMANT A. E. Crandal
(Address) Murtaugh, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Shelbina, Mo. Date 3-17, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 3-17, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1936, to March 15 1936
I last saw her alive on March 12, 1936: death is said to have occurred on the date stated above, at 9:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver	1935

Other contributory causes of importance:

Anemia Pernicia	

Name of operation none Date of —
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Swendsen M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9816

APR 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Elmo Adkins

(a) Residence. No. 270 Van Buren St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	10	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Ida.
(State or country)

FATHER
13. NAME Robert A. Adkins
14. BIRTHPLACE (city or town) Ft. Orkney
(State or country)

MOTHER
15. MAIDEN NAME Alice Petzer
16. BIRTHPLACE (city or town) Bear Lake Co.
(State or country) Idaho

17. INFORMANT R. A. Adkins
(Address) Twin Falls, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Twin Falls Cem. Date 3/10/, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 3-10-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1936, to 3/7, 1936
I last saw h[illegible] alive on 3/7, 1936: death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, left	2/24
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. O. Hally, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9816

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 59

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Frederick William Bruno.

(a) Residence. No. Kimberly St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Bruno.

6. DATE OF BIRTH (month, day, and year) Nov 9 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	4	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield
(State or country) Ill.

FATHER
13. NAME Henry E. Bruno.
14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER
15. MAIDEN NAME Ellen Frels
16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Mrs Hattie Bruno.
(Address) Kimberly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date March 9, 1936.

19. UNDERTAKER J. E. Brooks.
(Address) Twin Falls Idaho

20. FILED 3-9-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 193 5, to 3-6, 193 6
I last saw h alive on 3-1, 193 6; death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (left)	3/1/35 (question)

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. M. Davis, M. D.
(Address) Kimberly Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98163

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) qb

2. FULL NAME Martha Herman

(a) Residence. No. Twin Falls Route #3, Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of

6. DATE OF BIRTH (month, day, and year) March 1, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Carl Schriber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M.T.Anlauf
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 3-5-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 3, 1936
I last saw her ~~ALIVE~~ on 3-3, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3-3-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. R. Stover, M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9816

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 57

(No. 601 2nd Ave W)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William George

(a) Residence. No. 601 2nd Ave. W. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Kattie George

6. DATE OF BIRTH (month, day, and year) May 25, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Creek
(State or country) Nebraska

MOTHER FATHER

13. NAME Fredrick George

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Mary Balchy

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Kattie George
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 3/5, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-4-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Not attended by me, 193
I last ~~saw~~ Not seen alive, 193: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through head	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Suicide Date of injury 3-2, 1936
Where did injury occur? Twin Falls, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Bullet wound through
Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Stowe, M. D.
(Address) Kimberly, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38170

APR 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 55

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

744

2. FULL NAME Thomas Hesp

(a) Residence. No. Twin Falls Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Anna Hesp

6. DATE OF BIRTH (month, day, and year) July 31, 1936

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
75	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Circleville, Ohio

FATHER
13. NAME George Hesp
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Spink
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) F.M.Heistand, Hazelton, Idaho.

18. BURIAL, ~~CREMATION~~ Place Twin Falls Cem. Date 2/4/ 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 3-3- 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 Dec. 1935 to Feb. 2, 1936
I last saw him alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at 4:50p. m.
The principal cause of death and related causes of importance were as follows:

Date of death

Cerebral hemorrhage

Other contributory causes of importance:

Cerebral sclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? Struck by car on highway (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Traffic Highway
Manner of injury Struck by car.
Nature of injury Lacerations, contusions, fracture of skull, some concussion

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9817

MAR 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 60

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

60

2. FULL NAME Fred Ferdinand Foss,

(a) Residence. No. Twin Falls, Idaho. Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kathryn Foss

6. DATE OF BIRTH (month, day, and year) Dec., 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manasha
(State or country) Wisconsin

FATHER
13. NAME Joseph Foss
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) France

17. INFORMANT Mrs. Kathryn Foss.
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 3-9, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 3-9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3- 6 1936

22. I HEREBY CERTIFY, That I attended deceased from See 1, 1935, to March 6, 1936
I last saw him alive on March 6, 1936; death is said to have occurred on the date stated above, at 6:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3.5.36
Other contributory causes of importance:	
Cardio-vascular	
renal disease	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature]
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 10 1936 RECEIVED

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98172

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 22
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John Adolph Danielson

(a) Residence. No. 206 East Court St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hilda Danielson

6. DATE OF BIRTH (month, day and year) Oct 30 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER
13. NAME John Danielson
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Hilda Danielson Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 4-2-, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Apr 2 2, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1935, to Mar. 31, 1936
I last saw ~~him~~ alive on Mar. 31, 1936; death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Pancreas and Stomach	1930
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Francis L. Rutledge M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98173

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 21

APR 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 131

2. FULL NAME William Sylvester Loveless

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ —

6. DATE OF BIRTH (month, day, and year) March 23 - 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Wm Loveless
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Samantha Wilson
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Mrs Wm Loveless Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date March 29 1936

19. UNDERTAKER D. C. Northam
(Address) Weiser Idaho

20. FILED April 9 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935, to March 26 1936
I last saw him alive on March 24, 1936: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Cystic Kidneys	?
Other contributory causes of importance: Hypertension Chr. Endocarditis	2

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyrum Hunter M. D.
(Address) Weiser Idaho.

Curtis MK

PLACE OF DEATH
County of Washington
City of Weiser

APR 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9817

Registration District No. 8
Primary Registration District No. 1010
Local Registrar's No. 20

(No. 0)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christos George Sperapulos

(a) Residence. No. 418 2nd Ave St. 1000

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weiser Idaho

FATHER

13. NAME George Sperapulos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Katho Kolcouras

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Sperapulos
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Cem. Date 3-12- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED April 9, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to March 11, 1936
I last saw him alive on March 11, 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	3-10-36

Other contributory causes of importance:

Mongolian idiocy	Birth

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. Curtis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98175

PLACE OF DEATH
County of Washington
City of Weiser

APR 10 1936 RECEIVED

Registration District No. 86
Registration District No. 1010
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Arthur Davis

(a) Residence. No. 999 E Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Single

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ ——

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (mo. and yr.) ——
11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Byron Davis
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Geraldine D Martin
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Byron Davis (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 3-12- 1936

19. UNDERTAKER L. L. Northam (Address) Weiser Idaho

20. FILED April 9, 1936 Emma Pancillo Registrar.

MEDICAL CERTIFICATE OF DEATH 3-11-36

21. DATE OF DEATH (month, day and year) 3-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1936, to 3-11-, 1936
I last saw h— alive on 3-10-, 1936: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-1-36
Other contributory causes of importance: Bronchial Pneumonia	3-5-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Curtis

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98175

APR 10 1936 RECEIVED

Registration District No. 85
Primary Registration District No. 2112
Local Registrar's No. 18

(No. [redacted])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Coffman 42

(a) Residence. No. [redacted] St. Madrole
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 31 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Everett Coffman

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Hazel Mitchell

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Everett Coffman Madrole Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 4-11-, 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED April 9, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Dec. 14, 1935
I last saw him alive on Dec. 14, 1935: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status thymico-lymphaticus	?

Other contributory causes of importance:

Mild acute lobar pneumonia	?
Tuberculosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [redacted], M. D.
(Address) [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98177

DO NOT WRITE IN THIS SPACE

State File No. 98177

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 643

APR 17 1936 RECEIVED

(No.) St. Anthony Hospital Pocatello Ida/

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Kuniichi Andow

(a) Residence. No. St. Fort Hall Ida/

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Japanese	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) May 17, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sons (Address)

18. BURIAL, CREMATION OR REMOVAL burial

Place Mountainview Cem Date April 6 1936

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Idaho

20. FILED 4-6, 1936 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from February, 1936 to Apr 4, 1936

I last saw h[illegible] alive on April 2, 1936: death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 months
Other contributory causes of importance:	

Name of operation Laparotomy Date of Mch 3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D C Kay, M. D.

(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98178

DO NOT WRITE IN THIS SPACE
98178
State File No.

PLACE OF DEA[redacted]PARE
County of Twin Fal[redacted] VITAL STATISTICS
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 88
APR 13 1936 RECEIVED
(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

60 a

2. FULL NAME Thomas Mason Holden

(a) Residence. No. Shoshone, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Holden

6. DATE OF BIRTH (month, day, and year) January 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frankfort (State or country) Kentucky

FATHER
13. NAME Joseph Holden
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Goldie Holden (Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone, Idaho Date Apr. 12, 1936

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho

20. FILED 4/10, 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1935, to 4-9, 1936

I last saw him alive on 4-6, 1936; death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis (Exophthalmic goitre)	about 11-29-35
Other contributory causes of importance: Toxic mega colon Secondary to the above	11-29-35

Name of operation Thyroidectomy Date of 4-6-36
What test confirmed diagnosis? Basal metabolism test Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? N.a. Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Name
Manner of injury Name
Nature of injury Name

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan H. Haynes M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

98179

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98179

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 45

(No. Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Davis 97

(a) Residence. No. St. Grand Junction, Colorado

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) April 29, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri (State or country)

FATHER

13. NAME David Davis

14. BIRTHPLACE (city or town) Illinois (State or country)

MOTHER

15. MAIDEN NAME Annie Henderson

16. BIRTHPLACE (city or town) Missouri (State or country)

17. INFORMANT Doris M. Crawforth (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 4/17/36, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 4-16 193 6 R. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1935, to April 4, 1936

I last saw him alive on April 4, 1936: death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-5-36
Other contributory causes of importance:	
Myocardial Infarction	2-5-36

Name of operation None Date of -----

What test confirmed diagnosis? Clinical and Electrocardiographic findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: Yes

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? Per Dr Baker

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

98180

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98180

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 128

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William S. Blakely

(a) Residence. No. 1414 Alturas St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minta Pearl

6. DATE OF BIRTH (month, day, and year) 5/7/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio (State or country)

FATHER

13. NAME Frank Blakely

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Emma Hall

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Chester Blakely (Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-20-36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 4-20, 193.. L. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18-36 193

22. I HEREBY CERTIFY, That I attended deceased from Feb, 193.6, to April 18, 193.6.

I last saw him alive on 4/17, 193.6: death is said to have occurred on the date stated above, at 1:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Other **contributory causes** of importance:	
Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. Trauba, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Trauba

98181

AIR 1936 RECEIVED

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98181

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 10

(No. At Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin F. Robertson

(a) Residence. No. Grangeville, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Robertson

6. DATE OF BIRTH (month, day, and year) Aug. 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Deputy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sheriff

10. Date deceased last worked at this occupation (mo. and yr.) 3/8/36

11. Total time (years) spent in this occupation 16 years.

12. BIRTHPLACE (city or town) Slabtown, (State or country) Oregon

FATHER

13. NAME Andrew Robertson

14. BIRTHPLACE (city or town) Kentuchey (State or country)

MOTHER

15. MAIDEN NAME AnnieBolkan

16. BIRTHPLACE (city or town) Missouri (State or country)

17. INFORMANT Eva Robertson (Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Grangeville, Date 3/15, 1936

19. UNDERTAKER Glenn Ailor (Address) Grangeville, Idaho.

20. FILED Mar. 16, 1936 E. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Mar. 13, 1936

I last saw him alive on 3-12, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	—
Other **contributory causes** of importance: none	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. D. Jamison M. D.

(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jack 9818

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98182

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 120

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Spencer Thorn.

(a) Residence. No. Oxford Hotel. 822½. Main Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May. 13. 1847.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	10.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Civil War.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton Illinois.

FATHER

13. NAME Michael Thorn.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Elizabeth Mc Bain.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Jack. R. Thorn.
(Address) 411. S. 4 th Street, Boise,

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date April. 13 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-13, 1936 L. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1936, to Apr 9, 1936.

I last saw him alive on Apr. 9, 1936.: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized senile arterio-sclerosis	Unknown

Other contributory causes of importance:

Terminal coronary Thrombosis Apr 9, 1936

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George R. Suckow M. D.
GEORGE R. SUCKOW, M. D.

(Address) 500 Eastman Bldg Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 23 1936 RECEIVED

98183 ✓

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98183
State File No.

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 48

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

72

2. FULL NAME THOMAS, John E.

(a) Residence. No. Veterans Administration Facility St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE OF Mrs. John E. Thomas

6. DATE OF BIRTH (month, day, and year) FEBRUARY 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
62	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Street car man.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME Benjamin F. Thomas

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Eliza Allen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Maude A. White, Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Morris, Boise, Idaho Date 4-24-1936

19. UNDERTAKER (Address) Summers Funeral Home, Boise, Idaho

20. FILED 4-20, 1936 L. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1922 193..., to ...April 18..., 1936.

I last saw him alive on April 18 1936.: death is said to have occurred on the date stated above, at 2:15p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	
Other **contributory causes** of importance:	
Cellulitis, right leg, with septicemia	

Name of operation None Date of

What test confirmed diagnosis? O. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A.Facility, Boise, Ida.

98184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98184

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 127

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Pelham Magruder.

(a) Residence. No. Bristol Hotel. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 12. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marysville
(State or country) California.

FATHER

13. NAME Lloyd Magruder.

14. BIRTHPLACE (city or town) Rockville
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Carrie Pelham.

16. BIRTHPLACE (city or town) Batesville.
(State or country) Arkansas.

17. INFORMANT Mrs. Ella. L. Braun.
(Address) Bristol Hotel, Boise,

18. BURIAL, CREMATION OR REMOVAL
Place Hillsboro, Ore. Date April 19 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-18, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4.17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4.14, 1936, to 4.17, 1936
I last saw him alive on 4.17, 1936: death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4.10.36
Other contributory causes of importance:	
Senility	3yrs.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce L. Budge M. D.
(Address) Boise

APR 23 1936 RECEIVED

98185

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98185

PLACE OF DEATH

County of Latah
City of GeneSee

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

163

2. FULL NAME Clarence Lewis Jain

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu Jain
6. DATE OF BIRTH (month, day, and year): Aug. 10, 1882
7. AGE: Years 53 | Months 8 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.): 3/36
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): GeneSee Idaho

MOTHER/FATHER
13. NAME: Lewis Jain
14. BIRTHPLACE (city or town) (State or country): Switzerland
15. MAIDEN NAME: Adelia Farwell
16. BIRTHPLACE (city or town) (State or country): Wis.

17. INFORMANT (Address): Walter Jain GeneSee, Ida.
18. BURIAL, CREMATION, REMOVAL
Place: Moscow, Ida. Date: 4/16, 1936
19. UNDERTAKER (Address): H.R. Short Moscow, Ida.
20. FILED 4/17, 1936 Joseph E. Bielenberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/14 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wound in head	
accidental	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) H.R. Short Coroner M. D.
(Address) Moscow Ida

98186

FORM V. [illegible] A. 25 M. 1-19

RECEIVED APR 21 1936

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2018

Primary Registration District No. 22

File No. 98186

Registered No. .....

1. PLACE OF DEATH

County of Gooding

City of Wendell

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Henry Fowler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Feb. (Month) 1 (Day) 1870 (Year)

7. AGE: 60 Yrs. 2 Mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Jamestown New York

10. NAME OF FATHER: Alexander Fowler

11. BIRTHPLACE OF FATHER (State or Country): New York State

12. MAIDEN NAME OF MOTHER: Carrie Le Baron

13. BIRTHPLACE OF MOTHER (State or Country): New York State

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leroy Fowler

(Address) Wendell, Ida

15. Filed April 21 1936 E. L. Samuels Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 21 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h~~im~~ alive on Jan 15 1936

and that death occurred on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) 1 Yrs. 6 mos. ..... ds.

Contributory (Secondary) obstructive jaundice

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) W. A. Butler M. D.

Apr 21 1936 (Address) Wendell, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Wendell, Ida — DATE OF BURIAL: Apr 24 1936

20. UNDERTAKER: Thompson — ADDRESS: Gooding, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

98187

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98187

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 67
(No. Samaritan Hospital (If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Walter Alexander Allen
(a) Residence. No. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Margaret A. Allen

6. DATE OF BIRTH (month, day, and year) March 20, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58		30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Physician
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 3-36
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Norris City
(State or country) White Co. Illinois

FATHER
13. NAME Jesse Ely Allen
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Eliza Jane Gray
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT ~~Relative~~ W. M. Allen
(Address) Spokane Wash

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Boise Date 4-19-, 1936

19. UNDERTAKER McBratney Funeral Home Boise
(Address)

20. FILED April 20, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/19 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 19, 1936
I last saw him alive on April 19, 1936: death is said to have occurred on the date stated above, at 9:15 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. E. Wolfe M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98188

PLACE OF DEATH
County of Bingham
City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98188
State File No.

MAY 4 1936 RECEIVED

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl C. Andersen

(a) Residence. No. St. Pingree Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Andersen

6. DATE OF BIRTH (month, day, and year): 1875

7. AGE — Years: 60 | Months: 8 | Days: — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER
13. NAME: Peter Andersen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Eliza Christophersen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs Sarah E. Andersen Pingree Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Tonas - Reposed Date: April 22 193 6

19. UNDERTAKER (Address): John C. Sandberg Blackfoot Idaho

20. FILED April 22 193 6 M. S. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 19 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-14-36

Other contributory causes of importance:

Hypertension with	5 yrs.
Arteriosclerosis	
Epilepsy	2 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Thompson M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98189

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98189
State File No.

MAY 4 1936 RECEIVED

Registration District No. 2
Registration District No. 1004 Local Registrar's No. 141
(No. Idaho State Soldiers Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barnet Edward Light

(a) Residence. No. 229 Flume St. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Light

6. DATE OF BIRTH (month, day and year) October 6 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hedgesville West Virginia

FATHER

13. NAME Henry Light
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Rose Cutler 1102 N. 6 St. Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place St Johns Date 4-27 1936

19. UNDERTAKER Schneider-McCann
(Address) Boise, Idaho

20. FILED 4-28, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to 4-22, 1936.
I last saw him alive on 4-22, 1936: death is said to have occurred on the date stated above, at 11:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Cardiac	
Vascular Degeneration	
Other contributory causes of importance:	
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred Rummler, M. D.
(Address) Boise Idaho

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98190 5-5 F.44.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98190

Registration District No. 6

Primary Registration District No. 2004

Local Registrar's No. 51

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Eugene E. Holland

(a) Residence. No. State Soldiers' Home St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~OR WIFE of~~ Emma D. Holland

6. DATE OF BIRTH (month, day, and year) April 10, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Butherfield

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/1/36 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-30 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to April 29, 1936

I last saw him alive on April 29, 1936: death is said to have occurred on the date stated above, at 8:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute	4-22-36
Other contributory causes of importance:	
Pneumonia, lobar	4-24-36

Name of operation Appendectomy Date of 4-22-36

What test confirmed diagnosis? X-Ray, Clinical & Laboratory findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. S. BEVERLY M. D.
(Address) V. A. Facility, Boise, Idaho

98191

MAY 6 1936 RECEIVED

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98191

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 74
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura E. Farmer

(a) Residence. No. Nampa Ida. Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad
(State or country) Ida

FATHER
13. NAME John Ellis
14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER
15. MAIDEN NAME Daniels
16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT Mrs. E. A. Rose
(Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 4-28, 1936

19. UNDERTAKER E. E. Robinson
(Address) Nampa Ida

20. FILED May 4, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1936, to 4-24, 1936
I last saw her alive on 4-24, 1936: death is said to have occurred on the date stated above, at 2 12 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	1
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98192

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98192

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 109

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Thrapp

(a) Residence. No. St. Butte, Montana

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Russell Thrapp

6. DATE OF BIRTH (month, day, and year) 9/28/1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country)

FATHER

13. NAME Robert R. Bay

14. BIRTHPLACE (city or town) Oregon
(State or country)

MOTHER

15. MAIDEN NAME Lilly May Varney

16. BIRTHPLACE (city or town) Oregon
(State or country)

17. INFORMANT Mrs. Harry Sievers
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/1/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-2, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29/1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 29, 1936

I last saw h[illegible] alive on March 29, 1936: death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Septicemia & Pyelemia	March 16th
Other contributory causes of importance:	
Pan sinusitis	March 1-36
Marginal placenta	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Boeck, M. D.

(Address) Boise, Idaho

MAY 8 1936 RECEIVED

98193

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98193

PLACE OF DEATH
County of Lemhi
City of Carmen

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Gibbons

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Gibbons
6. DATE OF BIRTH (month, day, and year): Feb 26 1860
7. AGE — Years: 76 | Months: 1 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Railroad
10. Date deceased last worked at this occupation (mo. and yr.): 2 yrs
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER/FATHER
13. NAME: Ben Gibbons
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Fiddle
16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs. Howell Carmen
18. BURIAL, CREMATION OR REMOVAL — Place: Salmon Date: 4/26, 1936
19. UNDERTAKER (Address): Wm. C. Dobler Salmon Idaho
20. FILED May 6 1936 Clio E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 25 1936
22. I HEREBY CERTIFY, That I attended deceased from January 5, 1936, to January 5, 1936
I last saw h[illegible] alive on January 5, 1936: death is said to have occurred on the date stated above, at 12:46 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other **contributory causes** of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) F. D. Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

98194

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98194

MAY 8 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 246 Local Registrar's No. 659
(No. 126)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Hudson

(a) Residence. No. 240 Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: James Hudson
6. DATE OF BIRTH (month, day, and year): June 24, 1892
7. AGE: Years 44 | Months 3 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: John Peterhuns
14. BIRTHPLACE (city or town) (State or country): Kristiansstad

MOTHER
15. MAIDEN NAME: Elizabeth Hunt
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): James Hudson Pocatello Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: May 4, 1936
19. UNDERTAKER (Address): Pocatello Ida
20. FILED: May 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	
Hypostatic Pneumonia	
Ruptured G.U.	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193.....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Copy

PLACE OF DEATH

County of [redacted]

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

MAY 8 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Hudson

(a) Residence. No. 240 Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Hudson

6. DATE OF BIRTH (month, day, and year) January 24, 1892

7. AGE: Years 44 | Months 3 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ogden (State or country) Utah

FATHER

13. NAME John Porter Haymes
14. BIRTHPLACE (city or town) Huntingburg (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Hines
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT James Hudson (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date May 4 1936

19. UNDERTAKER J. L. McAthey (Address) Pocatello Idaho

20. FILED May 4, 1936. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 2.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	
Acute Lobar Pneumonia	
Right Lung	
Other contributory causes of importance	

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?.....
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Copy

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

MAY 8 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Hudson

(a) Residence. No. 240 Washington ave.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of James Hudson

6. DATE OF BIRTH (month, day, and year) Jan 24 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44.	3.	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER
13. NAME John Fortenberry
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Elizabeth Ross
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Agnes Hudson Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Ida Date May 4 1936

19. UNDERTAKER (Address) H. A. McCann Pocatello, Idaho

20. FILED May 2 1936 E. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at 2.45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonitis	
Hypostatic Pneumonia	
Reflux E & B	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Wisgerhof M. D.
(Address) Pocatello Ida

98195

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

DO NOT WRITE IN THIS SPACE
98195
State File No.

MAY 9 1936 RECEIVED

Primary Registration District No. 2904 Local Registrar's No. 49

(No. Rt route to Boise)
(If death occurred in a hospital or institution, give its name instead of street and number)

195

2. FULL NAME Loren Langston

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy L Langston

6. DATE OF BIRTH (month, day, and year): Apr 18 - 1917

7. AGE: Years 19 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: day laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 4/23/1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hayes Center Neb

MOTHER FATHER

13. NAME: Thomas O. Langston

14. BIRTHPLACE (city or town) (State or country): Ellsworth Kansas

MOTHER

15. MAIDEN NAME: Mabel Kimball

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Chas. Bidinger Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Ida Date: 4/26 1936

19. UNDERTAKER (Address): C. D. Buckendorf Emmett Ida

20. FILED 4-27, 1936 R. Harp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/23 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.. to ..., 193..
I last saw him alive on 4/23 1936 and death is said to have occurred on the date stated above, at About 10:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally Killed By	
Being Struck By Lightning	
While at Work On Boise	
Boise River. Near Eagle	
Idaho	
Other **contributory causes** of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. V. McCain Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98196

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Whitebird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98196

MAY 6 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 7181
Local Registrar's No. 15

(No. In Salmon River)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Albert Dahler

(a) Residence. No. Stites, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Oct 29, 1912

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	23	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Bridge Engineer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 3.27.36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stites Idaho

FATHER

13. NAME Gunder Dahler

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Helga Kaatinind

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Dahler
(Address) Stites, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Stites Date April 6 1936.

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 5-6-, 1936 W. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in Salmon River	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Glenn Ailor
(Address) Grangeville, Idaho

Coroner of Idaho County

98197

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98197

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 20

MAY 11 1936 RECEIVED

PLACE OF DEATH
County of Benewah
City of St. Maries
(No.) St. Maries Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Brudeseth

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.
(If nonresident give city or town and state)

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Brudeseth

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 4/18/36

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Wold
(State or country) Norway

FATHER

13. NAME Andrew Brudeseth

14. BIRTHPLACE (city or town) Wold
(State or country) Norway

MOTHER

15. MAIDEN NAME Georgine Brudeseth

16. BIRTHPLACE (city or town) Wold
(State or country) Norway

17. INFORMENT Mrs. Mary Brudeseth
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL St. Maries
Place Woodlawn Date Apr. 29 193 6

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 193 6 Walter Doherty
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 193 6, to 4-24, 193 6
I last saw him alive on 4-24, 193 6; death is said to have occurred on the date stated above, at 11:33 m. P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute	4-16-36
Other contributory causes of importance: High grade secondary anemia due to chronic ulcer	2/1/35

Name of operation Appendectomy Date of 4/18/36
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C A Robins, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 11 1936 RECEIVED

98198

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98198
State File No.

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006, Local Registrar's No. 77
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Noah Hart

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Hart

6. DATE OF BIRTH (month, day, and year): Jan 22 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Apr 22 36

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas

MOTHER'S FATHER

13. NAME: Henry C. Hart

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER'S MAIDEN NAME

15. MAIDEN NAME: Martha Riegle

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Alice Hart Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Ida Date: 5/4, 1936

19. UNDERTAKER (Address): O. D. Buckmaster Emmett Idaho

20. FILED May 9, 1936. Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to May 2, 1936.
I last saw him alive on April 1, 1936.; death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture R. femur Jabbed	4-22-36
Fracture R. 3-8th ribs	"
on right side & pneumonia	
Lung & traumatic	
bronchopneumonia	
Other **contributory causes** of importance:	
Asthma	for years
Oedema of lung	4-26-36

Name of operation: ..... Date of:
Autopsy? X-Ray

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~: accident Date of injury: 4-22-1936
Where did injury occur? Emmett, Gem Co., Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: at home
Manner of injury: Fell from tree
Nature of injury: Fracture R femur & ribs
Was disease or injury in any way related to occupation of deceased? Yes. If so, specify: Running fruit truck

(Signed) ..... M. D.
(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98199

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98199

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 662

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Ella F. Graham

(a) Residence. No. 303 South Fourth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Marshall A. Graham

6. DATE OF BIRTH (month, day, and year): August 5, 1883.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hanefer, Utah.

FATHER

13. NAME: Walter Wilson

14. BIRTHPLACE (city or town) (State or country): New Orleans, La.

MOTHER

15. MAIDEN NAME: Ann Bond

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Mrs. Ralph Rowley, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date May 9., 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho

20. FILED May 9, 1936. D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 6, 1936.
I last saw her alive on May 6, 1936: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Mar, 35

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho.

98200

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98200

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 70

MAY 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew James Michelson

(a) Residence. No. Shelley St. Ida.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 5 yrs. mos. da.
(If nonresident give city or town and state)

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May Michelson

6. DATE OF BIRTH (month, day, and year) Nov 30 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66.	5	no	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk 2 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shelley Idaho. Supt of Water Wks.
10. Date deceased last worked at this occupation (mo. and yr.) 4-30-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER
13. NAME Peter Michelson
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Christine
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT (Address) May Michelson Shelley Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Cem. Date 5- 1936

19. UNDERTAKER (Address) V.F. McTavish Idaho Falls Ida

20. FILED May 5, 1936 Wm Wales Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-30 1936.

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1936, to 4-29-, 1936
I last saw h[illegible] alive on 4/29, 1936: death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lungs & Prostate	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify
(Signed) H.H. Spence, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98[illegible]

MAY 7 1936 RECEIVED

Registration District No. 19
Subdivision Registration District No. 21-2
Local Registrar's No. 69

(No. 885)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob B. Burckhart

(a) Residence No. Fremont Presto St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Burckhart

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakes Hanger
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leaf River Illinois

FATHER

13. NAME Joseph Burckhart
14. BIRTHPLACE (city or town) (State or country) Strawberry Pen

MOTHER

15. MAIDEN NAME Margaret Odell
16. BIRTHPLACE (city or town) (State or country) Strawberry Penn

17. INFORMANT Lillian Smith
(Address) Ida. Falls

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Ida. Date April 12, 1936

19. UNDERTAKER Jack A. Wood
(Address)

20. Filed May 7, 1936 E. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193 5, to April 10, 1936.
I last saw him alive on April 6, 1936; death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Emphysema (pulmonary)	
Senility	

Name of operation Clinical & Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Injury, specify

(Signed) W. H. Corbett M. D.
(Address) Idaho Falls, Ida.

RECEIVED

98202

PLACE OF DEATH

County of Gooding

City of Wendell, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98202

Registration District No. 22

Primary Registration District No. 2018

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. after Expanse)

2. FULL NAME W. E. Taylor

(a) Residence. No. Wendell Idaho St. 92

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Taylor

6. DATE OF BIRTH (month, day, and year): January 8, 1884

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Provo Utah

MOTHER FATHER

13. NAME: Walter A Taylor

14. BIRTHPLACE (city or town) (State or country): Provo Utah

15. MAIDEN NAME: Rachel Broadhead

16. BIRTHPLACE (city or town) (State or country): Heber City Utah

17. INFORMANT (Address): Ida Taylor Wendell

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place: Provo, Utah Date: ....., 193..

19. UNDERTAKER (Address): Thompson Gooding Ida

20. FILED May 11, 1936 L. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 10, 1936.

I last saw him alive on May 9, 1936; death is said to have occurred on the date stated above, at 10:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 10, 1936
Other **contributory causes** of importance:	

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Dahlgren, M. D.

(Address) Wendell, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98203

DO NOT WRITE IN THIS SPACE
98203
State File No.

PLACE OF DEATH
County of Ada
City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 124
Primary Registration District No. 2202

MAY 1 1936 RECEIVED

Local Registrar's No. 238

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Howard Bennett

(a) Residence. No. 2½ Miles south east of Kuna, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

204

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 8th, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME James Bennett
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clifton L. Bennett
(Address) Portland, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Kuna, Idaho Date 4/25, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4-25-, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/20/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
He dropped DEAD and was DEAD WHEN I ARRIVED.	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H J Coleman, M. D.
(Address) Kuna, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98204

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98204

PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Reuben Merryfield Williams

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 61 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maria Tippets

6. DATE OF BIRTH (month, day, and year). Nov 5 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) May 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) .....
(State or country) Wales

15. MAIDEN NAME Jane Merryfield

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Mrs. Thos. S. Naylor
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date May 5, 1936

19. UNDERTAKER J. Sumner Kerns
(Address) Malad Idaho

20. FILED May 15, 1936. Marion J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 1, 1936.
I last saw him alive on May 1, 1936.: death is said to have occurred on the date stated above, at 2:10 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	April 26 36.
Mitral regurgitation	

Other **contributory causes** of importance:

Name of operation none Date of ←
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ← Date of injury ←, 193.
Where did injury occur? ←
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ←
Manner of injury ←
Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. O. Garff M. D.
(Address) Malad, Ida.

Information should be carefully supplied. Age should be stated EXACTLY. Fractions must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98205

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 50

(No.) Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred C. Webb

(a) Residence. No. ..... St. Milner, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) January 24, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehi, Utah

FATHER

13. NAME George Webb

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. Crawforth

(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Milner, Idaho Date 4-27, 1936

19. UNDERTAKER Summers Funeral Home

(Address) Boise, Idaho

20. FILED 4-27, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 25 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to April 25, 1936

I last saw him alive on April 25, 1936: death is said to have occurred on the date stated above, at 7:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of abdomen, posterior and anterior	4-25-36
Crushing injury to abdomen with section of bowel	4-25-36
Other contributory causes of importance:	
Hemorrhage	4-25-36
Shock	4-25-36

Name of operation None Date of ---

What test confirmed diagnosis? Clinical evidence Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, ~~Homicide or Suicide~~? Yes Date of injury 4-25, 1936

Where did injury occur? C.C.C. Camp, Alexander Flats

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Struck by overturning tractor

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was employed as driver of tractor

(Signed) S. S. BEVERLY, M. D.

(Address) V.A. Facility, Boise, Idaho

Assembly m.d.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98206

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 140
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188 S

2. FULL NAME Rasmus Holmes Young

(a) Residence. No. 508 North 13th St — St.
(Usual place of abode) about 30 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-12-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.P.A. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garden Valley Idaho

FATHER
13. NAME George J. Young
14. BIRTHPLACE (city or town) (State or country) New Brunswick

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Walter E. Young
(Address) 1721 State Blvd Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cemetery Date 4-26-, 1936

19. UNDERTAKER Schneider & McCann
(Address) Boise Idaho

20. FILED 4-28, 1936 R. E. Clarp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22-36, 193..., to 4-22-, 1936
I last saw h alive on 4-22-36 193...: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured splen	4-22-36
Other contributory causes of importance: Fracture 2nd-12th ribs Lt.	4-22-36

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-22 1936
Where did injury occur? Boise, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public street
Manner of injury Struck by car.
Nature of injury Crushed Chest - ruptured splen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. B. Brose, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98207

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 42

MAY 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Ada Co. Hospital

2. FULL NAME Latitia M. Elliott

(a) Residence. No. 317 Grove ST. St.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Elliott

6. DATE OF BIRTH (month, day, and year) Oct. 6th. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Forest Grove
(State or country) Ore.

FATHER

13. NAME Orrin Martin

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME Miranda Lee

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Claude E. Elliott
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/11 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-13 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3- 1933, to 4-11- 1936

I last saw her alive on 4-10- 1936: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) M. Calloway, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98208

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 43

(No.) Ada County Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joel Alexander Zinn

(a) Residence. No. Ada County Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mrs Cora Zinn

6. DATE OF BIRTH (month, day, and year) April 21, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Butler
(State or country) Missouri

FATHER

13. NAME Anderson Zinn

14. BIRTHPLACE (city or town) Unknown
(State or country) Illinois

MOTHER

15. MAIDEN NAME Amanda Gardner

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT M. J. Zinn
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 5/6, 1936

19. UNDERTAKER E. W. Robinson
(Address) Meridian Ida

20. FILED 5-14, 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 193.5, to 4-13-, 193.6

I last saw him alive on 4-13-, 193.6; death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Cruzan, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

West

DO NOT WRITE IN THIS SPACE
State File No. 98209

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 44

MAY 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME George Hulser.

(a) Residence. No. 4 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 21. 1845.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	4	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Hulser.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT G.F. Hulser.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date April. 13, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-15, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935, to Death, 1936
I last saw h[illegible] alive on 4-10, 1936: death is said to have occurred on the date stated above, at 10:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	4-5-36.

Other contributory causes of importance:

Myocarditis	Indefinite
Bronchopneumonia	3-20-36.
Pleurisy & Effusion left.	3-27-36

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L.F. West, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98210

MAY 6 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number) Ada County Hospital

2. FULL NAME Paul O. Anderson

99C

(a) Residence. No. 611 Grove St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Carl O. Johnson
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/16/36

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-16, 1936 R. Sharp.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/14/36

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1934, to 4-14, 1936

I last saw him alive on 4-13-, 1936: death is said to have occurred on the date stated above, at 9:45 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.
(Address) Boise Idaho

Calloway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98211

MAY 6 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 107

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Baby Ely

(a) Residence. No. 34th. & Good Sts. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/30/36

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME Lawrence Ely

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Ethel Hadsell

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Lawrence Ely (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 3/31/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 4-1, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1936, to 3-30, 1936

I last saw him alive on 3-30, 1936: death is said to have occurred on the date stated above, at 11 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	at birth
Other contributory causes of importance: Congenital defect Failure of fontanelle to close.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. W. Boeck M. D.

(Address) Boise Ida

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98212

MAY 6 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 110

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) ST LUKES

2. FULL NAME JOSEPH WILLIS JOHNSON

(a) Residence. No. St. Meridian
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	INFANT

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) MARCH 29 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5 (4)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) NONE

11. Total time (years) spent in this occupation NONE

12. BIRTHPLACE (city or town) (State or country) BOISE IDAHO

FATHER

13. NAME A-M-JOHNSON

14. BIRTHPLACE (city or town) (State or country) WASHINGTON

MOTHER

15. MAIDEN NAME LOY SCOTT

16. BIRTHPLACE (city or town) (State or country) ARKANSAS

17. INFORMANT H-J-MEARSDORF
(Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN Date APR 30 1936

19. UNDERTAKER W-S-Mateer MeridianId
(Address)

20. FILED 4-21, 1936 L Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) APR 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 1, 1936
I last saw him alive on April 1, 1936: death is said to have occurred on the date stated above, at 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	Mar 29-36

Other contributory causes of importance:

Deficient Forceps Delivery	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W Beach, M. D.
(Address) BOISE IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 23 1936 RECEIVED

PLACE OF DEATH

County of Ada

City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98213

Registration District No. 124

Primary Registration District No. 1202 Local Registrar's No. 237

(No. Kuna, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther R. Stevens 106

(a) Residence. No. Kuna, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter J. Stevens

6. DATE OF BIRTH (month, day, and year): April 28th 1895

7. AGE — Years: 40 | Months: 11 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rushville Nebraska

FATHER

13. NAME: El. L. Heath

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Ella Bailey

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Walter J. Stevens Kuna, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Kuna, Ida. Date 4-7-, 1936

19. UNDERTAKER (Address): Mrs. Nora M. Talley Nampa Idaho

20. FILED 4-7-, 1936 Chas. W. Childers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-29-, 1936, to 4-5-, 1936.

I last saw him alive on 4-5-, 1936.: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1 Day

Other **contributory causes** of importance:

Pneumonia, Lobar 3 Months Dead 1910, Septic

Name of operation. Cunningham Clinic Date of 3-29-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Reed M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 23 1936 RECEIVED

PLACE OF DEATH

County of Ada

City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98214

Registration District No. 124

Primary Registration District No. 2202 Local Registrar's No. 236

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Whited

(a) Residence. No. Kuna, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Benjamin Whited

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Rural

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. Tallman
(Address) Kuna Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Ida Date 2-21, 193 6

19. UNDERTAKER F. K. Rasmussen
(Address)

20. FILED 2-21, 193 6 F. K. Whitehouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Office 7 years 193.., to ....., 193....
I last saw him alive on Feb 2, 1936; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	Sept 10 1935
Other **contributory causes** of importance:	
Nephritis	—

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) F. J. Coleman M. D.
(Address) Kuna Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98215

Registration District No. 9+10

MAY 6 1936 RECEIVED

Primary Registration District No. 9+10 Local Registrar's No. 149

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James P. Niccolls

(a) Residence. No. Star, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June.15.1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81 81	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wapplo
(State or country) Iowa

FATHER

13. NAME Joseph Niccolls

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Fulton

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. E. W. White
(Address) Star, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star, Idaho Date ....., 193..

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4/21, 1936 Orville Jolyon
Registrar.
Earle Rodney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Nov., 1935, to Apr 21, 1936

I last saw him alive on Apr 21, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Insomnia	1 minute ago
Senility, etc	
other contributory causes of importance:	
Old age	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. W. Hall, M. D.

(Address) Star Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Body Found Near City.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98216

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 47

(No.) In river near Jaurucco Bridge 205

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unknown

(a) Residence. No. Unknown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	?	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) " "

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT J. McCann (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/15 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 4-16 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

Body Discovered 4/13/36

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Premature Birth	
Body Found In Canal.	
No Exterior Indication of Violence	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98217

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 135

MAY 26 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes

2. FULL NAME Bernice Johnson

(a) Residence. No. 117 St. McCall Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1st 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCall Ida.
(State or country)

FATHER

13. NAME Kenneth L. Johnson

14. BIRTHPLACE (city or town) Spokane Wash.
(State or country)

MOTHER

15. MAIDEN NAME Harvey Pago

16. BIRTHPLACE (city or town) McCall Idaho
(State or country)

17. INFORMANT Mildred T. Johnson
(Address) St. Luke's Hospital

18. BURIAL, CREMATION OR REMOVAL
Place McCall Ida. Date 4-22, 1936

19. UNDERTAKER A D Robb
(Address) Cascade Ida

20. FILED 4-21, 1936 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 | 21 | 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 | 19 | 1936, to 4 | 20 | 1936

I last saw her alive on 4 | 21 | 1936: death is said to have occurred on the date stated above, at 12:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	4/17/36
General Peritonitis	
Other contributory causes of importance:	

Name of operation Drainage of abd. Date of 4/20/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth L. Stewart, M. D.
(Address) 105 N 11th Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98218

Registration District No. 2
Primary Registration District No. 1004

Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME James Arthur Carey.

(a) Residence. No. 708 ½ Front Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Reta Carey.

6. DATE OF BIRTH (month, day, and year) Septe,ber. 29. 1897/

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38/	6	22/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME Calvin. R. Carey.
14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Ettie Howell.
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Mrs. Reta Carey.
(Address) 708 ½ Front Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Apr/24 193 6.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-23 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 20. 193 6, to April 21, 193 6.
I last saw him alive on April 20. 193 6: death is said to have occurred on the date stated above, at 2309 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dy not Known
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Christensen, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98219

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 137
St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fletcher Andrew Hawes

(a) Residence. No. ____ St. Bruneau, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva S. Hawes

6. DATE OF BIRTH (month, day, and year) Jan. 29- 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Grower
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Boise, Ida.

FATHER
13. NAME Benjamin F. Haws
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Margaret ____
16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address) Elmer Hawes Brinkan

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Cem Date 4-24-1936

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 4-24-1936 R. Skirp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13/36, 193..., to 4/21, 1936
I last saw him alive on 4/21, 1936: death is said to have occurred on the date stated above, at 8:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Coronma	mch. 1936
Other contributory causes of importance: Cerebral Arterio Sclerosis - Prostatic Hypertrophy	

Name of operation Prostatic enucleation Date of 4/16/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) James H. Ellsworth M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98220

Registration District No. 2
Primary Registration District No. 1804
Local Registrar's No. 138

MAY 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital.

2. FULL NAME George. L. Merrill.

(a) Residence. No. 1424. Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 Yr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgina. D. Merrill.

6. DATE OF BIRTH (month, day, and year) May. 18. 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11.	4.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER
13. NAME George Merrill.
14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER
15. MAIDEN NAME Margaret Cary.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Mrs. Georgina. D. Merrill
(Address) 1424. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Apr. 25 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 4-27 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1925, 193—, to Apr. 22nd, 1936
I last saw him alive on Apr. 22nd, 1936.: death is said to have occurred on the date stated above, at 1:27 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Mitral insufficiency	
Auricular fibrillation, related 1925	
Decompensation gradual.	

Other contributory causes of importance:
Had two attacks of acute rheumatism, years ago

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) J. M. Taylor M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98221

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 139

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Fields

(a) Residence. No. 1155 River Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beartice E.

6. DATE OF BIRTH (month, day, and year) 11/23/1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Trucker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Miss.
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Beatrice E. Fields
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-27-36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-27-, 193.6 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25/36 193

22. I HEREBY CERTIFY, That I attended deceased from 4/1/36, 193.., to 4/25, 193.6
I last saw him alive on 4/25, 193.6; death is said to have occurred on the date stated above, at 12 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other **contributory causes** of importance:

Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Stone, M. D.
(Address) Boise, Idaho

M-71-7

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 2
Primary Registration District No. 1004
98222 Local Registrar's No. 142

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Chism

(a) Residence. No. Don't Know
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Johnson

6. DATE OF BIRTH (month, day, and year) July 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Salesman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schenectady N. Y.

FATHER
13. NAME John M. Chism
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) T. J. McCann Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Colton Calif Date 4-28 1936

19. UNDERTAKER (Address) Pierce & McCann Boise Ida

20. FILED 4-28 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1936, to Death, 1936
I last saw him alive on 4-26, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated peptic ulcer	4-24-36.

Other contributory causes of importance:

Pneumonia (post operative)	4-25-36.
Aortic & aortic insufficiency	many yrs.

Name of operation Repair perforation Date of 4-24-36
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. West M. D.
(Address) Boise Idaho

Form 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated exactly. If unknown, give approximate age. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: DIST. NO.____ COUNTY OF____ CITY, TOWN OR RURAL DISTRICT OF____ STREET AND NO.____ IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO

LOCAL REGISTERED NO.____

2. FULL NAME John Chism

RESIDENCE: No.____ ST. IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE____

USUAL PLACE OF ABODE

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD)
Male	White	Divorced.

5a. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE

Estella Johnson

6. DATE OF BIRTH July 29 1874 (MONTH DAY YEAR)

7. AGE 61 YR. 8 MO. 10 DAYS. IF LESS THAN ONE DAY ____ HRS. ____ MIN.

OCCUPATION

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Druggist &

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC salesman

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.) ____ 11. TOTAL YEARS SPENT IN THIS OCCUPATION ____

12. BIRTHPLACE (CITY OR TOWN) Schenectady

STATE OR COUNTRY N.Y.

FATHER

13. NAME John M. Chism

14. BIRTHPLACE (CITY OR TOWN) Unknown

STATE OR COUNTRY Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown

STATE OR COUNTRY Unknown

17. LENGTH OF RESIDENCE

A. CITY, TOWN OR RURAL DISTRICT OF DEATH ____ YRS ____ MOS. ____ DAYS

B. IN CALIFORNIA ____ YRS ____ MOS. ____ DAYS

C. IN U.S., IF OF FOREIGN BIRTH ____ YRS ____ MOS. ____ DAYS

18. INFORMANT (SIGNATURE) ____

ADDRESS ____

19. BURIAL, CREMATION OR REMOVAL? ____

PLACE ____ DATE (WRITE THE WORD)

20. EMBALMER { LICENSE NO. ____ SIGNATURE ____

FUNERAL DIRECTOR ____

ADDRESS ____

21. FILED ____ DATE

LOCAL REGISTRAR

22. DATE OF DEATH ____ (MONTH DAY YEAR)

23. MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____ TO ____; THAT I LAST SAW H____ ALIVE ON ____ AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF ____ M.

24. CORONER'S CERTIFICATE OF DEATH

I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN____ (INQUEST, AUTOPSY OR INQUIRY) THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H____ DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:

	DATE OF ONSET
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	

IF OPERATION, DATE OF ____ WAS THERE AN AUTOPSY? ____

CONDITION FOR WHICH PERFORMED ____

NAME LABORATORY TEST CONFIRMING DIAGNOSIS ____

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING.

ACCIDENT, SUICIDE OR HOMICIDE? ____ DATE OF INJURY ____

INJURED AT { CITY OR TOWN OF ____ COUNTY AND STATE OF ____

DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? ____

MANNER OF INJURY ____

NATURE OF INJURY ____

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY ____

27. SIGNATURE ____ M.D. (PHYSICIAN, AUTOPSY SURGEON)

ADDRESS ____

28. WHEN REQUIRED BY LAW ____ CORONER

COUNTY OF ____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98223

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 38

MAY 0 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Potter

(a) Residence. No. Route 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12.18.1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Ezra Sears

14. BIRTHPLACE (city or town) Ky.
(State or country)

MOTHER

15. MAIDEN NAME Elmira Skeens

16. BIRTHPLACE (city or town) Ky.
(State or country)

17. INFORMANT C. F. Potter, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/6/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-7, 193.6 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/4/36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to April 4, 1936

I last saw her alive on April 4, 193 6: death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	
Hypertension, essential	

Name of operation 0 Date of 0

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. B. Shaw, M. D.
(Address) 415 Eastman Bldg. Boise

Shaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98224

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 39

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John E. Murray

(a) Residence. No. Cottonwood Camp. No. Of Boise Barracks St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

182

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Releif Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ada Co.
(State or country) Idaho

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT J.T. McCann
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/9, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 4-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About 4/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to Dead 193...

I last saw him alive on 4/5, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In Cottonwood Flume. No Indication Of Foul Play. Probably Accidental Drowning.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. T. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98225

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 40

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Reisler

(a) Residence. No. 721 DeKalb Avenue St. Brooklyn, New York
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Enrollee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Brooklyn, N.Y. Date 4-11, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 8, 1936
I last saw him alive on April 8, 1936: death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral	4-1-36
Other contributory causes of importance: Serofibrinous exudate (Early empyema)	4-1-36

Name of operation ---- Date of ----
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

Coates.

PLACE OF DEATH

County of Ada.

City of

MAR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98226

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 41

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Matilda Winton Bolem

(a) Residence. No. 6 miles west of Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. D. Bolen

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ark.

FATHER

13. NAME James R. Winton

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Martha McGraw

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT Lon Bolen
(Address) Meridian, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Idaho Date April, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1936 to 4-10, 1936

I last saw h alive on 4-10, 1936: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Inadequacy of liver.	
Other contributory causes of importance: Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. J. Coates, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98227

Registration District No. 2
Primary Registration District No. 1204
Local Registrar's No. 121

MAY 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecilia Agnes Navin

(a) Residence. No. 1902 N. 18th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/13/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME J. T. Noel
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME Mary Maquire
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Chas. C. Gray, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/15/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1936, to Apr 13, 1936.
I last saw her alive on Apr 8, 1936.; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Apr 1935
Other contributory causes of importance:	
Old Cirhg	Years

Name of operation None Date of
What test confirmed diagnosis? None was there an autopsy? No

23. ~~If death was due to exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. M. Bradshaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98228
State File No.

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 122

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Emmons

(a) Residence. No. St. Melba, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/23/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Iowa

FATHER

13. NAME James A. Emmons

14. BIRTHPLACE (city or town) " Mich
(State or country)

MOTHER

15. MAIDEN NAME Martha Wickham

16. BIRTHPLACE (city or town) Mich
(State or country)

17. INFORMANT Mrs. C. R. Perkins
(Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/15/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 4-14, 193 6 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/12/36 193

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 193 6, to 4/12, 193 6
I last saw him alive on 4/12, 193 6 death is said to have occurred on the date stated above, at 3.55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Pulmonary edema)	about 4-1-1936
Other contributory causes of importance: Gangrene of left foot	Don't know

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. S. Allen M. D.
(Address) 105 N. 8th Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise (or) Other than City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98229

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 123

MAY 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital (No.)

2. FULL NAME Rose Stieger

(a) Residence. No. Rt. No. 1 St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

179

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day, and year): April 8th, 1932
7. AGE: Years 4 | Months 0 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER
13. NAME Karl Stieger
14. BIRTHPLACE (city or town) Alstaetten (State or country) Switzerland

MOTHER
15. MAIDEN NAME Josephine Feterer
16. BIRTHPLACE (city or town) Rebstein (State or country) Switzerland

17. INFORMANT Karl Stieger (Address) Boise Idaho Rt. 1

18. BURIAL, CREMATION OR REMOVAL Place St. John's Date 4/17, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 4-15, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 14, 1936
I last saw her alive on Apr. 13, 1936; death is said to have occurred on the date stated above, at 5:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from extensive	
Cutaneous Burns	4-13-36
(Clothing ignited by lighted match)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrison Stewart, M. D.
(Address) .....

Genoway

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98230

Registration District No. 2
MAY 9 1936 RECEIVED
Primary Registration District No. 1004
Local Registrar's No. 124

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie E. Nelck.

(a) Residence. No. 1019. N. 10. Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John. W. Nelck.

6. DATE OF BIRTH (month, day, and year) August. 25. 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	19.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER
13. NAME Thomas Garrett.
14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER
15. MAIDEN NAME Jemima Black.
16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT John. W. Nelck.
(Address) 1019. N. 10 Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date April. 16. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-17-36 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to April 14, 1936
I last saw her alive on April 13, 1936: death is said to have occurred on the date stated above, at A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia Pernicio	
Carcinoma uteri with Metastasis liver	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Genoway M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Bratton ✓

PLACE OF DEATH
County of Ada
City of Boise

MAY 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98231

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 125

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Fairbairn Ketchen.

(a) Residence. No. 1312. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August. 26. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland.
(State or country)

FATHER
13. NAME Francis Fairbairn.
14. BIRTHPLACE (city or town) Scotland.
(State or country)

MOTHER
15. MAIDEN NAME Helen Young.
16. BIRTHPLACE (city or town) Scotland.
(State or country)

17. INFORMANT Miss. Marion Ketchen.
(Address) 1312. State Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date April. 17. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-17, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to Apr 14, 1936.
I last saw her alive on Apr 14, 1936.: death is said to have occurred on the date stated above, at 11.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cirrhosis of Liver	Feb 1935
Other contributory causes of importance: Cerebral Oedema	March 1936

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. Bratton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise,

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98232

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 126

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1887

2. FULL NAME Charles Okerman.

(a) Residence. No. Atlanta, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1879. Date Not known.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT E.B. Smith.
(Address) Idaho Building, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Apr. 18 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED Apr 17, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 12 1936.

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1936, to Apr 12, 1936
I last saw him alive on Apr 12, 1936: death is said to have occurred on the date stated above, at 10.30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion, chest, with pulmonary hemorrhage	
intra-pulmonic hemorrhage	Apr 11 '36
Severe traumatic shock	" " "
Other contributory causes of importance:	
Fracture, left tibia and fibula	" " "

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Apr 11 '36
Accident, suicide, or homicide? Acc Date of injury ....., 193....
Where did injury occur? Atlanta, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Hit by falling rock
Nature of injury Contusion of chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify (Miner)

(Signed) George H. Suckow, M. D.

(Address) 500 Eastman Bldg
Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ADA

City of BOISE

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98233

Registration District No. 2

Primary Registration District No. 1024

Local Registrar's No. 129

No. St. Alphonsus

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ELMER W MATHEWS

(a) Residence. No. St.

(Usual place of abode) GRAND VIEW IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EVELYN MATHEWS

6. DATE OF BIRTH (month, day, and year) Aug 27-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Apr 13

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) PERMA (State or country) IDAHO

FATHER

13. NAME WILLIAM J MATHEWS

14. BIRTHPLACE (city or town) (State or country) ILLINOIS

MOTHER

15. MAIDEN NAME EMMA E SHIPLEY

16. BIRTHPLACE (city or town) (State or country) IOWA

17. INFORMANT ROY MATHEWS (Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL Place MERIDIAN CEM Date APR 23, 1936

19. UNDERTAKER W-S-MATER MERIDIAN (Address) IDAHO

20. FILED 4-20, 1936 R Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to Apr 20, 1936

I last saw h[illegible] alive on Apr 19, 1936: death is said to have occurred on the date stated above, at 2 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Ruptured Duodenal Appendicitis	

Name of operation Appendectomy Date of Apr 13 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) BOISE IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO M-31-6
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98234

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 130

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Nipher

(a) Residence. No. Linden Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, and year) 6/16/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Henry C. Ferguson

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT G. E. Sticknoth (Address) Mayfield Idaho

18. BURIAL, CREMATION OR REMOVAL Place 4/21/36 Morris Hill, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 4-20, 193.6 R Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/19/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb-13, 193.6, to Death, 193..

I last saw her alive on 4-19, 193.6.; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Indefinite

Other contributory causes of importance:

Pulmonary Tuberculosis	4-5-36.

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. West, M. D.

(Address) Boise

West.

Stewart

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98235

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 131

MAY 9 1936 RECD

(No.) St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Woodford Ensign.

(a) Residence. No. 1400. Warm Springs Avenue. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle. C. Ensign.

6. DATE OF BIRTH (month, day, and year) November. 9. 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surety Bonds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Insurance.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Frederick. G. Ensign.

14. BIRTHPLACE (city or town) (State or country) North East Penn.

MOTHER

15. MAIDEN NAME Annie. M. Johnson.

16. BIRTHPLACE (city or town) (State or country) Beaver Dam. Wisconsin.

17. INFORMANT (Address) Mrs. Isabelle. C. Ensign. 1400. Warm Springs Ave.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery Date April. 27 1936

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 4-20, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/19/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/26/1935, to 4/19/1936

I last saw h\m alive on 4/19/1936; death is said to have occurred on the date stated above, at 11:09 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Dec. 28, 1935

Other contributory causes of importance:

Myocardial degeneration	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 193..

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) James L. Howard M. D.

(Address) 105 N. 8th Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 98236

Local Registrar's No. 132

98k

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dianna Davison.

(a) Residence. No. 1005. Warm Springs Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February. 22. 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York.
(State or country)

FATHER

13. NAME Augustus White.
14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Samatha Leach.
16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Flora Adams Wiederman.
(Address) 114. Court St. Binghamton. N.Y.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date April 21, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-20, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 15, 1936
I last saw him alive on Apr. 13, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrocarditis	Gradual onset & development.

Other contributory causes of importance:

Arterio Sclerosis	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. E. Redman, M. D.
(Address) Boise, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98237
State File No.....

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 133

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis P. Pare

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Clementine Pare
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 27 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Apr 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER

13. NAME Louis Pare

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs. J. N. Radandt Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4-18-, 193 6

19. UNDERTAKER C. O. Buckendorf
(Address) Emmett Idaho

20. FILED 4-21-, 193 6 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 193 6

22. I HEREBY CERTIFY, That I attended deceased from 4-14-, 193 5, to Death, 193...

I last saw him alive on 4-16-, 193 6.: death is said to have occurred on the date stated above, at 8:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Indefinite
Other **contributory causes** of importance: Carcinoma at Head of pancreas	1934

Name of operation. Exploratory Laparotomy Date of 4-20-35

What test confirmed diagnosis? Op. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. West, M. D.
(Address) Boise Idaho

Dr Ellsworth

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98238
State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 134

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Ann Strickland

(a) Residence. No. Jarbidge, Nevada St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmette
(State or country) Idaho

FATHER

13. NAME Hugh Strickland

14. BIRTHPLACE (city or town) Bruneau
(State or country) Idaho

MOTHER

15. MAIDEN NAME Essie E. Smith

16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Hugh Strickland
(Address) Jarbidge, ~~Idaho~~ Nev.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 4/23/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 4-21, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/20/1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 20 1936
I last saw her alive on April 19, 1936; death is said to have occurred on the date stated above, at 7:40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Probable 4-15-36
due to hemolytic Strep.	
Other contributory causes of importance:	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harrison Shipman M. D.
(Address) Boise Idaho

MAY 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98239

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus)
Local Registrar's No. 119

(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. **FULL NAME** Mary O'Daniel

(a) Residence. No. Mountain Home St. Ada.
(Usual place of abode.)
(If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thos. O'Daniel

6. DATE OF BIRTH (month, day and year) 11-20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Michegan

PARENTS

10. NAME OF FATHER Ayers

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant (Address) Thos. O'Daniel Mountain Home Ida.

15. Filed 4-9, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 4 (Month) 6 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to 4/6/36, 19...
that I last saw him alive on 4/6/36, 19...
and that death occurred, on the date stated above, at 8:30 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(1) Hypertension Heart disease
(2) Cerebral Embolism
(3) Pulmonary Congestion
(4) Pulmonary Edema
(duration) ... yrs. ... mos. ... ds.

~~CONTRIBUTORY~~ (Secondary) (1) Uncertain - (2) (2-3-4) Uncertain 4 days
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) Ernest E. Bankhead, M. D.
4/8/36, 19... (Address) Box Idaho

19. Place of ~~Burial~~, ~~Cremation~~, or ~~Removal~~	Date of Burial
Mountain Home.	4-9 1936
20. Undertaker Zacher Funeral Home.	Address Mtn. Home.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98240

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 108

MAY 9 1936 RECEIVED

(No.) St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily. T. Stewart.

(a) Residence. No. Owhyee Hotel. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 27. 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westpoint, Iowa.

FATHER

13. NAME James. A. Stewart.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Lucinda. C. Cowles.

16. BIRTHPLACE (city or town) (State or country) ew York.

17. INFORMANT Dr. James. L. Stewart.
(Address) Eastman Bldg, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date April. 2. 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-2, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Mar 31, 1936

I last saw her alive on Mar 31, 1936: death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with Effusion	July 1935

Other contributory causes of importance:

Chronic Myocarditis	Jan 1 1936

Name of operation Aspiration Date of 3/25/36

What test confirmed diagnosis? X-rays Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Bradbury, M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Nurse

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98241

MAY 9 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 111

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital.

59

2. FULL NAME Clarence. B. White.

(a) Residence. No. Whitney Bench. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August. 19. 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	12.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Idaho.

FATHER
13. NAME Calvin. R. White.
14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER
15. MAIDEN NAME Lydia Hopper.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Walter White.
(Address) New Meadows, Idaho.

18. BURIAL, CREMATION OR REMOVAL Cremation
Place Portland, Ore. Date 4/6/ 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31 1936 4/1/36

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to March 31, 1936
I last saw him alive on March 31, 1936: death is said to have occurred on the date stated above, at 7 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes,	
+ Dealetic Coma,	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Bourne, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98242

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 112

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John T. Updike

(a) Residence. No. St. Homedale

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 18, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolgrower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Furman Updike

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Billie Updike

(Address) Los Angeles Cal.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 4/4/36, 193..

19. UNDERTAKER McBratney Funeral Home

(Address) Boise

20. FILED 4-3, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 193.4, to 4/2, 193.6

I last saw him alive on 4/2, 193.6; death is said to have occurred on the date stated above, at 4 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Cerebral Hemorrhage	3/30/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold W. Stone M. D.

(Address) 317 Eastman Bldg, Idaho

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98243

MAY 9 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 113

(No.) St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME S. Claude McCarty

(a) Residence. No. 1007 Grant St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT J. L. Martin
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/4/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-3, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/2/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-3—, 193.3, to April 2, 193.6

I last saw h.m. alive on April 2, 193.6; death is said to have occurred on the date stated above, at 2:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Edema of Lungs following a decompensating myocarditis (chronic)	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following.
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98244

MAY 5 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 114

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Frank P. McMahon

(a) Residence. No. ..... St. Murphy, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 14th. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockraising
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Mining
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Silver City, Ida.

FATHER

13. NAME Patrick McMahon
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Jane Boland
16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMANT (Address) A. Schreiber Boise
18. BURIAL, CREMATION OR REMOVAL Boise
Place St. John's Date 3-31 193..
19. UNDERTAKER (Address) Schreiber & McCann
20. FILED 4-4, 193.6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 193.6, to 3/27, 193.6
I last saw h.. alive on 3/26, 193.3: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-P[redacted]	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold W. Stone, M. D.
(Address) .....

PLACE OF DEATH
County of ADA
City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98245

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 115

MAY 9 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME SAMUEL H. WALBY

(a) Residence. No. 119 1/2. No. 10th St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 6, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrenceburg, Ky.

FATHER

13. NAME Wm. Walby

14. BIRTHPLACE (city or town) (State or country) Dublin, Ireland

MOTHER

15. MAIDEN NAME Martha Hammond

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT (Address) Thomas D. Wyman

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 4/4 193 6

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 4-6 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24th 193 4, to April 1 193 6
I last saw him alive on April 1st 193 6: death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris with Cardiac asthma and Heart Block — Date of onset Jan 6, 1936

Other contributory causes of importance:
Chronic myocarditis & Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Dr. J. M. Downey M. D.
(Address) Boise, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98246

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 116

St. Alphonsus Hospital

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Cutright

1010

(a) Residence. No. 2511 Madison St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/25/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME William Reynolds

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Nelson Cutright, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4/7/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-7, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5/36 193

22. I HEREBY CERTIFY, That I attended deceased from March 23, 193.6, to April 5, 193.6

I last saw h.. alive on April 5, 193.6.: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coronary Occlusion	
	March 18-36

Other contributory causes of importance:

Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. W. Almond M. D.

(Address) Boise Ida

Almond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98247

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 117

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver David Hunt

(a) Residence. No. 1708 No. 18th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-2-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Wm. A. Hunt

14. BIRTHPLACE (city or town) Washington
(State or country)

MOTHER

15. MAIDEN NAME Dorothy E. Markle

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT W. A. Hunt. Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 4-8-, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 4-8, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6/36 193

22. I HEREBY CERTIFY That I attended deceased from Saw baby few minutes before death 193..., to ..., 193...
I last saw him alive on apr. 6, 1936; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. Coates, M. D.
(Address) Coates

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

MAY 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98248
State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 118

(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Belle Hudson

(a) Residence. No. Route 4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Wm Hudson

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Kulek

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Melissa Clark
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 4-9 1936

19. UNDERTAKER D. W. Robison
(Address) Meridian Ida

20. FILED 4-8 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1936, to Apr. 7, 1936

I last saw her alive on Apr. 7, 1936: death is said to have occurred on the date stated above, at 1030 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 5, 1935
Other contributory causes of importance:	
Arterio-Sclerosis	
Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193..

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Hedman, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98249

MAY 11 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 657
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hanger

(a) Residence. No. 836 N. 8th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fay

6. DATE OF BIRTH (month, day, and year) 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER
13. NAME Pete Hanger
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME Mary Vizzelos
16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) Mrs John Hanger 836 N. 8th

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date May 3 1936

19. UNDERTAKER Downard-Funeral Home
(Address) Pocatello Idaho

20. FILED 5/2, 1936 D C Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck, fall from rear of truck (accidental)	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 26 1936
Where did injury occur? Rapid Creek Road, East of Inkom, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Pebble Road
Manner of injury Fall from truck
Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Arthur J. Hall Coroner
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98250

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 646
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Carmen Walker

(a) Residence. No. 225 West Carter St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant (Single)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 5. 1936.

7. AGE Years	Months	Days	If LESS than 1 day 1 hrs. or 30 min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME Melvin H. Walker
14. BIRTHPLACE (city or town) (State or country) Rockland, Idaho.

MOTHER
15. MAIDEN NAME Cassie Ann Jensen
16. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

17. INFORMANT Melvin H. Walker
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rockland, Idaho Date Apr. 6, 1936

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Apr 6, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/5/36, 193.., to birth, 193..
I last saw h[illegible] alive on 4/5/36, 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of lungs	
Premature birth	
Other contributory causes of importance:	
Twin girls	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98251

Registration District No. 28

MAY 11 1936 RECEIVED

Primary Registration District No. 2161

Local Registrar's No. 656

(No.) Am. Falls Highway North of Poca. City.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Mathews

(a) Residence. No. 328 Warren Ave. Poca., Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

196

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret D. Goodson

6. DATE OF BIRTH (month, day, and year): April 18, ~~1854.~~ 1883

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	~~52~~ 51	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer &

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Powder-Man

10. Date deceased last worked at this occupation (mo. and yr.): Apr. 1936.

11. Total time (years) spent in this occupation: Four

12. BIRTHPLACE (city or town) (State or country): Silvertown, Colorado.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. James Mathews, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Apr. 26, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Apr. 27, 1936. D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Electrocution	
(Accidental)	
While at work on	
State Highway West	
of Pocatello #30	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~?..... Date of injury.., 193.
Where did injury occur? Pocatello, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. on State Highway
Manner of injury... Electric Shock
Nature of injury... Electrocution

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: at work

(Signed) Arthur W. Hall (Coroner) M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98252

MAY 11 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 655

(No. 538 East Hayden)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Thomas

(a) Residence. No. 538 East Hayden St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Thomas

6. DATE OF BIRTH (month, day, and year) December 25 - 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham Alabama

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Thomas
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date 4-26, 1936

19. UNDERTAKER H. L. McEuen
(Address) Pocatello, Ida.

20. FILED 4-25, 1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1936, to April 23, 1936.
I last saw him alive on April 21, 1936; death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	Several years.
Myocarditis	Several years.
Other contributory causes of importance:	
Chronic Bronchitis	Several years.

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. N. Urquhart, M. D.
(Address) Pocatello

MAY 22 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98253
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 654

(No. Ross Fork)
(If death occurred in a hospital or institution, give its name instead of street and number)

197

2. FULL NAME Nathaniel Humpy

(a) Residence. No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 1931.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
5	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho.

FATHER

13. NAME Garcia Humpy

14. BIRTHPLACE (city or town) (State or country) Nevada.

MOTHER

15. MAIDEN NAME Viola Martin

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho.

17. INFORMANT (Address) Fort Hall Indian Agency Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Fort Hall, Idaho Date Apr. 26, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Apr. 24, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
in Chest	
Shot by father Garcia Humpy	
(Homicide)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury... Shot through Chest

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Arthur W. Hall (Coroner) M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Fort Hall

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 98254

Local Registrar's No. 653

170

Ross Fork
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garcia Humpy

(a) Residence. No. Owyhee, Nevada. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Indian

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Viola Martin

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 30; Months: ; Days: Unknown; If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nevada.

FATHER

13. NAME: John Humpy

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Ida Tom Humpy

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Fort Hall Indian Agency Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Fort Hall, Idaho
Place ~~Owyhee, Nevada.~~ Date ~~On arrival~~ 193...

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho

20. FILED Apr. 24, 1936. D. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
in chest	
Self inflicted	
(Suicide)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

~~Accident~~, suicide, ~~or homicide~~?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury... Gun Shot

Nature of injury.... Through Chest

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Arthur W. Hall (Coroner) M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98255

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 652
(No. Pocatello Sec. 2 Twp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lundquist

(a) Residence. No. 1106 No. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Caucasian	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elvira Lundquist

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Lundquist
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Sofia Pearson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Elvira Lundquist
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida Date 4-26, 1936

19. UNDERTAKER H. L. Mestan
(Address) Pocatello, Idaho.

20. FILED 4/28, 1936 S C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to April 22, 1936
I last saw h[illegible] alive on April 22, 1936: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98256
State File No.

MAY 1 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 651
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1898

2. FULL NAME Glen David McMillen

(a) Residence. No. St. Pratt, Kansas
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. C. C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pratt
(State or country) Kansas

FATHER
13. NAME Harry McMillen
14. BIRTHPLACE (city or town) Olivet
(State or country) Kansas

MOTHER
15. MAIDEN NAME Ida
16. BIRTHPLACE (city or town) Marshfield
(State or country) Indiana

17. INFORMANT Mrs. Ida McMillen
(Address) Pratt, Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Kan. Date Apr., 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 4-22, 1936 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 21, 1936
I last saw him alive on April 21, 1936; death is said to have occurred on the date stated above, at 1:42 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion, cerebral, severe	Apr. 15, '36
Fractures, compound, complete, 1st and 2nd metacarpals, left.	Apr. 15, '36
Wounds, lacerated, multiple, occipital & frontal scalp regions, bilateral	Apr. 15, '36
Other contributory causes of importance:	
Medullary Failure of brain, with vasomotor circulatory collapse, respiratory failure and Pulmonary edema and terminal bi-lateral pneumonia	Apr. 21, '36
"	"
"	"

Name of operation Suture wounds Date of 4/15/36
& reduction fractures
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 4/15 1936
Where did injury occur? Camp Panther Creek, Salmon, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. at place of employment - CCC Camp F-176
Manner of injury Struck by rock rolled from hill.
Nature of injury Cerebral concussion. See above.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Employed in CCC Camp.
(Signed) Ben C. Eisenberg, M. D.
(Address) CCC HQ., Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98257

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 650

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Alfred Pearce

(a) Residence. No. 210 Park ave., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther C

6. DATE OF BIRTH (month, day, and year) June 19, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.P.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Dept. Employe
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Athens Tenn

FATHER

13. NAME James Pearce
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Eliz. Gallion
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Mrs. W^m A. Pearce
(Address) 210 Park ave.,

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Apr. 22, 1936

19. UNDERTAKER Downards Funeral Home
(Address) Pocatello Idaho

20. FILED 4-22, 1936 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 193.6, to 4/20, 193.6
I last saw him alive on 4/17, 193.6 death is said to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Paralysis	
Ascending Myelitis	
Other contributory causes of importance:	
Ascaris 2 decayed teeth	
Legs edema	
Finally to Resp. center	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98258

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 649
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee E. Cummins

(a) Residence. No. 320 Park Avenue, Pocatello, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hus. of Katherine Schuhmann

6. DATE OF BIRTH (month, day, and year) December 28, 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Cleaners
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Illinois.

FATHER
13. NAME Sam Cummins
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lee E. Cummins
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Apr. 16, 1936

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Apr. 14 1936 D. O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to Apr. 12, 1936
I last saw him alive on April, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis	Chronic
Other contributory causes of importance:	
Uremia	3 days

Name of operation Amniocat Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) William A. Kerr M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98259

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 64/2
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Edwin Boyatt

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME William Boyatt
14. BIRTHPLACE (city or town) (State or country) Ewing, Indiana.

MOTHER
15. MAIDEN NAME Grace Satterfield
16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

17. INFORMANT Mrs. A. Y. Satterfield
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date April 4, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED April 3, 1936. D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to April 3, 1936
I last saw him alive on April 2 1936: death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Inspiration	March 20

Other contributory causes of importance: Transmission Same

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William E. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98260

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 648

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Ifft

(a) Residence. No. 404 South Garfield Ave., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Cauc.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

FATHER
13. NAME Nicholas Ifft
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Margaret Dietrich
16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

17. INFORMANT Nicholas Ifft
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date 4-14 1936

19. UNDERTAKER H. L. McHan
(Address) Pocatello, Idaho

20. FILED Apr 13 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 12th 1936 193

22. I HEREBY CERTIFY, That I attended deceased from April 12 1936, to April 12 1936
I last saw her alive on April 12 1936: death is said to have occurred on the date stated above, at 1:30P: m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 5 mo.	
Other contributory causes of importance: Diaphragmatic rupture	
Operation April 12 1936	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) W. A. Strickland M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98261

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 647
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Erwin Wayne Clark

(a) Residence. No. 1347 East Clark St. Pocatello, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1911.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millers-Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pocatello Mill & Elevator Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abilene, Kansas.

FATHER
13. NAME Ernest M. Clark
14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER
15. MAIDEN NAME Eva Starr
16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMANT Ernest M. Clark
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Ida. Date Apr. 12, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Apr. 10, 1936. D O'Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935, to Apr 8, 1936
I last saw him alive on Apr 2, 1936; death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 2
Other contributory causes of importance: Chronic Nephritis	Aug, '35
Rheumatic Heart Disease	Aug '35

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98262

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 645

(No. 1530 So. Arthur)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustaf A. Marks

(a) Residence. No. ..... St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Caucasian	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berika M. Marks

6. DATE OF BIRTH (month, day, and year) August 21 - 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Marks
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Christena - Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Herbert Clarence Marks
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date 4-8, 1936

19. UNDERTAKER N. L. McHan
(Address) Pocatello, Idaho

20. FILED 4/6, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1936, to Apr. 5, 1936.
I last saw him alive on Apr. 5, 1936; death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	15 min.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? History and Clinic Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William T. Heward M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98263

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 644

MAY 11 1936 RECEIVED

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia R. Lish

(a) Residence. No. 302 West Maple St. St. Pocatello, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of George T. Lish

6. DATE OF BIRTH (month, day, and year): January 6, 1850.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Re-tired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

FATHER

13. NAME: Erastus Bingham

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Olive Freeman

16. BIRTHPLACE (city or town) (State or country): New York.

17. INFORMANT (Address): Mrs. Ida Cutler, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date Apr. 9, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Apr. 7, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to April 4, 1936
I last saw her alive on April 4, 1936; death is said to have occurred on the date stated above, at 3 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F.S. Miller, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98264

MAY 21 1936

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 641

(No. 942 W. Fremont St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jamie Emma Baugh

(a) Residence. No. 942 West Fremont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	Cauc.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Craig J. Baugh

6. DATE OF BIRTH (month, day and year): March 27, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Washington D. C.

FATHER

13. NAME: Wm. C. Crandall

14. BIRTHPLACE (city or town) (State or country): Washington D. C.

MOTHER

15. MAIDEN NAME: Emma Eaton

16. BIRTHPLACE (city or town) (State or country): Washington D. C.

17. INFORMANT: Mrs. D. D. Bracken
(Address) 942 W. Fremont, Pocatello Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: 4-5, 1936

19. UNDERTAKER: H L McHan
(Address) 217 So Arthur St. Pocatello Ida.

20. FILED 4-3, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936, to April 1, 1936
I last saw h.er alive on April 1, 1936: death is said to have occurred on the date stated above, at 3.15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1936

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation: ——— Date of: ———
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98265
State File No.

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 640

(No. 41)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mercedes Hood Apperson

(a) Residence. No. 554 S. Seventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W.

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME John Hood

14. BIRTHPLACE (city or town) (State or country) Mason City Ill.

MOTHER

15. MAIDEN NAME Ella Coffey

16. BIRTHPLACE (city or town) (State or country) Nebraska Ill

17. INFORMANT (Address) Mrs. John Hood 554 S. Seventh

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Apr. 3, 1936

19. UNDERTAKER (Address) Dunard's Funeral Home Pocatello, Idaho

20. FILED 4-3, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 193 6, to Apr 1, 193 6

I last saw h[illegible] alive on Mar 31, 1936: death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
"General Strep" infection	about Mar 18 '36
Septicaemia	
Other contributory causes of importance: General Septicaemia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Iverson M. D.
(Address) Poc. Idaho

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98266

PLACE OF DEATH
County of Bannock
City of Lava

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 24

(No.) 1610
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Grayson Thomas Welker

(a) Residence. No. (Usual place of abode) Chatter St. Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 18 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Chatter Idaho
(State or country)

FATHER

13. NAME Ray Welker

14. BIRTHPLACE (city or town) Bloomington Idaho
(State or country)

MOTHER

15. MAIDEN NAME Letha Jones

16. BIRTHPLACE (city or town) Mound Valley Idaho
(State or country)

17. INFORMENT Ray Welker
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mound Valley Date Apr. 19, 1936

19. UNDERTAKER none
(Address)

20. FILED 5-3-, 1936 Mrs. G. G. Fisk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to Apr. 18, 1936
I last saw him alive on Apr. 18, 1936; death is said to have occurred on the date stated above, at 1.00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Intracranial Pressure	Apr 18
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. S. Bowlsmaster, M. D.
(Address) Lava Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. MAY 6 1936 RECEIVED

CERTIFICATE OF DEATH

Registrar's District No. 84

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock — Primary Registration District No. 2161 — File No. 98267

City of Lava Hot Springs, ... St.) — Registered No. 25

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Donna Darling Madill

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Married~~

6. DATE OF BIRTH: Aug (Month) 13 (Day) 1890 (Year)

7. AGE: 45 Yrs. 8 Mos. 15 ds.

IF LESS than 1 day: how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): Own Home

9. BIRTHPLACE (State or Country): Rock Springs Wyo.

10. NAME OF FATHER: George N. Darling

11. BIRTHPLACE OF FATHER (State or Country): Astoria Ill.

12. MAIDEN NAME OF MOTHER: Katherine Toler

13. BIRTHPLACE OF MOTHER (State or Country): Astoria Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. C. Madill
(Address) Pocatello Idaho

15. Filed Apr-29 1936 — Mrs. G. G. Fet, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 28 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1936 to April 28 1936 that I last saw her alive on April 28 1936 and that death occurred on the date stated above, at 3:45 P. M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis.

(Duration) ..... Yrs. 3 mos. ..... ds.

Contributory (Secondary) Myo-cardial

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) C. A. Rich, M. D.

4-28 1936 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 14 days. In the State 2 yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Unknown

Former or usual residence Pocatello Idaho.

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Denver Colo. — DATE OF BURIAL: Apr. 30 1936

20. UNDERTAKER: L. L. McHan — ADDRESS: Pocatello Idaho

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Bloomington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 10

DO NOT WRITE IN THIS SPACE
State File No. 98270

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alma Findley Sr.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mae Findley

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or min.
77	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Hugh Findley
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Alma Findley Jr. Bloomington Ida

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Date April 29, 1936

19. UNDERTAKER (Address) John Hulme Bloomington Ida

20. FILED May 2, 1936 Mrs. Beulah Hess. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 27, 1936
I last saw him alive on April 26, 1936: death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cerrhosis Liver	
Apoplexy - right	3 days
Stasis Bowel	5 days
Pulmonary edema	1 day

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 .
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C O Moore, M. D.
(Address) Paris Ida

MAY 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Jensen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98271

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 21

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philip Henry Kleemann

(a) Residence. No. St. Jensen Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda S. Kleemann

6. DATE OF BIRTH (month, day, and year) Nov. 15 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Funeral

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Kleemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Matilda S. Kleemann Jensen Idaho.

18. BURIAL, CREMATION OR REMOVAL Burial Place Sandus Ida. Date May 1, 1936

19. UNDERTAKER (Address) Stapleigh Funeral Home St. Maries Ida.

20. FILED May 9, 1936. Esther Doberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to Apr. 29, 1936.

I last saw him alive on Apr. 29 1936; death is said to have occurred on the date stated above, at 6:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	
Endocarditis - mitral and aortic	

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Otto C. Katt, M. D.

(Address) St. Maries Idaho

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98272

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Olive Smith

(a) Residence. No. 4th & Main St. St. St. Maries Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. N. Smith.

6. DATE OF BIRTH (month, day, and year) Oct. 20 - 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

13. NAME Sara Belt

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME John Blowers

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) H. N. Smith St. Maries Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Burial Place St. Maries Ida. Date 4/11..., 1936

19. UNDERTAKER (Address) Stepish Funeral Home St. Maries Ida.

20. FILED May 7., 1936 Walter Loberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July ....., 1935, to Apr. 9th, 1936.
I last saw her alive on Apr. 8 1936: death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	1934

Other **contributory causes** of importance:

Had been a victim of senile dementia the past 2 or 3 years	1933?

Name of operation None Date of ....
What test confirmed diagnosis Clinical Was an autopsy no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl Ohms, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 12 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Plummer R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98273

Registration District No. 46
Primary Registration District No. 2123 Local Registrar's No. 28

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Jane Entman

(a) Residence. No. .... Plummer, Idaho St. R.F.D. 2 0 2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 10 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Spokane (State or country) Wn

FATHER
13. NAME Arthur Entman
14. BIRTHPLACE (city or town) Spokane (State or country) Wn

MOTHER
15. MAIDEN NAME Martha Paulet
16. BIRTHPLACE (city or town) ? (State or country) Germany

17. INFORMANT Mrs Arthur Entman (Address) Plummer, Ida R.F.D.

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Fairfield Wn Date 4-23 1936

19. UNDERTAKER Yaeger Funeral Home (Address) Fairfield Wn

20. FILED Apr 28 1936 Freda Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 ..., 1936, to April 21 ..., 1936.
I last saw her alive on April 20 1936; death is said to have occurred on the date stated above, at 3 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tonatic obstruction of Pylorus of Stomach	

Other **contributory causes** of importance:

Name of operation No Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury Fell against sink faucet
Nature of injury Bruised intestines & Stomach

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
(Signed) W. J. Abegglen M.D.
(Address) Tekoa Wash.

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98274

PLACE OF DEATH
County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 18
(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alonzo Harrison Somes

(a) Residence. No. Mrs. Adams - on 3rd St. St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Steve Fest
6. DATE OF BIRTH (month, day, and year): Nov. 7 - 1865
7. AGE: Years 70 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Timber Woods
10. Date deceased last worked at this occupation (mo. and yr.): Nov-1935
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): La Sure Co. Minn.

FATHER
13. NAME: Joseph Somes
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: Elizabeth Baure
16. BIRTHPLACE (city or town) (State or country): Wallgudy

17. INFORMANT (Address): Mrs. Steve Fest St. Maries Ida.
18. BURIAL, CREMATION OR REMOVAL Place: St. Maries Date: April 6 1936
19. UNDERTAKER (Address): Stapish Funeral Home St. Maries Ida.
20. FILED: May 9, 1936. Walter Koberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1935, to 4-3, 1936.
I last saw him alive on 4-2, 1936: death is said to have occurred on the date stated above, at 11 4 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	uncertain

Other **contributory causes** of importance:

Cardiac manifestations	

Name of operation: ... Date of: ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) Owen D. Pratt, M. D.
(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98275

Registration District No. I2I-R

Primary Registration District No. 2194-R

Local Registrar's No. 72

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Charles Peterson.

(a) Residence. No. Fort Hall, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Bannock	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Tendoy Peterson.

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 4-18-36

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) - - - - - - -
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hattie Tendoy Peterson
(Address) Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mission Cem. Date 4-25-, 1936

19. UNDERTAKER E. J. Peck.
(Address) Blackfoot, Idaho.

20. FILED May 3, 1936 Mrs. Walter E. Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4- 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 4- 19-, 1936, to 4-20, 1936

I last saw him alive on 4- 20, 1936: death is said to have occurred on the date stated above, at 1:24 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull- base	
Fracture of left knee,	
Fracture, compound, both legs	
Fracture left thigh,	
Wound, crushed left leg,	

Other contributory causes of importance:

Amputation left thigh, by Drs. F.A.Nelson & W. .Brothers, of Pocatello, Idaho.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:

Accident, ~~suicide~~, or ~~homicide~~? automobile Date of injury 4-19 1936

Where did injury occur? Ft. Hall, Bingham Co., Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. On Public Highway

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. F. Nelson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Firth

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98276

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn Charles Olsen

(a) Residence. No. Firth, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Firth Idaho

FATHER
13. NAME Samuel T. Olsen
14. BIRTHPLACE (city or town) (State or country) Payson Utah

MOTHER
15. MAIDEN NAME Liffie Elaine Cropley
16. BIRTHPLACE (city or town) (State or country) Lake County Florida

17. INFORMANT Samuel T. Olsen
(Address) Firth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Firth Idaho Date May 13 1936

19. UNDERTAKER Jack G. Ward
(Address) Idaho Falls Idaho

20. FILED May 8 1936 Wm. Walker Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1936, to 4-21-, 1936
I last saw him alive on 4-21-, 1936: death is said to have occurred on the date stated above, at 1-50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	4-17-36
(Non-Contagious)	
Other contributory causes of importance:	
Measles. (Red)	4-12-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edwin Cutler, M. D.
(Address) Box 86 - Shelley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98277

MAY 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 69

(No. 1010)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard D Prophet

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Prophet

6. DATE OF BIRTH (month, day, and year) March 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centerville (State or country) Utah

FATHER
13. NAME Richard Prophet
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Margarett Drinkwater
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT R B Prophet (Address)

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Rigby, Idaho Date Onarrival, 193

19. UNDERTAKER L.M.Nalder (Address) Shelley Ida

20. FILED Apr. 22, 193 6 Mrs Hattie E Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-20-36 193

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 20, 193 6
I last saw him alive on April 16, 193 6: death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar pneumonia	April 11/36
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. Lloyd Holmes, M. D.
(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98278

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 62

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

38

2. FULL NAME JOE TECANTIA

(a) Residence. No. ____ St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? 27 yrs. ___ mos. ___ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) May ------ 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ------ (State or country) Austria

FATHER

13. NAME Moritz Tecantia

14. BIRTHPLACE (city or town) ____ (State or country) no data

MOTHER

15. MAIDEN NAME Anna Bakarin

16. BIRTHPLACE (city or town) No data (State or country)

17. INFORMANT (Address) Records of State Hospital South Blackfoot Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Cem. Date Apr 29 193 6

19. UNDERTAKER C. G. Stanger
(Address)

20. FILED Apr 29 193 6 Mrs Nalen E. Hatch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 20 193 6

22. I HEREBY CERTIFY, That I attended deceased from February 20th 193 3, to April 20th 193 6

I last saw him alive on April 20th 193 6.: death is said to have occurred on the date stated above, at 12:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Leningo-encephalitis	1931

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Wasserman test and clinical symptoms Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. R. Dawe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Blackfoot

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98279

Registration District No. 121
Primary Registration District No. ~~Blackfoot~~ 1007 / Local Registrar's No. 61.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan E. Bielman 46

(a) Residence. No. 19 N. University St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	American	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of David Henry Bielman

6. DATE OF BIRTH (month, day, and year) Oct 5, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Libertyville Indiana

FATHER
13. NAME Benjamin S. Holbrook
14. BIRTHPLACE (city or town) (State or country) Brookfield N.Y.

MOTHER
15. MAIDEN NAME Susan ~~Elvira~~ Clarke
16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMANT (Address) Susan D. Bielman Ann Arbor, Mich.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Evergreen Cem. Date April 12 1936

19. UNDERTAKER (Address) E. F. Peck

20. FILED May 13, 1936 Wm. Wallace Valentine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/10 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to April 10, 1936
I last saw her alive on April 10, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of vagina	
Carcinoma of uterus	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Histological Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Cagwin, M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98280

MAY 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2164
Local Registrar's No. 59

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME LYDIA BERRY

(a) Residence. No. ____ St. Carey, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. Color or Race: WHITE
5. Single, Married, Widowed or Divorced (write the word): no data

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): no data - - 1856

7. AGE: Years 80 | Months - | Days - | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ----------
10. Date deceased last worked at this occupation (mo. and yr.): ---
11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (city or town) Madison
(State or country) Wisconsin

FATHER
13. NAME: no data
14. BIRTHPLACE (city or town) no data
(State or country)

MOTHER
15. MAIDEN NAME: no data
16. BIRTHPLACE (city or town) no data
(State or country)

17. INFORMANT: Records of State Hospital South
(Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Parsley Idaho Date on arrival, 193

19. UNDERTAKER: L. E. Harris
(Address) Hadley Mortuary

20. FILED May 9, 1936 Mrs. Valeta Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 193 4 to April 9th, 193 6
I last saw her alive on April 9th, 193 6: death is said to have occurred on the date stated above, at 3:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL ARTERIO SCHLEROSIS	March 28th 1934
Other contributory causes of importance: Acute attack of Diorrhea	April 7th 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? If so, specify ----------

(Signed) Otis R. Lowe, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98281

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 58

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. C. THOMPSON

(a) Residence. No. St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) November 10th, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation ———

12. BIRTHPLACE (city or town) ———
(State or country) New York

FATHER

13. NAME no data

14. BIRTHPLACE (city or town) no data
(State or country)

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) no data
(State or country)

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL Blackfoot Cemetery
Place Gate Hunkins Date 9 5, 1936

19. UNDERTAKER G. T. Peck
(Address) Blackfoot, Idaho

20. FILED 9 5, 1936 W. W. Hales Deputy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1st, 1935, to April 7th 1936

I last saw him alive on April 7th 1936: death is said to have occurred on the date stated above, at 7:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	At least
GENERAL ARTERIO SCHLEROSIS	before Nov 1st, 1935
GANGRENE OF RIGHT FOOT	April 1st 1936

Other contributory causes of importance:

Name of operation toe amputation Date of 4-2-36

What test confirmed diag Clinical Symptoms Autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ——— If so, specify ———

(Signed) C. L. Peck, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Kimball

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98282

MAY 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LaVern Ale Loy Gifford

(a) Residence. No. St. Kimball, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): October 17, 1923
7. AGE — Years: 12 | Months: 5 | Days: 21 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Woodville Idaho

FATHER
13. NAME: George Alvin Gifford
14. BIRTHPLACE (city or town) (State or country): Salina Utah

MOTHER
15. MAIDEN NAME: Flonnie Ellen Chaffin
16. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

17. INFORMANT: G. A. Gifford
(Address): Kimball Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Woodville Idaho Date: April 9, 1936

19. UNDERTAKER: Jack A. Wood
(Address): Idaho Falls Idaho

20. FILED: April 9, 1936 W. M. Wallace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1936, to 4-5-, 1936
I last saw h[illegible] alive on 4-5-, 1936: death is said to have occurred on the date stated above, at 6-45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Gustin, M. D.
(Address) Box 56 Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98284

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 75

MAY 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME William Hootchew

(a) Residence. No. - - - - - St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) - - - -

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT F. A. Nelson, (Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Bannock Creek Date 4- 30, 1936

19. UNDERTAKER Agency Carpenter (Address) Fort Hall, Idaho

20. FILED May 3, 1936 Wm Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 3- 23-, 1936, to 4- 26, 1936

I last saw h in alive on 4- 23-, 1936: death is said to have occurred on the date stated above, at 6: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis, chronic	
Cystitis, Chronic	
Other contributory causes of importance:	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. A. Nelson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98285

MAY 8 1936 RECEIVED

Registration District No. 121-R

Registration District No. 2194-R Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Elmer Wishwop

(a) Residence. No. - - - - - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	Shoshone	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: No wife

6. DATE OF BIRTH (month, day, and year): - - - - - 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	No record		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (mo. and yr.): 9- 1935

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): fort Hall Idaho

FATHER

13. NAME: - - Wishwop - - -

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Navawa

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. B.H. Easchief
(Address): Fort Hall, Idaho.

18. BURIAL, CREMATION OR REMOVAL -
Place: Butte Cem. Date: 4- 23-, 1936

19. UNDERTAKER: Downards Home Pocatello
(Address)

20. FILED May 3, 1936 Mrs Nelson Estelle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4- 21- 1936

22. I HEREBY CERTIFY, That I attended deceased from - - - - - , 193..., to 4- 19, 1936

I last saw him alive on 4- 19, 1936: death is said to have occurred on the date stated above, at - - - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	3 years
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) F. E. Nelson, M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98286
State File No.

MAY 8 1936 RECEIVED

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 72

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Tinno Sheepskin

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bede Sheepskin

6. DATE OF BIRTH (month, day, and year) 1878 - - - - - - - - -

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	No record		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) - - - -

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Charles Tinno

14. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

MOTHER

15. MAIDEN NAME Sapona

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bede Sheepskin
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Butte Cem. Date 4- 20, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED May 3, 1936 Wm Stalus Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4- 18- 1936

22. I HEREBY CERTIFY, That I attended deceased from - - - - - , 193..., to 4- 17- , 1936
I last saw her alive on 4-17- , 1936: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	- - -
Other contributory causes of importance: - - - -	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) L. C. Wilson, M. D.
(Address) Fort Hall, Idaho.

MAY 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98287

PLACE OF DEATH
County of Bingham
City of Firth
Registration District No. 121
Primary Registration District No. 8194
Local Registrar's No. 71
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James Dye

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dye

6. DATE OF BIRTH (month, day and year) Feb 12, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Riverdail Utah

PARENTS

10. NAME OF FATHER Richard Dye
11. BIRTHPLACE OF FATHER (city or town) (State or Country) England
12. MAIDEN NAME OF MOTHER Mary Peeke
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14. Informant James D. Dye
(Address) 538 So. Garfield, Pocatello, Ida

15. Filed May 6, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 7th 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28th 36 to April 7th 36
that I last saw him alive on Feb. 5th 36
and that death occurred, on the date stated above, at 3:05 A.M.
The CAUSE OF DEATH* was as follows:

Appoplexy

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) High Blood Pressure

(duration) yrs. one (?) mos. ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) [signature] M. D.
April 7th 1936 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or ~~Removal~~	Date of Burial
Firth, Idaho	4-12-1936
20. Undertaker Balder	Address Shelley,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98288

MAY 8 1936 RECEIVED

Registration District No. 121
Registration District No. 2194
Local Registrar's No. 69

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOE OSIER

(a) Residence. No. St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bertha E. Osier

6. DATE OF BIRTH (month, day, and year) October 2nd, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MARSEILLES (State or country) France

FATHER

13. NAME Joseph Osier

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Cem. Blackfoot Date Apr. 30 1936

19. UNDERTAKER acting L. W. Stanger (Address) Blackfoot, Idaho

20. FILED Apr. 30, 1936 Wm. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26th, 1932, to April 29th, 1936
I last saw him alive on April 29th 1936: death is said to have occurred on the date stated above, at 11:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL ARTERIO SCHLEROSIS	1932
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. K. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98289

Registration District No. 121
Registration District No. 2194
Local Registrar's No. 65

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ALTA TILDEN

(a) Residence. No. ____ St. Twin Falls
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. W. TILDEN

6. DATE OF BIRTH (month, day, and year) February 15th, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) ---------- (State or country) Kansas

FATHER
13. NAME Van Auburg
14. BIRTHPLACE (city or town) ---------- (State or country) Iowa

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) no data (State or country) No data

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Apr. 29 1936 Date Apr. 29 193 6
Doane Funeral Parlors

19. UNDERTAKER Ford Doane Jr.
(Address) Twin Falls

20. FILED Apr. 29 193 6 Wm Staley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20th, 1935, to April 28th, 1936
I last saw her alive on Apr. 28th, 1936: death is said to have occurred on the date stated above, at 6:25 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	1934

Other contributory causes of importance:

Name of operation None Date of ----
What test confirmed diagnosis? Wasserman, last & clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. R. Lauw, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98290

Registration District No. 121

MAY 8 1936 RECEIVED

Primary Registration District No. 2194

Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME (JOE) JOSE MARKS

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0yrs. 1mos. 12ds. How long in U. S., if of foreign birth 27yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	PORTUGESE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Marks

6. DATE OF BIRTH (month, day, and year) August 1st 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ------

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ------

12. BIRTHPLACE (city or town) no data (State or country) Portugal

FATHER

13. NAME no data

14. BIRTHPLACE (city or town) No data (State or country) No data

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) No data (State or country) No data

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Fresno City Cemetery Date April 25 1936

19. UNDERTAKER E. T. Peoples (Address) Blackfoot Idaho

20. FILED Apr. 25 1936 Wm. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1936, to April 23rd, 1936
I last saw him alive on April 23rd 1936: death is said to have occurred on the date stated above, at 9:50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL ARTERIO SCHLEROSIS	1931
CHRONIC MYOCARDITIS	

Other contributory causes of importance: ------

Name of operation None Date of ----
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? ------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ------
Manner of injury ------
Nature of injury ------

24. Was disease or injury in any way related to occupation of deceased? ------ If so, specify ------

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley, Ida

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9829I

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bangta "Hokanson" Ingelstrom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lars John Ingelstrom

6. DATE OF BIRTH (month, day, and year) Oct. 5, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6~~m~~	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME Sven Hokanson

14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMANT J. E. Ingelstrom (Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelly, Ida Date 4-26-, 193 6

19. UNDERTAKER L. M. Nalder (Address) Shelley, Idaho

20. FILED Apr. 25 193 6 Mrs. Walter Nalder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 6 193

22. I HEREBY CERTIFY, That I attended deceased from 0, 193..., to 0, 193...
I last saw h/i/ alive on /////////, 193...: death is said to have occurred on the date stated above, at Approx. 6a m.
The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral hemorrhage.	Same.
(This person was found dead in bed)	
Other contributory causes of importance:	
Known to have had;	
Arteriosclerosis,	
Hypertension.	

Name of operation None. Date of .....
What test confirmed diagnosis? no Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No marks of violence.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Lloyd Sahlen M. D.
(Address) Shelley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 8 1936 RECEIVED

PLACE OF DEATH

County of Bingham

City of Blackfoot.

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98292
State File No.

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 55

(If death occurred in hospital or institution, give its name instead of street and number) McMillan Hospital

2. FULL NAME William Junior Taylor

(a) Residence. No. 1000 St. Pingree
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1934

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
1	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot Ida.
(State or country)

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Gertrude Hayes

16. BIRTHPLACE (city or town) Caprey Oklahoma
(State or country)

17. INFORMANT William Taylor
(Address) Pingree, Ida.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Arco, Ida. Date April 7, 1936

19. UNDERTAKER John C. Landyer
(Address) Blackfoot Ida

20. FILED Apr 6, 1936 W. M. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936, to Apr 4, 1936

I last saw him alive on Apr 4, 1936; death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4-1-36
Other contributory causes of importance: Bad cold with Bronchitis	3-21-36

Name of operation / Date of /

What test confirmed diagnosis? / Was there an autopsy? /

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley

MAY 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98293

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Connie May Barrows

(a) Residence. No. Basalt St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Basalt
(State or country) Idaho

FATHER

13. NAME Francis Leo Barrows

14. BIRTHPLACE (city or town) Charlston
(State or country) Utah

MOTHER

15. MAIDEN NAME Vessie Viola Landon

16. BIRTHPLACE (city or town) Mendon
(State or country) Utah

17. INFORMANT Francis Barrows
(Address) Basalt Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date 4-28-36, 193..

19. UNDERTAKER L.M.Nalder
(Address) Shelley, Idaho

20. FILED Apr 2, 1936 M.M. Nalder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 26, 1936

I last saw her alive on April 26, 1936, 10:30 a.m. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	4/1/36.
Malnutrition.	
Other contributory causes of importance: Patent foramen ovale.	

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Lloyd Schiess, M. D.
(Address) Shelley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Basalt

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98294

Registration District No. 121

MAY 6 1936 RECEIVED

Primary Registration District No. 2194 Local Registrar's No. 60

1610

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Jay Barrows

(a) Residence. No. Basalt, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) April 1/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Basalt
(State or country) Idaho

FATHER

13. NAME Francis Leo Barrows

14. BIRTHPLACE (city or town) Charleston
(State or country) Utah

MOTHER

15. MAIDEN NAME Vessie V. Landon

16. BIRTHPLACE (city or town) Mendon
(State or country) Utah

17. INFORMANT Francis Barrows
(Address) Basalt Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Date 4-11, 193 6

19. UNDERTAKER Shelley Mortuary
(Address) Shelley Idaho

20. FILED April 11, 193 6 Mrs Valeria Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 10, 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 1, 193 6, to April 10, 193 6

I last saw him alive on April 10, 193 6; death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Other contributory causes of importance:	
Inanition.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. Floyd Scherer, M. D.
(Address) Shelley, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instruction on back of certificate.

[illegible] 24 1936 RECEIVED [illegible]

1. PLACE OF DEATH DEPARTMENT OF PUBLIC [illegible]

County of [illegible]

City of Bandurea Registration District No. 14

Primary Registration District No. 2151 Local Registrar's No. 2

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ellen Jewett

(a) Residence. No. Grand Ave. Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Jewett

6. DATE OF BIRTH (month, day, and year) 9-12-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Yates

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Harry Jewett Grand Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bruneau Date 3-29, 1936

19. UNDERTAKER Bruneau Funeral Home (Address) Mountain Home, Ida.

20. FILED Apr. 23, 1936 Alice C. Erkenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1936, to 3-27, 1936

I last saw her alive on 3-21, 1936: death is said to have occurred on the date stated above, at 10.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	3-22-36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Evans, M. D.

(Address) Mtn. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38296

MAY 4 1936 RECEIVED

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 7

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oral Alfred Carlile

(a) Residence. No. ____ St. Pingree
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Park City, (State or country) Utah

FATHER
13. NAME Alfred L. Carlile
14. BIRTHPLACE (city or town) Heber City (State or country) Utah

MOTHER
15. MAIDEN NAME Jane Neil
16. BIRTHPLACE (city or town) Heber City (State or country) Utah

17. INFORMANT Mrs. Ben Caldwell (Address) Pingree Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date April 21, 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot, Ida.

20. FILED Apr 22 1936 Endorsement ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Kicked by horse on head, Fracture of skull with concussion of brain, caused at times, Convulsions	4-1-36
Other contributory causes of importance: Complete fire-complete destruction of home	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 4/1/193 6
Where did injury occur? Bingham Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Farm
Manner of injury Kicked by horse on head by horse
Nature of injury Fracture of skull Complete fire

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. O. Sharp M. D.
(Address) Blackfoot Ida
County Physician

MAY 4 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98297

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 6

(No. Farm Home near Aberdeen, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha C. Kachelries

(a) Residence. No. Aberdeen, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Kachelries

6. DATE OF BIRTH (month, day, and year) February 18, 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) ...Now...

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Josia Zerbe

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Sarah Heitzman

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Sara K. Emerson
(Address) 4447 Norton, Hollywood, Cal

18. BURIAL, CREMATION OR REMOVAL
Place. Alma, Nebraska Date. apr. 19 1936

19. UNDERTAKER A. W. Davis
(Address) American Falls, Ida.

20. FILED 4/16, 1936. Mamie Kamm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 6, to Apr 13, 1936, 193...
I last saw her alive on Apr 13 1936; death is said to have occurred on the date stated above, at 11:30 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Melitus	1931
Arterian Sclerosis	1933
Coronary Thrombosis	4-9-1936

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) M. D.
(Address) Aberdeen, Idaho

MAY 4 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98298

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Nicholas Lewthwaite

(a) Residence. No. ..... St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 30 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bessie Edyvean Lewthwaite

6. DATE OF BIRTH (month, day, and year): February 11, 1878

7. AGE: Years 56 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1931

11. Total time (years) spent in this occupation: 25

FATHER

12. BIRTHPLACE (city or town) (State or country): Egremont, England

13. NAME: Robert Lewthwaite

MOTHER

14. BIRTHPLACE (city or town) (State or country): Egremont, England

15. MAIDEN NAME: Mary Martindale

16. BIRTHPLACE (city or town) (State or country): Egremont, England

17. INFORMANT (Address): [illegible] Aberdeen, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Aberdeen (IOOF) Date: 4-24-36

19. UNDERTAKER (Address): A W Davis, American Falls, Idaho

20. FILED: 4-24-36 193... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-21- 193 6

22. I HEREBY CERTIFY, That I attended deceased from ...4-21-36..., 193..., to ....4-21-36.., 193....
I last saw h.. im alive on 4-21-36 193...: death is said to have occurred on the date stated above, at 11:55 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	10 years
Myocarditis	5 years
Other **contributory causes** of importance:	

Name of operation: none Date of:

What test confirmed diagnosis: clinical Was there an autopsy?: no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) [illegible] M. D.

(Address) Aberdeen, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98299

PLACE OF DEATH

County of Bingham

City of Aberdeen

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Bartholoma

90

(a) Residence. No. ..... St. Aberdeen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) May 14, 1904

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 15

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Haigler
(State or country) Nebraska

MOTHER / FATHER

13. NAME Peter Bartholoma

14. BIRTHPLACE (city or town) .....
(State or country) Russia

MOTHER

15. MAIDEN NAME Anna Ffoehling

16. BIRTHPLACE (city or town) .....
(State or country) Russia

17. INFORMANT John Neer
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place American Falls, Ida Date 5-1, 193 6

19. UNDERTAKER E T Peck
(Address) Blackfoot, Idaho

20. FILED 4-30-, 193 6 M. C. MacKinnon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-27- 193 6

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 193 6, to Apr. 27, 193 6
I last saw him alive on Apr. 27, 1936; death is said to have occurred on the date stated above, at 2:15P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Myo-and Endocarditis	1916
Aortic Insufficiency	1916

Other **contributory causes** of importance:

Name of operation none Date of --

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. C. MacKinnon M. D.
(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham E On R

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98300

MAY 6 1936 RECEIVED

Registration District No. I2i*R

Primary Registration District No. 2I94-R

Local Registrar's No. 76

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Fred Clay Nephi.

(a) Residence. No. Fort Hall, - - St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone F.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 2- I3- I9I8

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I7	8	I3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Slim Nephi

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Flossie Use

16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMANT Slim Nephi
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cedars Cem. Date 5- 3-, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED May 3, 1936 Mrs Hales Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-30- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4- I3-, 1936, to 4- 20, 1936

I last saw him alive on 4- 20-, 1936: death is said to have occurred on the date stated above, at I2. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yesrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. C. Nelson, M. D.

(Address) Fort Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE
DEPARTMENT O[illegible] WELFARE
BUREAU OF V[illegible] STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98301
State File No.....

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 15

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)
(If nonresident give city or town and state)

2. FULL NAME Ernest Theodore Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1873

7. AGE — Years: 63 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): April 5, 1936
11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Wadegnas! Fagerhult, Sweden

FATHER
13. NAME: John Jacobson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Peterson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Gust L. Johnson R.F.D. 1, Box 492 Petaluma Calif.

18. BURIAL, CREMATION OR REMOVAL
Place: City Plot Date: 4-27 1936

19. UNDERTAKER (Address): L. L. Harris Hailey Idaho

20. FILED 4-27 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1936, to 4-25, 1936.
I last saw him alive on 4-25, 1936; death is said to have occurred on the date stated above, at 11.20 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-17-36
Other **contributory causes** of importance: Pulmonary tuberculosis	2 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Miners Consumption

(Signed) Robert H. Wright, M. D.
(Address) Hailey Idaho

MAR 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98302

PLACE OF DEATH

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Montgomery

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Montgomery

6. DATE OF BIRTH (month, day, and year): Aug 30 - 1848

7. AGE: Years 87 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): London England

FATHER

13. NAME: Alexander Montgomery
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Jane Chapman
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Lela Montgomery

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place City Plot Date Apr 25 1936

19. UNDERTAKER (Address): H. Harris Hailey Ida

20. FILED 5-1-1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22-, 1936., to 4-23-, 1936.
I last saw him alive on 4-14-36, 1936.: death is said to have occurred on the date stated above, at 4:15 pm
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	
	2 days

Other **contributory causes** of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Robert H. Wright M. D.
(Address) Hailey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98303

PLACE OF DEATH
County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Weber Died

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day and year): Feb 22 - 1846
7. AGE — Years: 90 | Months: 1 | Days: 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stock Raiser
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 50 years

12. BIRTHPLACE (city or town) (State or country): Canal Mouth Ohio

FATHER
13. NAME: ✓
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Wagonett
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Kirwan H. Baldwin Boise

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Masonic Cem Date: Apr 17 1936

19. UNDERTAKER (Address): A. H. Evans Hailey Idaho

20. FILED 5-1, 1936 C. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12 noon m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	4-14-36
Other **contributory causes** of importance:	
Senility	

Name of operation: no Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. D. Rice M. D.
(Address) Hailey Idaho

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 6 1936 RECEIVED

Dr Dice

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98304

PLACE OF DEATH

County of Blaine

City of Picabo

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary M. Tipton 91

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Tipton

6. DATE OF BIRTH (month, day, and year): Oct 6 1844

7. AGE: Years 91 | Months 6 | Days 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Rutford County Tenn

MOTHER FATHER

13. NAME: Presley Blankenships

14. BIRTHPLACE (city or town) (State or country): Tenn -

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): Tenn -

17. INFORMANT (Address): J. C. Tipton Picabo Ida

18. BURIAL, CREMATION OR REMOVAL
Place Picabo Date Apr 15 1936

19. UNDERTAKER (Address): L. J. Harris Hailey Idg.

20. FILED 5-1, 1936 R. F. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10., 1936., to ....., 193....

I last saw her alive on Feb. 10., 1936.; death is said to have occurred on the date stated above, at 5:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Aortic Stenosis	
Cardiac Failure	1900

Other **contributory causes** of importance:

Name of operation none. Date of....

What test confirmed diagnosis?.... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... more so, specify

(Signed) W. D. Dice M. D.

(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98306

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 2 39

MAY 11 1936

(If death occurred in a hospital or institution, give its name instead of street and number) No. Page Hospital

2. FULL NAME Lillian Jane Montague

(a) Residence. No. N. 83 Boyer Ave St. 101

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 31, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint, Ida.

FATHER

13. NAME Ruben H. Montague

14. BIRTHPLACE (city or town) (State or country) Cairo Mich.

MOTHER

15. MAIDEN NAME Florence Lauderdahl

16. BIRTHPLACE (city or town) (State or country) Watertown South Dak.

17. INFORMANT Mrs. Florence Montague
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint, Idaho Date May 2, 1936

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho.

20. FILED May 3, 1936 W. F. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 30, 1936.
I last saw her alive on April 30, 1936; death is said to have occurred on the date stated above, at 9-30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	April 28

Other contributory causes of importance:

Strangulated inguinal hernia gangrenous with perforated loop

Name of operation reduction + resection Date of

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Fagg M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98307

Registration District No.

MAY 11 1936 RECEIVED

Primary Registration District No. Local Registrar's No. 298

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto B Breeden

(a) Residence. No. 213 S Second St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1858

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
78	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** woodworker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME B B Breeden

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Ruby Smyth
(Address) Sandpoint

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 4/27/1936

19. UNDERTAKER Tunnell Co
(Address) Sandpoint

20. FILED April 23 1936 O. B. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5th 1936, to April 21 1936.

I last saw him alive on April 20 1936; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1933

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Evans, M. D.
(Address) Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bennett

City of Midvale / Broten

MAY 11 1936 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98308

Registration District No. 78

Primary Registration District No. 2155 — Local Registrar's No. 236

(No. Rural)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mary C. Gresham

(a) Residence. No. ____ St. Rural

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. R. Gresham

6. DATE OF BIRTH (month, day, and year) Feb. 17 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Roseland Indiana

FATHER

13. NAME Samuel Replogle

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Pitser

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Wm. R. Gresham Broten Ida.

18. BURIAL, CREMATION OR REMOVAL Broten Cem

Place Broten, Ida. Date Apr. 18, 1936

19. UNDERTAKER Laurence G. Moon (Address) Sandpoint Idaho

20. FILED April 17, 1936 V. D. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~for many years~~ 193__, to April 16, 1936

I last saw ~~her~~ alive on April 16, 1936.: death is said to have occurred on the date stated above, at 7:50 P. m.

The principal cause of death and related causes of importance were as follows: Arterio Cardio Renal disease — Date of onset July 1933

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) L. P. Stackhouse, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98309

Registration District No. 78

MAY 11 1936 RECEIVED

Primary Registration District No. 2155 Local Registrar's No. 294

(No. Jefferson & March)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jill Alicia Shaffer

(a) Residence. No. Jefferson & March St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1936

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Colome So. Dakota

FATHER

13. NAME Jesse A. Shaffer

14. BIRTHPLACE (city or town) (State or country) Unknown Neb.

MOTHER

15. MAIDEN NAME Catherine M. Walker

16. BIRTHPLACE (city or town) (State or country) Spencer Neb.

17. INFORMANT (Address) Jesse A. Shaffer Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Apr. 11, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED May 1, 1936 Dr. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1936, to Apr 8, 1936.
I last saw her alive on Apr 8, 1936: death is said to have occurred on the date stated above, at 10 45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia "Flu"	Apr 8 1936
Other contributory causes of importance:	
Septic sore throat	Apr 4 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Rudle, M. D.
(Address) Sandpoint, Idaho

NOTICE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98310
State File No.

Registration District No. 78

MAY 11 1936 RECEIVED

Primary Registration District No. 2165 Local Registrar's No. 234

1. (a) Residence. No. 604 Jefferson St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty H. Miller

(a) Residence. No. 604 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: O. C. Miller

6. DATE OF BIRTH (month, day, and year): March 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): April 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dixon Ill.

MOTHER FATHER

13. NAME: William Otto

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Happer

16. BIRTHPLACE (city or town) (State or country): Richfield Wis.

17. INFORMANT (Address): Harold Miller Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL: Pine Crest Cem
Place Sandpoint, Idaho. Date April 6, 1936

19. UNDERTAKER (Address): L. H. Mason Sandpoint Ida

20. FILED May 1, 1936 Wm. F. Evans M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935, to Apr 2, 1936
I last saw h[illegible] alive on March 1, 1936: death is said to have occurred on the date stated above, at 7.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Apr 2
expired in few hours	1936
Other contributory causes of importance:	
Chronic nephritis and	1934
Hypertension	

Name of operation: no Date of:
What test confirmed diagnosis? Coroner Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm F Tyler M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98312

MAY 7 1936 RECEIVED

Registration District No. 80
Primary Registration District No. 2751
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vesta Harriet Hazen Montague

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvy J. Montague

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chesdan
(State or country) Ohio

FATHER
13. NAME George Hazen
14. BIRTHPLACE (city or town) Munson
(State or country) Ohio

MOTHER
15. MAIDEN NAME Alice Woodard
16. BIRTHPLACE (city or town) Munson
(State or country) Ohio

17. INFORMANT Alvy Montague
(Address) Clarkfork Idaho

18. BURIAL, CREMATION OR REMOVAL Clarkfork Cem
Place Clarkfork, Ida. Date Apr 19, 1936

19. UNDERTAKER L G Mayo
(Address) Sandpoint Ida

20. FILED 4-21, 1936 Orville Lorenz
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Apr 17, 1936
I last saw her alive on Apr 11, 1936: death is said to have occurred on the date stated above, at 1:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma	1935
Other contributory causes of importance:	

Name of operation None Date of -
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm H. Tyler, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98313

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 233

MAY 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosella Wendt

(a) Residence. No. 1307 Cedar St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. M. Wendt.

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Escanaba Michigan

FATHER
13. NAME Dennie Derocher
14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER
15. MAIDEN NAME Louise Trudell
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) W. M. Wendt Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Pinecrest
Place Sandpoint Ida Date Apr. 4, 1936

19. UNDERTAKER L. G. Mason
(Address) Sandpoint Idaho

20. FILED May 1, 1936 Dr. F. B. Evans M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Apr. 1, 1936
I last saw h[illegible] alive on Mch 30, 1936: death is said to have occurred on the date stated above, at 7 30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1932
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) Wm F. Tyler M. D.
(Address) Sandpoint Idaho

77

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98314
State File No.

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 229

APR 1 0 1936

(No. PARNELL HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME RICHARD HAMMOND

(a) Residence. No. West Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Conn. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Vermont (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Conn. (State or country)

17. INFORMANT L. G. Moon
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Mar 19, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Apr. 1, 1936 Dr. F. B. Evans M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1936, to March 16, 1936

I last saw h alive on March 15, 1936: death is said to have occurred on the date stated above, at 5:00p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured tibia in a full	March 1936
Other contributory causes of importance: Emphysema	March 10-1936
Lobar Pneumonia	March 12-1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 6, 1936
Where did injury occur? Sandpoint
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Fell from roof
Nature of injury Fracture of tibia (left)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. B. Evans, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH 1936 REGISTERED

DO NOT WRITE IN THIS SPACE
State File No. 98315

County of Bonner
City of Priest River
Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 10-36

(No. Nordman Route)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME Ralph R. Setzer

(a) Residence. No. same St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	36	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ———

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington.
(State or country)

FATHER

13. NAME Charles Setzer

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Bertha Benham

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMENT (Address) Mrs. Bertha G. Setzer Chewelah, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Rockford, Wash. Date 4/23/36 193

19. UNDERTAKER (Address) Hazen & Jaeger Spokane, Washington

20. FILED April 21, 1936 Ben L. Rolf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1936, to Apr. 20, 1936.
I last saw him alive on April 20, 1936; death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar pneumonia	10 days
Other contributory causes of importance:	
Arthritis deformans	20 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold J. Peterson M. D.
(Address) W. 12-9th Av., Spokane

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98316

PLACE OF DEATH
County of Bonner
City of PRIEST RIVER IDA

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 9-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lauretta Merie Pagnotta

31

(a) Residence. No. PRIEST RIVER IDA St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Italian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) PRIEST RIVER IDA

MOTHER FATHER

13. NAME Frank Pagnotta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Fomnica Silvagni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Pagnotta
(Address) PRIEST RIVER IDA

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place PRIEST RIVER IDA Date April 11, 1936

19. UNDERTAKER L. E. Moon
(Address) PRIEST RIVER IDA

20. FILED April 11, 1936 Bruce Ross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1932, to April 8, 1936.
I last saw h.. alive on April 6, 1936.: death is said to have occurred on the date stated above, at 7:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	October 1932
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold C. Lowery, M. D.
(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PRIEST RIVER IDA

PRIEST RIVER IDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98318

MAY 7 1936 RECEIVED

Registration District No. 3
Primary Registration District No. 2-1-c
Local Registrar's No. 72

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Spencer Hospital)

1882

2. FULL NAME Earl Marvin Walstrom

(a) Residence. No. Idaho Falls St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 25 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Victor Walstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Pearl Moody
16. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

17. INFORMANT (Address) Mrs. Pearl Walstrom Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Date 4-20, 1936

19. UNDERTAKER W. F. McFarland
(Address) Idaho Falls Ida

20. Filed May 14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-16 1936.

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to April 16, 1936
I last saw him alive on April 16, 1936: death is said to have occurred on the date stated above, at 11:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accident- Head crushed by a tractor	
Other contributory causes of importance:	

Name of operation ~~None~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? yes Date of injury 4/16, 1936
Where did injury occur? Country
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Not known
Manner of injury Run over by tractor
Nature of injury Head crushed,

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98320

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 21-2
Local Registrar's No. 76
(No. 161 W ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature

(a) Residence. No. ... St. ...
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 4/23/36 Infant
7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): L.D.S. Hospital Idaho Falls, Idaho

MOTHER/FATHER
13. NAME: Alton R. Howell
14. BIRTHPLACE (city or town) (State or country): Walnut Pennsylvania
15. MAIDEN NAME: Leora Patten
16. BIRTHPLACE (city or town) (State or country): Oklahoma
17. INFORMANT (Address): Alton R. Howell
18. BURIAL, CREMATION OR REMOVAL: Place. Dale Bates est. Date 4/23, 1936
19. UNDERTAKER (Address): None
20. FILED 4/23, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/23 1936
22. I HEREBY CERTIFY, That I attended deceased from 4/22/36, 193..., to 4/23/36 193...
I last saw h... alive on 4/23/36 193...: death is said to have occurred on the date stated above, at ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	4/23/36
5th month	

Other **contributory causes** of importance: None

Name of operation None Date of...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) H. O. Guy M.D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98323

Registration District No. 77
Primary Registration District No. 7710

Local Registrar's No. 78

106

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Frankle Sherer

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ile Butte Iowa

FATHER
13. NAME Alfred Sherer
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME Elvaira Bell
16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT (Address) Jack Sherer Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date April 25 193 6

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Apl 27, 193 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 21, 193 6 to April 23, 193 6
I last saw him alive on April 23, 193 6: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embole	
Rupt Gastric ulcer	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. Sherer, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98323

Registration District No. 73
MAY 7 1936 REGISTERED Primary Registration District No. 2150 Local Registrar's No. 79
(No. U. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Nelson

(a) Residence. No. Idaho Falls, Rt # 5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Nelson

6. DATE OF BIRTH (month, day, and year) Sept 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME ? Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Mary Nelson
(Address) Idaho Falls Rt # 5

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date April 26 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Apr. 28, 1936 Wm Kinnaird Registrar.
per R. Hungerford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 23, 1936.
[last saw him alive on April 23, 1936: death is said to have occurred on the date stated above, at 12-15 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Gastro Ulcer	
Myocarditis	
Other contributory causes of importance:	
Chronic Prostatitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. P. Bodmyer M. D.
(Address) Idaho Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98324

MAY 7 1936 RECEIVED

Registration District No. 13

Primary Registration District No. 2140 Local Registrar's No. 80

(No. 90 Highland Park Ward, Carl Homer)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Soren Peterson

(a) Residence. No. Cor. Jefferson & Elva. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Lottie Peterson

6. DATE OF BIRTH (month, day, and year): Feb 16 1870

7. AGE: Years 66. Months 7 Days If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark.

FATHER

13. NAME: Christian Peterson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Christena Jensen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs Lottie Peterson Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls Ida Date: May 4, 1936

Hagen Mortuary by C C Hagen

19. UNDERTAKER (Address): Idaho Falls Ida

20. FILED: May 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1936, to Apr. 30, 1936.

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at 10. p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute heart attack	

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?... If so, specify

(Signed) G. C. Kupferle M. D. M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98325
State File No.

Registration District No. 73
1936 RECEIVED
Primary Registration District No. 2159 Local Registrar's No. 81
No. I. F. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME Herbert Jay Scoresby
(a) Residence. No. Dona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Clifford Scoresby
14. BIRTHPLACE (city or town) (State or country) Australia

MOTHER
15. MAIDEN NAME Johanna Jurgmon
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Clifford Scoresby

18. BURIAL, CREMATION OR REMOVAL
Place Dona, Idaho Date April 30 1936

19. UNDERTAKER Fred A. Wood
(Address) Idaho Falls, Idaho

20. FILED May 2, 1936 Wm Kinnaird
per RMH. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 28, 1936
I last saw him alive on apr 28, 1936; death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Depressed Fracture of Skull, Accidental, kick by horse	Apr 20
Other contributory causes of importance: Cerebral Abscess	April 25
Cerebral Meningitis	apr 26

Name of operation Trimmed Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury April 20 1936
Where did injury occur? Dona Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Kicked by horse
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98326

MAY 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 75
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peggy Marie Nebel
(a) Residence. No. Idaho Falls, R.F.D. #2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

10-10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poplar (State or country) Idaho

FATHER
13. NAME John F. Nebel
14. BIRTHPLACE (city or town) Afton (State or country) Wyo.

MOTHER
15. MAIDEN NAME Delhia Crow
16. BIRTHPLACE (city or town) Ammon (State or country) Idaho

17. INFORMANT John F. Nebel (Address) Idaho Falls, R.F.D. #2

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date April 23 1936

19. UNDERTAKER Jack A. Stood (Address)

20. FILED Apr 29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to April 21, 1936.
I last saw her alive on April 21, 1936: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 15-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Gilbert M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98327

Registration District No. 13
Primary Registration District No. 2142 Local Registrar's No. 74
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cathie Elizabeth Carter

(a) Residence. No. 541 North Capital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bert Carter

6. DATE OF BIRTH (month, day, and year) October 3, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lehi, Utah
(State or country)

MOTHER, FATHER
13. NAME Alfred Empey
14. BIRTHPLACE (city or town) England
(State or country)
15. MAIDEN NAME Maria Lewis
16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT Mrs. Earl Powers
(Address) 541 North Capital

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date April 22, 1936

19. UNDERTAKER Dick A. Hood
(Address) Idaho Falls, Idaho

20. Filed April 21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to April 19, 1936
I last saw her alive on April 4/18, 1936: death is said to have occurred on the date stated above, at 12 45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with Metastasis	April 1935
Other contributory causes of importance:	
Hypostatic pneumonia	April 15-1936
Edema	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H B Woodley, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 7 1936 RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98328

Registration District No. 73

Primary Registration District No. 2107

Local Registrar's No. 71

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theobald Heer.

(a) Residence. No. R.D. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maria Heer.

6. DATE OF BIRTH (month, day, and year) May 15 1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Laborer. Livery Stable operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Fall 1935

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Spangfeld. Russia.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Julia Anna.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT (Address) John Heer Kendrick Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 4-19, 1936

19. UNDERTAKER V. F. McCann
(Address) Idaho Falls. Idaho.

20. FILED May 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-16 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas (face)	April 7 1936
Other contributory causes of importance: Chronic Myocarditis	1932 or before

Name of operation None Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) John Heer M.D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98329
State File No.

Registration District No. 73
Primary Registration District No. 2130 Local Registrar's No. 70
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Nyle Henning
(a) Residence. No. St. Iona, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1		14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Nyle Henning
14. BIRTHPLACE (city or town) Iona
(State or country) Idaho

MOTHER
15. MAIDEN NAME Afton Cook
16. BIRTHPLACE (city or town) Logan
(State or country) Utah

17. INFORMANT Nyle Henning
(Address) Idaho Falls Rt #1

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date April 13, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. Filed Apr 14, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1936, to Apr. 11, 1936
I last saw h..... alive on Apr. 10, 1936: death is said to have occurred on the date stated above, at 3-15a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Apr 5/36.
Other contributory causes of importance:	
Empyema	
pleural cavity	
Aspiration Mouth	

Name of operation Covety Date of Apr 9/10.
What test confirmed diagnosis? C. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Miller M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98330

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 68

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Alfred Hansen

(a) Residence. No. Pingree St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

116

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ova Hansen

6. DATE OF BIRTH (month, day and year) Nov. 11. 1888

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasantview Utah

FATHER

13. NAME Jeppe Hansen

14. BIRTHPLACE (city or town) (State or country) Oslo Denmark

MOTHER

15. MAIDEN NAME Caroline Petersen

16. BIRTHPLACE (city or town) (State or country) Stockholm Sweden

17. INFORMANT (Address) Otto H. Hansen Ryby Pl

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date March 22, 1936

19. UNDERTAKER (Address) C. B. Eckersell Rigby, Ida.

20. FILED Mar 20 6, 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to March 20, 1936
I last saw him alive on March 20, 1936: death is said to have occurred on the date stated above, at 5 P.M. 5 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute intestinal obstruction	3/17/36
Intestinal adhesions	1926

Other contributory causes of importance:

Name of operation Laparotomy Date of 3/19/36
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. Parker Conley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 7 1936 RECEIVED

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98331

Registration District No. 3
Primary Registration District No. 2 & D Local Registrar's No. 67
(No. Spencer Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Harvey Bennett.
(a) Residence. No. Avalon Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie E. Bennett, deceased

6. DATE OF BIRTH (month, day, and year) Nov 15 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	20.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Poultry Farm
10. Date deceased last worked at this occupation (mo. and yr.) 8-7-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bureau Co. Illinois.

FATHER
13. NAME Humphrey Bennett
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Laura Blanchard
16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT (Address) James Bennett. Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Neponset, Ill. Date 4-9, 1936

19. UNDERTAKER (Address) W. F. McHan Idaho Falls. Ida

20. FILED May 7, 1936. (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1936, to 4-5, 1936
I last saw him alive on 4-5, 1936; death is said to have occurred on the date stated above, at 5.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of neck	3-20-36.
Other contributory causes of importance:	
Chronic myocarditis	

Name of operation Incision & Drainage Date of 3-24-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Abbott M.D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 24-7

Local Registrar's No. 66

DO NOT WRITE IN THIS SPACE

State File No. 98332

MAY 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) U. S. Hospital

2. FULL NAME Charles M. Intyre

(a) Residence. No. Idaho Falls Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McIntyre

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pump Operator 1st 2nd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water System

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

FATHER

13. NAME Chas McIntyre.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert McIntyre (Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date 4-10 1936

19. UNDERTAKER W. F. McFarland (Address) Idaho Falls Ida.

20. Filed May 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-7 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to April 7, 1936.

I last saw h[illegible] alive on April 7, 1936: death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 1, 1936
1st abscess	April 2, 1936
2nd	
Other contributory causes of importance:	
Arteriosclerosis	1926
Chronic Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Willson, M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Butte

City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98333

Registration District No. 59

MAY 4 1936 RECEIVED

Primary Registration District No. 2129

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia Toombs McGee

(a) Residence. No. Arco, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Toombs

6. DATE OF BIRTH (month, day, and year) March 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin (State or country) Idaho

FATHER

13. NAME Nathenial Howe

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME La Linda Crockett

16. BIRTHPLACE (city or town) Maine (State or country)

17. INFORMANT John C. Toombs (Address) Arco Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Logan Utah Date April 9, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls Idaho

20. FILED Apr. 8, 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to April 6, 1936

I last saw her alive on April 5, 1936; death is said to have occurred on the date stated above, at 12-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia and Broke Pelvis	July 25 1935
Other contributory causes of importance:	
Myocarditis	1930

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Eckert, M. D.

(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98334

MAY 11 1936 RECEIVED

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 75

(No. 1010 Illinois St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katharine Cecile Sullins

(a) Residence. No. 1010 Illinois St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Kansas

FATHER

13. NAME George Sullins

14. BIRTHPLACE (city or town) (State or country) Pleasant Grove Kansas

MOTHER

15. MAIDEN NAME Pearl Lantry

16. BIRTHPLACE (city or town) (State or country) Atwood Kansas

17. INFORMANT (Address) Mrs. Pearl Sullins Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 5/8, 1936

19. UNDERTAKER (Address) V. Peckham Caldwell Ida

20. FILED 5/9, 1936 G. W. Armstrong Registrar. by Hyrel Higgins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to May 6, 1936

I last saw h[illegible] alive on May 6, 1936; death is said to have occurred on the date stated above, at 6-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 29 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Newberry M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Copy

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98335

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 60

MAY 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Amelia Perkins

(a) Residence. No. Caldwell Sanitarium St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. H. Perkins

6. DATE OF BIRTH (month, day, and year) Nov. 17. 1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	79	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Richmond
(State or country) Ky

FATHER

13. NAME Mitchell Perkins

14. BIRTHPLACE (city or town) ....
(State or country) Ky

MOTHER

15. MAIDEN NAME Nancy Perkins

16. BIRTHPLACE (city or town) ....
(State or country) Ky

17. INFORMANT E. R. Perkins
(Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Loyal L. Case
(Address) Caldwell Ida

20. FILED 4/14, 193.. [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2., 193.6., to April 9., 193.6.
I last saw h alive on April 9 1936.: death is said to have occurred on the date stated above, at 9.402 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anemia	Today
Other **contributory causes** of importance:	
Chronic Nephritis	Several yrs
Arteriosclerosis	Several Months

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98336

Registration District No. /
Primary Registration District No. 1005 Local Registrar's No. 62

MAY 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Haslem Hurst

(a) Residence. No. 912 Albany St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 15 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roby Cass Ireland

FATHER
13. NAME Nat Hurst
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT L. L. Hulet
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 4-17, 1936

19. UNDERTAKER J. Peckham
(Address) Caldwell Idaho

20. FILED 4/16, 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 15, 1936
I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance:	
Attacks of Angina Pectoris	Year or More

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ~~If so, specify~~
(Signed) H. H. Olsen M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98337

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 67

MAY 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) No. Caldwell Sanatarium

2. FULL NAME Mrs Henriett Oakes

(a) Residence. No. 921 Albany St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Oakes

6. DATE OF BIRTH (month, day, and year): May 29, 1868

7. AGE — Years: 67 | Months: 10 | Days: 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montreal Canada.

MOTHER FATHER

13. NAME: Henry Picard

14. BIRTHPLACE (city or town) (State or country): Montreal, Canada.

15. MAIDEN NAME: Mary Cameron

16. BIRTHPLACE (city or town) (State or country): Granby, Quebec, Canada.

17. INFORMANT (Address): Russell Vinsonhaler. Nyssa, Ore.

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 4-22, 1936

19. UNDERTAKER (Address): Paul L. Case, Caldwell Idaho.

20. FILED 4/22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935, to April 20, 1936.

I last saw h.er alive on April 20 1936; death is said to have occurred on the date stated above, at 3.30p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive-cardio-vascular renal disease	1935
Generalized arteriosclerosis	1935
Chronic diffuse nephritis	Apr. 1936
Uremia	Apr 1936

Other **contributory causes** of importance:

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98338

Registration District No. 1

MAY 11 1936 RECEIVED

Primary Registration District No. 1005

Local Registrar's No. 69

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ushitaro Uyematsu

(a) Residence. No. Caldwell, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Yellow	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ushi U. Uyematsu

6. DATE OF BIRTH (month, day, and year) March 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
58	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nakagun, Nakaken Japan.

MOTHER FATHER

13. NAME Risaburo Uyematsu

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Name Tominaga

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT (Address) Mrs. U. Uyematsu

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4-23 1936

19. UNDERTAKER (Address) Paul L. Case Caldwell

20. FILED 4-27-, 1936 Ramon Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1936, to 4/20, 1936
I last saw him alive on 4/20, 1936: death is said to have occurred on the date stated above, at 7 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2/10/36
auricular fibrillation and acute dilatation of heart	4/19/36

Other **contributory causes** of importance:

Bronchial asthma, allergic	1933

Name of operation — Date of —

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

(Signed) W. M. Kelley M. D.

(Address) Caldwell, Idaho

Mort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98339

MAY 11 1936 RECEIVED

Registration District No. ____
Primary Registration District No. 1005 Local Registrar's No. 70

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Frances Rowland 49

(a) Residence. No. West Linden St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 14 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

FATHER
13. NAME A. Rowland
14. BIRTHPLACE (city or town) (State or country) Abbington Virginia

MOTHER
15. MAIDEN NAME Margaret Cobb
16. BIRTHPLACE (city or town) (State or country) Rockingham Co Va

17. INFORMANT Lee Rowland
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 4-28 1936

19. UNDERTAKER V. Reed Thomas
(Address) Caldwell Ida

20. FILED 4-27 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to Apr 25 1936
I last saw h[illegible] alive on Apr 25 1936: death is said to have occurred on the date stated above, at 10-26 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	
sigmoid	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) M. Montgomery, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98340

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 75

MAY 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Franklin Caldwell

(a) Residence. No. 3rd & Chicago Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) March 12 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livestock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER
13. NAME Abraham Caldwell
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hugh N. Caldwell
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4/26, 1936

19. UNDERTAKER Dewey Chapman
(Address) Caldwell Ida

20. FILED 5-7, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/6/, 1936, to 4/25/, 1936
I last saw h[illegible] alive on 4-1-, 1936: death is said to have occurred on the date stated above, at 6-40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with edema of lungs and general edema.	2-20-36.
Other contributory causes of importance: Mitral regurgitation.	Not Known.

Name of operation none Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. A. Kinney M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98342
State File No.

Registration District No. 1

MAY 11 1936 RECEIVED

...ry Registration District No. 1005 Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Benjamin Williams

(a) Residence. No. 3rd & Blaine Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bisdella A. Williams

6. DATE OF BIRTH (month, day, and year) Dec 14 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lafayette Indiana

FATHER

13. NAME Francis Austin Williams

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Martha E. Stanley

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) James M. Hastings Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date May 5, 1936

19. UNDERTAKER (Address) C. V. Cushman Caldwell Ida

20. FILED ..., 193... Registrar. Norman Gramley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 193..., to May 3, 193...

I last saw him alive on May 3, 193...; death is said to have occurred on the date stated above, at 4-54 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Hoober, M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98343

MAY 11 1936 RECEIVED

Registration District No. /
Primary Registration District No. 1005
Local Registrar's No. 68

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

74 A

2. FULL NAME Eugene C. Montarney

(a) Residence. No. Wilder St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Frances Adelle Mon

6. DATE OF BIRTH (month, day, and year) Jan 1 1834

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jeffersville Tennessee

FATHER
13. NAME William Montarney
14. BIRTHPLACE (city or town) (State or country) Miss Alabama

MOTHER
15. MAIDEN NAME Farley Adams
16. BIRTHPLACE (city or town) (State or country) Miss Virginia

17. INFORMANT C. E. Burdick
(Address) Wilder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date 4/24/1936

19. UNDERTAKER Caldwell Ida
(Address)

20. FILED 4-27-1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to April 21, 1936.
I last saw him alive on April 20, 1936: death is said to have occurred on the date stated above, at 7-35 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb 1-1936
Angina Pectoris	Sept 1935
Other contributory causes of importance: Chronic Nephritis	Feb 1-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Stelle M. D.
(Address) Wilder, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98344

MAY 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Elmore Osborn

(a) Residence. No. Greenleaf St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Osborn

6. DATE OF BIRTH (month, day, and year) Sept 27 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marrow. (State or country) Ohio

FATHER
13. NAME John D Osborn
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Minerva Oliver
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Cora O Jackson
(Address) R 2 Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Greenleaf Date 4-29 1936

19. UNDERTAKER C V Jeckman
(Address) Caldwell Idaho

20. FILED 5-4 1936 W Minard Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Apl 21 1936 to Apl 27 1936
I last saw him alive on Apl 27 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy-Sequela	4-26-36
b Hemiplegia R	
c Basal Ganglia	

Other contributory causes of importance:

a ?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E O Reilly M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

RECEIVED MAY 11 1936

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98345

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Verle Stover

(a) Residence. No. Homedale Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wahkiacus Co. Oregon

FATHER
13. NAME J. C. Stover
14. BIRTHPLACE (city or town) (State or country) Clarion Co. Pennsylvania

MOTHER
15. MAIDEN NAME Elmira Mallory
16. BIRTHPLACE (city or town) (State or country) Oregon Idaho

17. INFORMANT J. C. Stover
(Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weldon Cem. Date 4-23-36

19. UNDERTAKER C. V. Pankhurst
(Address) Caldwell Ida

20. FILED 4-22-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 20, 1936
I last saw him alive on April 20 1936 death is said to have occurred on the date stated above, at 11-30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Mar 11, 1936
Sequele — Double Otitis Media — Acute inflammatory rheumatism — Double	Apr 6-20

Other contributory causes of importance:
Hypostasis Pulmonary Congestion
Acute enteritis
Streptococcus Carcinogenes

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. R. Whittenberger D.O., M.D.
(Address) Caldwell, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98346
State File No.

Registration District No.

APR 11 1936 RECEIVED

Primary Registration District No. 1055 Local Registrar's No. 58

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Henry Myers

(a) Residence. No. Caldwell Rt 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Imogene Myers
6. DATE OF BIRTH (month, day, and year): Jan 13 1879
7. AGE: Years 57 | Months 2 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER
13. NAME: John Henry Myers Sr.
14. BIRTHPLACE (city or town) (State or country): Miss.

MOTHER
15. MAIDEN NAME: Mary Spears
16. BIRTHPLACE (city or town) (State or country): Miss.

17. INFORMANT (Address): Emmajean Myers Caldwell Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place: Fuchs Chapel Date: 4-6-1936

19. UNDERTAKER (Address): C. V. Peckham Caldwell Ida

20. FILED 4/6, 1936. E. M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1936, to April 3, 1936

I last saw him alive on 4/2, 1936; death is said to have occurred on the date stated above, at 12-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx and Liver	Several Months

Other contributory causes of importance:

Name of operation: Tracheotomy Date of: 4/1

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Coles, M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98347

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin - Bray

(a) Residence. No. Caldwell #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Ella Jones Bray

6. DATE OF BIRTH (month, day, and year) July 31 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Des Moines Iowa

FATHER
13. NAME David Bray
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Nat Burson
16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Jennie Hartman (Address)

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 4/18, 1936

19. UNDERTAKER S. V. Peckham (Address) Caldwell Idaho

20. FILED 4/20, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to April 15, 1935.
I last saw him alive on April 15, 1935: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1925
Coronary sclerosis	1934
Coronary thrombosis	1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Hayhurst M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98348

Registration District No. 1
Primary Registration District No. 2005 Local Registrar's No. 64

MAY 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Kinley Scott

(a) Residence. No. Wilder Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel G. Scott

6. DATE OF BIRTH (month, day and year) May 9 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	06	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Plumber
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Frank Scott
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Boy Scott (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem Date 4/19 193 6

19. UNDERTAKER Ed. Pfeifer Sons (Address) Caldwell Idaho

20. FILED 4/20 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 9, 193 6, to April 15, 193 6
I last saw h[illegible] alive on April 15, 193 6: death is said to have occurred on the date stated above, at 10-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu (Pneumonia)	
Pneumonia	4/09 36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Cole M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFA[illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98349

Registration District No.
Primary Registration District No. 2005
Local Registrar's No. 63

MAY 11 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Taylor 57

(a) Residence. No. Caldwell Idaho R-3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22 - 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hopkins Missouri

FATHER
13. NAME Benjaman F Taylor
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Olive Ballard
16. BIRTHPLACE (city or town) (State or country) Montfort Wisconsin

17. INFORMANT (Address) Mrs. V. L. Chelaan Parma, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4 - 14, 1936

19. UNDERTAKER (Address) E. V. Peckham Caldwell Idaho

20. FILED 4/20, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 - 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936, to 4-12, 1936
I last saw him alive on 4-12, 1936: death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple infection in both knees Elbows feet ankles. asevere infection left knee Nausea & Vomiting uncontrollable	Last fall
Other contributory causes of importance: Diabetes	

Name of operation Benedict Date of
What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify
(Signed) Hans J. Eikeyz, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98350

MAY 11 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 2005
Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond John Grisham.

(a) Residence. No. One mile west of Middleton, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married,

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Susan Jane Grisham.

6. DATE OF BIRTH (month, day, and year) August. 20. 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51.	7.	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri.
(State or country)

FATHER
13. NAME William. J. Grisham.
14. BIRTHPLACE (city or town) Missouri.
(State or country)

MOTHER
15. MAIDEN NAME Sarah. A. Dodson.
16. BIRTHPLACE (city or town) Missouri.
(State or country)

17. INFORMANT Mrs. Susan Jane Grisham
(Address) Middleton, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho. Date April. 15. 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 4/17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 13, 1936
Last saw h alive on April 13, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/13/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98351

MAY 11 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 68

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

145 (a)

2. FULL NAME Florence Irene Stephens

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: William D Stephens

6. DATE OF BIRTH (month, day, and year): Dec 18 1918

7. AGE: Years 18 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Muskogee Oklahoma

FATHER

13. NAME: Archer Bush

14. BIRTHPLACE (city or town) (State or country): Lancaster Wisconsin

MOTHER

15. MAIDEN NAME: Louise Laurent

16. BIRTHPLACE (city or town) (State or country): Mad Lacrosse Wisconsin

17. INFORMANT (Address): William D Stephens Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Place Canyon Hill Cem. Date 4/21, 1936

19. UNDERTAKER (Address): C V Peckham Caldwell Ida

20. FILED May 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 18, 1936.

I last saw her alive on April 18, 1936: death is said to have occurred on the date stated above, at 7-10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caesarean Section	

Other contributory causes of importance:

Tuberculosis of R. hip	
Peritonitis	
Laterally Contracted Pelvis	

Name of operation Caesarean Section Date of 4-12-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. K. Montgomery, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98352

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 70

(No. 5 miles So. East Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vlasta M Wilson

(a) Residence. No. 5 miles So. east Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Glenn Wilson

6. DATE OF BIRTH (month, day, and year) February 17th 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scio Oregon

MOTHER FATHER

13. NAME Joe Svinarek

14. BIRTHPLACE (city or town) (State or country) Checko-Slovakia

15. MAIDEN NAME Lizzie Cisar

16. BIRTHPLACE (city or town) (State or country) Checko-Slovakia

17. INFORMANT Mrs Glenn Wilson
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida Date 4-13-1936

19. UNDERTAKER Mrs Nina M Talley
(Address) Nampa, Idaho

20. FILED May 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1936, to 4-10-, 1936
I last saw h[illegible] alive on 4-10-, 1936: death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Meningitis caused by Phlebitis and Endocarditis complicating Pelvic Abscess	4-6-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C E Gallagher M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98353

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 71

(No. 420-13 Ave So Nampa Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lona E. McGill

(a) Residence. No. Ontario, Oregon St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David McGill

6. DATE OF BIRTH (month, day, and year) 3 14 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 4-25-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Molalla (State or country) Oregon

FATHER

13. NAME Robert Officer

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Vienna Bunten

16. BIRTHPLACE (city or town) (State or country) Calif

17. INFORMANT Mrs Roy Smith (Address) Ontario, Oreg.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Ontario, Oreg Date Apr. 30, 1936

19. UNDERTAKER Wm. O'Gallagher (Address) Nampa Idaho.

20. FILED May 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 4-26, 1936.

I last saw h alive on 4-26, 1936.: death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coronary thrombosis	4-26-36
b. Lived 16 minutes	
c.	
d.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. E. Reeves M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9835½

MAY 4 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 72
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Paul Eichenberger 90
(a) Residence. No. Melba St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 20 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	7		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Ida
(State or country)

FATHER
13. NAME W. C. Eichenberger
14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER
15. MAIDEN NAME Murphy
16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT W. C. Eichenberger
(Address) Melba Ida

18. BURIAL, CREMATION OR REMOVAL 6
Place Melba Date 4-14, 193...

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED May 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1936, to Apr. 11, 1936
I last saw him alive on Apr. 11, 1936: death is said to have occurred on the date stated above, at 1:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1934

Other contributory causes of importance:

High Blood Pressure	
Hypostatic Pneumonia	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Hans E. Hanzing M.D.
(Address) Nampa, Idaho

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

J. D. DUNSHEE, M.D.
PUBLIC HEALTH ADVISOR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS
IDAHO SOLDIER'S HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR
LEWIS WILLIAMS, COMMISSIONER

May 22, 1936

Mr. E.C. Raff,
Nampa, Idaho.
R. 4.

Dear Sir:

The certified copy of the death record of your wife has been returned to this office with a letter from our registrar, Lyda Rodgers stating there was an error in the date of birth and in your initials on the original certificate.

Before we make this change, it is necessary to ask for further information.

The original death record seems to have been signed by E.C. Raff, he is also stated as the husband of Katherine Raff. We do not understand why the initials should be changed at this time.

Please advise us concerning this change before the issuance of another certified copy.

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

PBM

The Reason for changing is you have been informed the Birth Date should be the year 1880 same Month and Day. and my Initial is F. E. Raff I donot know how this Mistak was made

Yours truly F. E. Raff ... R # Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98355

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 73
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Raff

(a) Residence. No. Nampa Idaho Rt #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. E. Raff

6. DATE OF BIRTH (month, day, and year) Dec. 14 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas (State or country)

FATHER
13. NAME C. J. Wilhelm
14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER
15. MAIDEN NAME Ann
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT H. E. Raff (Address) Nampa Idaho Rt #4

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 4-26, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED May 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 22, 1936
I last saw her alive on April 22, 1936: death is said to have occurred on the date stated above, at 6:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystotomy	
appendectomy	
Other contributory causes of importance:	

Name of operation Cholecystotomy Date of 4-16-36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Wilhelm, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98356

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 75
(No. Rural Route 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Martha Ann Ward
(a) Residence. No. 8 miles South East Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas Ward

6. DATE OF BIRTH (month, day, and year) Sept 29 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clenton County Iowa

FATHER
13. NAME Ben. Russel
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Johnson
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Edward White. Baldwin Iowa.

18. BURIAL, CREMATION OR REMOVAL
Place Kohlerdawn Date 5-3-, 1936

19. UNDERTAKER Nina M. Talley. (Address) Nampa Ida.

20. FILED May 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-1-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1936, to 5-1, 1936.
I last saw her alive on 4-29, 1936; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	4-23-36
Other contributory causes of importance:	
Myocarditis.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) L. C. Horton M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98357

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 76

(No. 485)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel Hunt

(a) Residence. No. Rout #5 Nampa Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Leri Hunt

6. DATE OF BIRTH (month, day, and year): June 8 1893

7. AGE — Years: 42 | Months: 10 | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marysvale Utah

FATHER

13. NAME: W. F. Hepi

14. BIRTHPLACE (city or town) (State or country): Eddyville Iowa

MOTHER

15. MAIDEN NAME: Leo Lettie Peterson

16. BIRTHPLACE (city or town) (State or country): Spring City Sanpete

17. INFORMANT (Address): Leri Hunt Nampa

18. BURIAL, CREMATION OR REMOVAL: Robertson Gem Place: Nampa Date: 5/6 1936

19. UNDERTAKER (Address): Nina M. Talley Nampa Idaho

20. FILED May 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 1936

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
History of Case & Information obtained from attending Physician arriving after death was Myocarditus.	15 Min. before Death.
Other contributory causes of importance:	
Very large woman walked quite a distance before retiring at 12 Midnight	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Nina M. Talley M. D. Coroner

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98358

Registration District No. 7

MAY 1 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 69

(No. 212 - Juniper St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Joyce Anne Harper

(a) Residence. No. 212 - Juniper St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Howard Harper

14. BIRTHPLACE (city or town) Glen Ellen
(State or country) No. Dak.

MOTHER

15. MAIDEN NAME Alta Cotner

16. BIRTHPLACE (city or town) Flasher
(State or country) No. Dak.

17. INFORMANT Howard Harper
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rotherham
Place Nampa, Ida. Date 4-16, 1936

19. UNDERTAKER Mrs Nina M. Talley
(Address) Nampa, Ida.

20. FILED May 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1936, to 4-15, 1936

I last saw ~~her~~ alive on 4-15, 1936: death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper Respiratory Collapse	birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Horton, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho.

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98353

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 21
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Ernest Judd

(a) Residence. No. Darlington, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Judd

6. DATE OF BIRTH (month, day, and year) Nov. 11th, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Chauncy C. Judd
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Earl Judd
(Address) Moore, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Mackey, Ida. Date 5-13- 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Idaho.

20. FILED 5/10 1936 By Russell Egbert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/10/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/8/36, 193..., to 5/10/36, 193...
I last saw him alive on 5/10/36, 193...: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insuffeciency	
Other contributory causes of importance: None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? 0 Date of injury..... 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 82

DO NOT WRITE IN THIS SPACE

State File No. 98360

MAY 13 1936 RECEIVED

Primary Registration District No. 7157 Local Registrar's No. 20

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys A. Wilcox

(a) Residence. No. (Usual place of abode) St. Paris, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dean Wilcox

6. DATE OF BIRTH (month, day, and year): Aug 12 - 1911

7. AGE: Years 24 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): April 36

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Liberty Idaho

MOTHER FATHER

13. NAME: Samuel E. Hopkins

14. BIRTHPLACE (city or town) (State or country): Liberty Idaho

15. MAIDEN NAME: Fannie Jane Murray

16. BIRTHPLACE (city or town) (State or country): Ludwig Idaho

17. INFORMANT (Address): Dean Wilcox Soda Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Paris Cemetery Date May 7, 1936

19. UNDERTAKER (Address): D. D. Gillman Soda Springs Idaho

20. FILED May 5, 1936 Dr. Russell Tegert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 3, 1936.

I last saw h[illegible] alive on May 3, 1936: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type 3, Bilateral	May 1, 36

Other **contributory causes** of importance:

none	

Name of operation: none Date of:

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Russell Tegert M. D.

(Address) Soda Springs, Ida

NOTE B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9836

MAY 13 1936 RECEIVED

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 17
(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

600

2. FULL NAME Martin Adam Driscoll

(a) Residence. No. Sterling, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Husband of Agnes Teichert

6. DATE OF BIRTH (month, day, and year) December 30, 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Ogden,
(State or country) Utah.

FATHER
13. NAME Richard Driscoll
14. BIRTHPLACE (city or town)
(State or country) Ireland.

MOTHER
15. MAIDEN NAME Margaret Hickman
16. BIRTHPLACE (city or town)
(State or country) Utah.

17. INFORMANT Mrs. W. M. Beasley
(Address) Pocatello, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Pocatello, Idaho Date Apr. 24., 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Apr. 22, 1936. D. Russell Tyrrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 4/16/36, 193..., to 4/20/36, 193...
I last saw him alive on 4/20/36, 193...: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Paralysis	
Other contributory causes of importance: Toxic Goiter	

Name of operation Thyroideetomy Date of 4/20/36
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

23. If death ~~was due to exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou.
City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9836 2

MAY 13 1936 RECEIVED

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 18
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1888

2. FULL NAME Wellis H. Cooley

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXX

6. DATE OF BIRTH (month, day, and year) NOV. 11TH 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander, Idaho.

FATHER
13. NAME Leonard Cooley
14. BIRTHPLACE (city or town) (State or country) Rochester Minn.

MOTHER
15. MAIDEN NAME Lois Albiston
16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMANT (Address) Leonard Cooley. Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs, Idaho Date 4.29/ 193 6

19. UNDERTAKER E. D. Whitman
(Address) Soda Springs, Idaho

20. FILED 4/28/36 193 Du Russell Taylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12/36, 193 6, to 4/27/36, 193..
I last saw him alive on 4/27/36, 193..: death is said to have occurred on the date stated above, at 8.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
4/12/36	
Motorcycle Accident	
Other contributory causes of importance: None	

Name of operation Amputation of Thygh Date of 4/24/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: 4/12/36
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? West of Lava Hot Springs, about five miles (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Road about 5 miles west of Lava Hot Spring
Manner of injury Cycle struck soft gravel
Nature of injury Injury to leg

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98363

Registration District No. 82

MAY 13 1936 RECEIVED

Primary Registration District No. 2159 Local Registrar's No. 19

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

96

2. FULL NAME W.A.Colton

(a) Residence. No. Dubois, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Sady M.Colton

6. DATE OF BIRTH (month, day, and year) Sept 5th, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. And livestock

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dillon
(State or country) Montana

FATHER

13. NAME J.M.Colton

14. BIRTHPLACE (city or town) Ills
(State or country)

MOTHER

15. MAIDEN NAME ~~Unknown~~ Sarah Thayer

16. BIRTHPLACE (city or town) ~~Unknown~~
(State or country) Nebrasska

17. INFORMANT Clay Colton
(Address) Dubois, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Dubois, Ida Date 5/2/36 193..

19. UNDERTAKER Giffen Hayes
(Address) Idaho Falls, Idaho

20. FILED 5/3/36, 193.. D. Russell Tyler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/2/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to 5/2/36, 193..
I last saw him alive on 5/2/36, 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Involvment	
Other contributory causes of importance: None	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98364

PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grant Lauridsen

(a) Residence. No. Montpelier St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Evelyn Ray Lauridsen

6. DATE OF BIRTH (month, day, and year): March 27-1907

7. AGE — Years: 29 — Months: — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 4/12/36
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER

13. NAME: Thomas Lauridsen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Annie Jensen
16. BIRTHPLACE (city or town) (State or country): Bloomington Idaho

17. INFORMANT (Address): Thomas Lauridsen

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Ida. Date: 4/17 1936

19. UNDERTAKER (Address): P.E. Johnson Burley Idaho

20. FILED 4/15 1936 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 14, 1936.
I last saw him alive on April 14 1936.: death is said to have occurred on the date stated above, at 4 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 13-36

Other **contributory causes** of importance:

Nephritis	Jan. 1-36

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L.E. Lilly, M. D.
(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE 38365

State File No.

Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy Evans

(a) Residence. No. Salt Lake Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanne M. Evans

6. DATE OF BIRTH (month, day, and year): Oct. 20 - 1891

7. AGE: Years 44 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Fieldman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gov. Bank

10. Date deceased last worked at this occupation (mo and yr.): 3/25/36

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Leigh Utah

FATHER

13. NAME: Morgan Evans

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mrs. Emma Southwick

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Johanne M. Evans

18. BURIAL, CREMATION, OR REMOVAL
Place Salt Lake City Date 4/2/, 1936

19. UNDERTAKER (Address): D. E. Johnson Burley Idaho

20. FILED 3/31/, 193[illegible] Laura D. Bracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-30- 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-26-, 193 6, to 3-30-, 193 6

I last saw him alive on 3-30-, 193 6; death is said to have occurred on the date stated above, at 9.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral embolism	
	/
Other **contributory causes** of importance:	/

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) ... Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98366
State File No.....

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mary Patterson Bonham

(a) Residence. No. 3½ Miles to Ouland Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. C. Bonham

6. DATE OF BIRTH (month, day and year) March 12 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10 Date deceased last worked at this occupation (mo. and yr.) 3/22/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Riverdale Utah

FATHER

13. NAME Andrew Patterson

14. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER

15. MAIDEN NAME Etta Haldenway

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT J. C. Bonham
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 3/30/, 1936

19. UNDERTAKER H. E. Johnson Mortuary
(Address) Yeron McCulloch

20. FILED 3/30, 1936. Laura L. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1936, to Mar. 27, 1936.

I last saw her alive on Mar. 27, 1936.; death is said to have occurred on the date stated above, at 1.20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Incompetency	1920
with Acute Dilatation	Mar 15/36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. N. Outley, M. D.

(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98367

Registration District No. 117

RECEIVED
Primary Registration District No. 2/96 Local Registrar's No. 31

(If death occurred in a hospital or institution, give its name instead of street and number) (Name of Hospital No. Cottage Hospital)

2. FULL NAME Leo Edward Rose

(a) Residence. No. Heyburn Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1016

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 20 1931
7. AGE: Years 5 | Months 2 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hansen Idaho

FATHER
13. NAME: Earl Henry Rose
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Charlotte A Walters
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Earl Henry Rose Heyburn Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida. Date 2/24, 1936

19. UNDERTAKER (Address): L. E. Johnson Burley Idaho

20. FILED 2/24, 1936. Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1936, to 2-23, 1936
I last saw h/~~m~~ alive on 2-22, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	1-10-36
Other **contributory causes** of importance:	
Erysipelas	1-26-36

Name of operation. Rib Resection Date of 1-28-36
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Chas. L. Johnson M. D.
(Address) Burley Idaho

MAY [illegible] 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 98363

Local Registrar's No. 87

480

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Jean Melfine

(a) Residence. No. ..... Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): .....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Aug-22-1931

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
4	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 4/8/36

11. Total time (years) spent in this occupation 1/0

12. BIRTHPLACE (city or town) Burley Idaho
(State or country)

FATHER

13. NAME Carl W. Melfine

14. BIRTHPLACE (city or town) Greeley ~~Burley~~
(State or country) Colorado ~~Idaho~~

MOTHER

15. MAIDEN NAME Dora G. Halford

16. BIRTHPLACE (city or town) Portage
(State or country) Utah

17. INFORMANT (Address) Carl W. Melfine Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 4/18, 1936

19. UNDERTAKER (Address) H. E. Johnson Burley Idaho

20. FILED 4/16, 1936 Edna D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-12-, 1936., to 4-15, 1936.

I last saw h[illegible] alive on 4-12, 1936. death is said to have occurred on the date stated above, at 3:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
endocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) G. E. [illegible], M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98369

Registration District No. 119

Primary Registration District No. 2198

Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Lavinna Kitt

(a) Residence. No. ..... Malta St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James P. Kitt

6. DATE OF BIRTH (month, day, and year): Sept-19-1861

7. AGE — Years: 74 — Months: 6 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Carson City Nevada

MOTHER

13. NAME: Charles Parke

14. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

15. MAIDEN NAME: Lavinna Coltrin

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): James Kitt Malta, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Malta Ida. Date: 3/24, 1936

19. UNDERTAKER (Address): D.C. Johnson Burley, Idaho

20. FILED: 3/24, 1936 C. E. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1935, to Mar 22, 1936.

I last saw h[illegible] alive on Mar. 21 1936: death is said to have occurred on the date stated above, at 9:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Mar 1935
Other **contributory causes** of importance: None	

Name of operation: None Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Slater M. D.

(Address) Malta Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Ahsahka - 3 mi North

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98370

Registration District No. 1009

MAY 13 1936 RECEIVED

Primary Registration District No. 96

Local Registrar's No. 1889

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gabriel SPAHN

(a) Residence. No. 664 Blackhawk Street St. Chicago, Illinois.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 8/8/16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corps

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Illinois.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Official Records CCC
(Address) Headquarters, Lewiston, Idaho.

18. [redacted] OR REMOVAL
Place Chicago, Illinois. Date April 18, 1936

19. UNDERTAKER Brower-Wann and Company
(Address) Lewiston, Idaho.

20. FILED May 1 1936 J. M. Ryle
By K. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17 1936

22. I HEREBY CERTIFY, That I attended deceased from KILLED INSTANTLY, 193.., to ....., 193..

I last saw h..... alive on....., 193..: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures, compound comminuted of skull with	
laceration of brain.	4/17/36

Other contributory causes of importance:

None

Name of operation None Date of -

What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/17 193 6
Where did injury occur? 3 Miles North of Ahsahka Idaho. Clearwater County, Idaho.
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. Industry (CCC)
Manner of injury Struck by rock slide
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Killed at work

(Signed) Wallace S. Douglas, M. D.
(Address) Headquarters, CCC Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Orofino

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98371

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 60
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millie Kincaid

(a) Residence. No. ..... St. Craigmont - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Kincaid

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Colorado
(State or country)

FATHER
13. NAME Daniel Preffer
14. BIRTHPLACE (city or town) ~~Unascertained~~
(State or country) Canada

MOTHER
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date 4-26, 1936

19. UNDERTAKER Clyde Clovis
(Address) Craigmont

20. FILED 4-23, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to April 23, 1936
I last saw her alive on April 23 1936: death is said to have occurred on the date stated above, at 4.25 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance:	
Paranoid Condition	

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98372

MAY 4 1936 RECEIVED

Registration District No. 96
Primary Registration District No. 2407 Local Registrar's No. 59
(If death occurred in a hospital or institution, give its name instead of street and number) (State Hospital North)

2. FULL NAME John Ryan

(a) Residence. No. ..... St. Priest River, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elmira (State or country) New York

FATHER
13. NAME John Ryan
14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER
15. MAIDEN NAME Johanna Ryan
16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date April 27 1936

19. UNDERTAKER F. A. Billberg, Hosp. Attd. (Address) Orofino - Idaho.

20. FILED 4-23, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to April 27, 1936
I last saw him alive on April 20, 1936: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Senility	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Lorne McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98373

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 58
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME Patrick McEwen

(a) Residence. No. ..... St. Nez Perce Co., Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records; State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hospital Cemetery Date Apr. 20, 1936

19. UNDERTAKER F. A. Bilberg, Hosp. Attd.
(Address) State Hospital, Orofino, Ida.

20. FILED 4-21, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to April 19, 1936
I last saw him alive on April 19, 1936: death is said to have occurred on the date stated above, at 7.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance:	
Alcoholic psychosis	

Name of operation None Date of .....
What test confirmed diagnosis? Phys. Signs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9837

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 57
(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora L. Parmalee

(a) Residence. No. Lewiston Orchards St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of F. S. Parmalee

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME William Ray Unascertained
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Nancy Jane Coffin Unascertained
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Lewiston, Idaho Date Apr. 13, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED 4-18, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to April 12, 1936
I last saw her alive on April 12, 1936: death is said to have occurred on the date stated above, at 10:40 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other **contributory causes** of importance:	
Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Lowrie McKelway M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98375

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 52
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Cesse

(a) Residence. No. ____ St. Lapwai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Cesse

6. DATE OF BIRTH (month, day, and year) Jan 16 1901 Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barber
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) South Dakota

FATHER
13. NAME Carlton Cesse
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Nora Page
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date April 16, 1936

19. UNDERTAKER (Address) Brower Wann Company Lewiston, Idaho

20. FILED 4-16, 1936. ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936, to April 16, 1936
I last saw him alive on April 16, 1936: death is said to have occurred on the date stated above, at Noon m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	
Other **contributory causes** of importance: Manic-depressive psychosis - Depressed type	

Name of operation ____ Date of ____
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Headquarters

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98376

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 54
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Fred Koski

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 41			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Carl Peas
(Address) Headquarters

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date April 16, 193..

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 4-16, 193.. W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cabrum Hemorrhage	
Disease	

Other contributory causes of importance:

Had the flu	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. A. Shaw Lou Resp. D. 90
(Address) Orofino, Ida

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98377

PLACE OF DEATH
County of Clearwater
City of Orofino

Registration District No. 56
Primary Registration District No. 2697 Local Registrar's No. 69
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Whitcomb

(a) Residence. No. St. Moscow - Idaho -
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) TROY N. HAMPSHIRE

MOTHER FATHER

13. NAME NOT KNOWN
14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT FRED GLADEN
(Address) KENDRICK IDA

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Moscow Idaho Date 4-12, 1936

19. UNDERTAKER H. B. Short
(Address) Moscow Idaho

20. FILED 4-13, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 12, 1936
I last saw him alive on April 11, 1936; death is said to have occurred on the date stated above, at 4.40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	

Other contributory causes of importance:

Psychosis with Cerebral Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Rhys Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Crowe McKelway, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98378

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 52
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME James Dolan

(a) Residence. No. St. Sandpoint - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamilton, Iowa
(State or country)

FATHER
13. NAME Tom Dolan
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date April 11, 1936

19. UNDERTAKER T. A. Billberg Hospital Attdt.
(Address) Orofino - Idaho

20. FILED 4-13, 1936 T. A. Shearer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935, to April 11, 1936
I last saw him alive on April 11, 1936: death is said to have occurred on the date stated above, at 11.40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance:	
Psychosis with other Somatic diseases	

Name of operation None Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McElwain M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98379

Registration District No. 90

MAY 4 1936 RECEIVED Registration District No. 2157 Local Registrar's No. 50

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Reid

(a) Residence. No. ..... St. Banners Ferry, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W. Reid

6. DATE OF BIRTH (month, day, and year) August 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records, State Hospital North, Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Banners Ferry Idaho Date 4/10, 1936

19. UNDERTAKER (Address) E. P. Crowley, Banners Ferry Idaho

20. FILED 4-7, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to April 6, 1936.
I last saw her alive on April 5, 1936: death is said to have occurred on the date stated above, at 7.30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Exhaustion of psychosis	
Other **contributory causes** of importance:	
Manic depressive psychosis	
Depressed Type.	

Name of operation None Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Louis McElvaney M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98380

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 51
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed McGarry
(a) Residence. No. Somerville Home St. Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cement Contractor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unascertained

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date April 8, 1936

19. UNDERTAKER (Address) F. A. Billberg Hosp. Attdt. Orofino, Idaho

20. FILED 4-9, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936, to April 7, 1936
I last saw him alive on April 7, 1936: death is said to have occurred on the date stated above, at 3:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other **contributory causes** of importance: Psychosis with cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Bonnie McKelvey M. D.
(Address) Orofino - Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98381

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 49 / 111

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Andrew Shaw

(a) Residence. No. ..... St. Orofino
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Jessie Shaw
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Henry Shaw

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Mary E. Blake

16. BIRTHPLACE (city or town) Ill (State or country)

17. INFORMANT Jessie Shaw
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date April, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino Ida

20. FILED 4-7, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to March 5, 1936.
I last saw ~~him~~ alive on March 5, 1936: death is said to have occurred on the date stated above, at 10.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	1916
Other contributory causes of importance:	
Perforation gastric ulcer	
with Peritonitis	3/27/36

Name of operation Closure gastric ulcer Date of 3/27/36
What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Hollensteiner, M. D.
(Address) Orofino, Idaho

MAY 4 1936 RECEIVED

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98382

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 48

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Slajheart

(a) Residence. No. St. Mullan - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? 70 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trice
(State or country) Bohemia

FATHER

13. NAME Frank Holik

14. BIRTHPLACE (city or town) Bohemia
(State or country)

MOTHER

15. MAIDEN NAME Mary Hendrk

16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date April 3, 1936

19. UNDERTAKER F. A. Billberg, Hosp. Asst.
(Address) Orofino - Idaho

20. FILED 4-3, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to April 3, 1936

I last saw her alive on April 2, 1936: death is said to have occurred on the date stated above, at 1.35 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Other **contributory causes** of importance:	
Manic-depressive psychosis	

Name of operation None Date of

What test confirmed diagnosis? Rys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 535

DO NOT WRITE IN THIS SPACE
State File No. 98383

MAY 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen Nicholson

(a) Residence. No. ..... St. Orofino
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 29 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash
(State or country)

FATHER
13. NAME Samuel Bly
14. BIRTHPLACE (city or town) Org
(State or country)

MOTHER
15. MAIDEN NAME Eva Foradge
16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT Ted Day
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Apr 19, 1936

19. UNDERTAKER W. A. Shaver
(Address) Orofino

20. FILED 4-15, 1936 W. A. Shaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to April 17, 1936
I last saw her alive on April 15 1936: death is said to have occurred on the date stated above, at 1.20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	April 10
abortion with sepsis	April 15
Other contributory causes of importance:	
Generalized Arteriosclerosis	?

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland P. Kahler M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98384

Registration District No. 90
Registration District No. 2187
Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vern F. Pearson

(a) Residence. No. (Usual place of abode) St. Peck Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Pearson

6. DATE OF BIRTH (month, day, and year) May 23 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peck Idaho

FATHER
13. NAME Francis M. Pearson
14. BIRTHPLACE (city or town) (State or country) Sheridan Oregon

MOTHER
15. MAIDEN NAME Delia Smith
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Ollie Pearson Peck Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date May 2 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 4-30, 193 6 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 193 6, to April 29, 193 6
I last saw him alive on April 29, 193 6: death is said to have occurred on the date stated above, at 3 45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (Influenza)	4/23/36
Other contributory causes of importance: Acute Nephritis —	same

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) D. R. Johnson, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98385

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 61
(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Sundin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hosp
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date April 28, 1936

19. UNDERTAKER W. A. Chase
(Address) Orofino

20. FILED 4-25, 1936 W. A. Chase
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1936, to 4/25, 1936
I last saw h[illegible] alive on 4/24, 1936 death is said to have occurred on the date stated above, at 6.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4/20/36
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. L. Wolfscraft, M. D.
(Address) Orofino, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cleatwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98386

MAY 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 61

(No. Clearn Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Donald Siderius

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sep 11 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mont
(State or country)

FATHER
13. NAME George Siderius
14. BIRTHPLACE (city or town) Mont
(State or country)

MOTHER
15. MAIDEN NAME Ellin Arth
16. BIRTHPLACE (city or town) Missiouri
(State or country)

17. INFORMANT Geo Siderius
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Kalispell Mont Date ....., 193..

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 4-25, 193.. W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to April 24, 1936
I last saw him alive on April 24, 1936.: death is said to have occurred on the date stated above, at 1130 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial-Flu)	unknown
Other contributory causes of importance:	
Stomach Ailment	4-24-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~exter'l causes (violence) fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Johnson M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mtn Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98387

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 7

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 11 1936 RECEIVED

2. FULL NAME Maude Alice Chipman

(a) Residence. No. Mountain Home St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Richard Chipman

6. DATE OF BIRTH (month, day, and year) 12-25-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Wm B. Lawson

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Sarah Jane Mateer

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Richard Chipman
(Address) Mountain Home

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn Home Date April 26 1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mountain Home, Ida

20. FILED Apr 29, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1936, to 4-24, 1936

I last saw ~~him~~ her alive on 4-24, 1936; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast with Metastasis	1931
Tumors throat, body	
Other contributory causes of importance:	
Removal of right breast	

Name of operation Removal of Breast Date of June 1932

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F E Zacher, M. D.

(Address) Mtn. Home Ida

APR 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98383

PLACE OF DEATH
County of Elmore
City of Mtn Home

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Page Warren

(a) Residence. No. St. Mountain Home, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-7-1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Home Idaho.

FATHER

13. NAME Charles Warren

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Myrtle Madrall.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Charles Warren

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mtn Home. Date 3-27-, 1936

19. UNDERTAKER Barber Funeral Home.
(Address) Mtn Home. Idaho.

20. FILED March 26 1936 A. E. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Drowning.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Phil. F. Green Coroner., M. D.

(Address) Glenns Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98389

PLACE OF DEATH
County of Elmore
City of Mtn. Home

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

156

2. FULL NAME Charles Andrew Jewett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~(or) WIFE~~ of HUSBAND of Lizzie Irene Jewett.

6. DATE OF BIRTH (month, day, and year) 11-24-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Charles Jewett.

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Ellen Yates

16. BIRTHPLACE (city or town) (State or country) Me.

17. INFORMENT (Address) Harry Jewett Idaho.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Emmett Date 3-22-, 1936.

19. UNDERTAKER (Address) Barber Funeral Home Mountain Home Ida.

20. FILED Mar 24, 1936 A. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 19 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Mar. 19, 1936
I last saw him alive on 3-18-, 1936: death is said to have occurred on the date stated above, at 7:4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis Deformans	1922
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J E Barber, M. D.
(Address) Mtn. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98390

PLACE OF DEATH
County of Elmore
City of Hammett

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Hector Cowan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If maried, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Lennie Cowan

6. DATE OF BIRTH (month, day, and year) 6-26-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1 - 31

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Cowan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Lennie Cowan, Hammett Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mountain Home Date Feb- 1, 1936

19. UNDERTAKER H. C. Zuber
(Address) Mountain Home

20. FILED Mar. 21, 1936 A. P. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan - 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Jan 29, 1936

I last saw h alive on Jan 29, 1936: death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Myocarditis	1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John W. Davis, M. D.

(Address) Glenns Ferry Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98391

PLACE OF DEATH

County of Elmore

City of Mtn Home

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Benjiman Hall

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Hall.

6. DATE OF BIRTH (month, day, and year) Unknown 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Geo. Hall.

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Webb.

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Fred. B. Hall

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Mtn Home Date Mar. 20 1936

19. UNDERTAKER Zacher Funeral Home.
(Address) Mountain Home.

20. FILED Mar 20, 1936 A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1936, to 3-18-, 1936

I last saw him alive on 3-18-, 1936; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3-8-36
Other contributory causes of importance:	
Mitral Regurgitation	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Barnes M. D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Alexander Flats, Boise, Idaho

MAY 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9839?

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 37

1. (If death occurred in hospital or institution, give its name instead of street and number) Camp Infirmary, Camp F-175, Alexander Flats, Idaho.

2. FULL NAME Allen Archie Spence

(a) Residence. No. General Delivery St. Mountain Home, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day and year) November 21, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk & Tool sharpener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC Co. 971.

10. Date deceased last worked at this occupation (mo. and yr.) Mar '36

11. Total time (years) spent in this occupation 5 Mos 2 ds.

12. BIRTHPLACE (city or town) (State or country) Mountain Home, Idaho

FATHER

13. NAME James Joseph Spence

14. BIRTHPLACE (city or town) (State or country) Gridley, California

MOTHER

15. MAIDEN NAME Alta Weger

16. BIRTHPLACE (city or town) (State or country) Spokane, Washington

17. INFORMANT (Address) Camp Records

18. BURIAL, CREMATION OR REMOVAL Place Mountain Home, Ida Date 4-5, 1936

19. UNDERTAKER (Address) Summers Funeral Home Boise, Idaho

20. FILED 4-2, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7:20AM Mar 27, 1936, to March 31, 1936

I last saw him alive on March 31, 1936; death is said to have occurred on the date stated above, at 10:47 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, acute, lobar, severe	
left lower lobe	Mar 27/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Otto R. Brown, M. D.

(Address) OTTO R. BROWN, Capt Med-Res. Camp Surgeon.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98393

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 30

MAY 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Elizabeth Thomas Johnson 57

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Johnson

6. DATE OF BIRTH (month, day, and year): Sept. 25th 1870

7. AGE — Years: 65 — Months: 6 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Smithfield Utah

FATHER

13. NAME: Harrison Ayers Thomas
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER

15. MAIDEN NAME: Ann Morehead
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMENT (Address): Joseph Johnson Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place: Preston Cem. Date: 4-7, 1936

19. UNDERTAKER (Address): L. P. Johnson Preston Ida.

20. FILED: May 8, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 4-5-36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933, to 4-5, 1936
I last saw h. alive on 4-4, 1936; death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Arteriosclerosis Nephritis	1934
Diabetes Mellitus	1936
Edema Pneumonia	4-1-36
Other contributory causes of importance: Uremia	4-3-36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. L. Cutler, M. D.
(Address) Preston Ida.

MAY 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF [redacted] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98394

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

160

2. FULL NAME Baby Hurd

(a) Residence. No. NONE St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Apr 26 1936

7. AGE — Years | Months | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: NONE
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Preston Idaho

FATHER

13. NAME: Kermit J Hurd
14. BIRTHPLACE (city or town) (State or country): Lago Idaho

MOTHER

15. MAIDEN NAME: Elsie Larsen
16. BIRTHPLACE (city or town) (State or country): Gunnerson Utah

17. INFORMANT (Address): Kermit J. Hurd Soda Springs

18. BURIAL, CREMATION OR REMOVAL
Place: Preston Date: May 2 36, 193..

19. UNDERTAKER (Address): M. W. Hendricks Preston Idaho

20. FILED May 7 1936 G. W. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 193.6, to April 30, 193.6.
I last saw h.. alive on April 30 193.6.: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemolytic Jaundice	4-28-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) O. B. Curtis M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98395

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 22

Primary Registration District No. 2114

Local Registrar's No. 28

(No. ... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rose Lane Swainston

(a) Residence. No. 203 No State St. ... (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Heber Swainston

6. DATE OF BIRTH (month, day, and year) April 5, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ... Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Luton Bedfordshire England

FATHER

13. NAME William Lane

14. BIRTHPLACE (city or town) (State or country) Luton Bedfordshire England

MOTHER

15. MAIDEN NAME Sophia Ivory

16. BIRTHPLACE (city or town) (State or country) Bedfordshire England

17. INFORMENT (Address) Mrs Heber Swainston Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Ste Date 4-5, 1936

19. UNDERTAKER ... (Address) Preston Idaho

20. FILED Apr 8, 1936 G. W. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1935 to April 1, 1936

I last saw her alive on Apr 1, 1936; death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Other contributory causes of importance:	
Diabetes	1933

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. R. Cutler, M.D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98396

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earnest B Card

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

745

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Card

6. DATE OF BIRTH (month, day and year) Apr Nov 17 1874

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
6I	4	I6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** City
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Watermaster
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER FATHER

13. NAME Cyrus W Card
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Emma Booth
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Minnie Card (Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL Preston Place..... Apr 6 36 Date....., 193..

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED May 8, 1936 Geo. O. Stoker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/3 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28 1936 to April 3, 1936.
I last saw h[illegible] alive on April 3, 1936; death is said to have occurred on the date stated above, at 12 noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	April 1, 1936
Rt. Lower Lobar Pneumonia	March 25th

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? P.M. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) O. R. Cutler M. D.
(Address) Preston, Idaho

MAY 11 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 98397

90

2. FULL NAME Eldon George Hancock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1936

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	21	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Downey Idaho

FATHER

13. NAME George A. Hancock

14. BIRTHPLACE (city or town) (State or country) Downey Id

MOTHER

15. MAIDEN NAME Florence Bennett

16. BIRTHPLACE (city or town) (State or country) Kaysville Ut.

17. INFORMANT (Address) Geo. A. Hancock Cambridge Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge Ida Date 4/19, 193 6
Downey

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED May 8, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilation Heart	4/16 36

Other **contributory causes** of importance:

Acute Endocarditis - Two	Months

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) G. W. States, M. D.

(Address) Preston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

[redacted] OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98393

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 222
(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Allison
(a) Residence. No. St. Anthony Idaho
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Edgington Allison
6. DATE OF BIRTH (month, day, and year): March 20 - 1870
7. AGE: Years 65 | Months 11 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER/FATHER
13. NAME: Lewis Allison
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Melissa McNaimee
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Glenn Allison St. Anthony Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Ashton Cemetery Date: 3/13, 1936
19. UNDERTAKER (Address): W. M. Jensen St. Anthony Idaho
20. FILED: 4, 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 9 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Mar 9, 1936.
I last saw him alive on Mar 9, 1936: death is said to have occurred on the date stated above, at 7:48 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess	
Secondary to	
Pneumonia and	
Empyema	
Other **contributory causes** of importance:	

Name of operation: Rib resection Date of: 1/27/36
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Pul. Tbc exposure
(Signed) J. E. Allison M.D.
(Address) St. Anthony Ida

PLACE OF DEATH

County of Fremont

City of Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98399

Registration District No. 99

MAY 15 1936 RECEIVED

Registration District No. 2177 Local Registrar's No. 224

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Blackford Baiggs

(a) Residence. No. Teton Idaho St.
(Usual place of abode) Teton Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George A Briggs

6. DATE OF BIRTH (month, day, and year) Dec 3- 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	5	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oldham Lancashire England.

FATHER

13. NAME Joseph N. Blackford.

14. BIRTHPLACE (city or town) (State or country) Manchester England.

MOTHER

15. MAIDEN NAME Mary Smith.

16. BIRTHPLACE (city or town) (State or country) Oldham England.

17. INFORMANT Eva A. Briggs. (Address) Teton Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Idaho. Date May 6- 1936

19. UNDERTAKER Mayo & Keller. (Address) Rexburg Idaho.

20. FILED May 6, 1936. Sarah B Musick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1936, to 5-3, 1936

I last saw h[illegible] alive on 5-3, 1936: death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	Feb 1936

Other contributory causes of importance:

Acute myocarditis	

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. R. Gutherlesch M. D.

(Address) Rexburg Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 13 1936 RECEIVED IDAHO

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE — DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 98409

County of Fremont

City of St. Anthony

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 223

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georg de Vay Anderson

(a) Residence. No. St. Anthony Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Matilda Anderson

6. DATE OF BIRTH (month, day, and year) Sept. 13-1886

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nyman Utah

FATHER

13. NAME Peter N. Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Josephine Hansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT C. W. Anderson (Address) Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Date 4/19, 1936

19. UNDERTAKER H. M. Hansen (Address) St. Anthony Idaho

20. FILED 4/14, 1936 Sarah B. Hunk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to April 15, 1936.

I last saw ~~him~~ alive on April 15 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	

Other **contributory causes** of importance:

Furunculosis	
Tonsilitis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. S. Caldwell, M. D.

(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of [redacted]

City of Emmett

MAY 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98401

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. 9)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alonzo Seymore Gardner

(a) Residence. No. Emmett Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** day laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 13 yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Edward S. Gardner

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Kenneth C. Hopper

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/4, 1936

19. UNDERTAKER E. D. Buckingham
(Address) Emmett Idaho

20. FILED 4/4, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936, to Apr. 2, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	18 yrs. ago
Other **contributory causes** of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds, M. D.

(Address) Emmett Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98402

MAY 6 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Stormes

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Stormes

6. DATE OF BIRTH (month, day, and year) Oct 9 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 10/15-35
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Wm Stormes
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Margaret Kinsey
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Elmer Stormes
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 3/31, 1936

19. UNDERTAKER C D Beakbane
(Address) Emmett Idaho

20. FILED 3/31, 1936 J C Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1935, to March 28, 1936
I last saw him alive on March 26, 1936: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Esophagus	May 1935
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H H Lauterman, M. D.
(Address) Emmett Ida

MAY 6 1936 RECEIVED

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98403

County of Gem
City of Emmett

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

(No. 2) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Edwin Bates

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Bates

6. DATE OF BIRTH (month, day, and year) Sept 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER

13. NAME Lansing Bates

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Bates
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 4/30, 1936

19. UNDERTAKER L. D. Buckmeier
(Address) Emmett Idaho

20. FILED 4/29 1936 J. S. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to 4-27, 1936.

I last saw him alive on 4-27, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial	
Nephritis with	
Hypertension	

Other **contributory causes** of importance:

Auricular fibrillation	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? Urinary Test

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. M. Cummins, M. D.

(Address) Emmett

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Wendell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22

Primary Registration District No. 2018

(No. ....., ... St.)

File No. 9840

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph Alfred Kemphill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower (Write the word.)

6. DATE OF BIRTH: Mar (Month) 16 (Day) 1852 (Year)

7. AGE: 84 Yrs. 1 Mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Retired farmer

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): ~~North Carolina~~ Georgia

10. NAME OF FATHER: W. A. Kemphill

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Amelda Bright

13. BIRTHPLACE OF MOTHER (State or Country): Tennesee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W W T Kemphill

(Address) Wendell, Ida

15. Filed April 25 1936 C. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 25 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20 1936, to April 25 1936 that I last saw him alive on April 25 1936 and that death occurred on the date stated above, at 1:30 A M.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) 0 Yrs. 0 mos. 3 ds.

Contributory (Secondary) acute pharyngitis

(Duration) 0 yrs. 0 mos. 21 ds.

(Signed) W. A. Rubles M. D.

Apr 25 1936 (Address) Wendell, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF ~~BURIAL, OR~~ REMOVAL: Weaubleau Missouri

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Thompson

ADDRESS: Gooding, Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9840[illegible]

MAY 14 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett Noble

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Redsand

6. DATE OF BIRTH (month, day, and year) Sept 30 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME John Noble
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Sarah Black
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Lenora M. Mahon (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 5-9, 1936

19. UNDERTAKER D. E. Harrison (Address) Jerome

20. FILED 5/9, 1936 C. E. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1936, to 5/7, 1936
I last saw h[illegible] alive on 5/7, 1936: death is said to have occurred on the date stated above, at 4:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/4/36
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? ~~By~~ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) D. E. Harrison, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 665

DO NOT WRITE IN THIS SPACE
State File No. 98408

MAY 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evangline Barker

(a) Residence. No. ____ Gooding - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

69

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	wh.	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ira C. Barker

6. DATE OF BIRTH (month, day, and year) Sept 23 - 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Rushville Ill.

FATHER
13. NAME Henry Hatfield
14. BIRTHPLACE (city or town) (State or country) Rushville Ill.

MOTHER
15. MAIDEN NAME Mary Ritterhouse
16. BIRTHPLACE (city or town) (State or country) Rushville Ill.

17. INFORMANT (Address) Ira C. Barker, Gooding - Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl - Ida Date ____, 193__

19. UNDERTAKER (Address) White Mortuary Inc. Twin Falls, Ida

20. FILED 4-30, 1936 H. A. Crumrine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Hir, 1936, to 4-18, 1936
I last saw ~~him~~ alive on 4-18, 1936: death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis and	
general Paralysis	

Other contributory causes of importance:
uremia

Name of operation None Date of ____
What test confirmed diagnosis? Dr. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) ____, M. D.
(Address) Shoshone, Idaho

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9840?

PLACE OF DEATH

County of Jefferson
City of ... or
RFD.

Registration District No. 24
Primary Registration District No. ... Local Registrar's No. 663

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lemke

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lemke Deceased

6. DATE OF BIRTH (month, day, and year) Jan 5- 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Racine Wis

MOTHER FATHER

13. NAME Wm Lemke Germany

14. BIRTHPLACE (city or town) (State or country) Dark Knot

15. MAIDEN NAME Dark Knot

16. BIRTHPLACE (city or town) (State or country) Dark Knot

17. INFORMANT (Address) Wm John Kahnert

18. BURIAL, CREMATION OR REMOVAL Idaho Falls
Place ... Date 4-7-, 1936

19. UNDERTAKER (Address) A. E. Thompson

20. FILED 4-20-, 1936 J. H. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1936, to 4-5-, 1936
I last saw him alive on 4-2-, 1936: death is said to have occurred on the date stated above, at 7 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-1
Other **contributory causes** of importance:	
Chronic Nephritis	?
Arterio Sclerosis	?

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) J. H. Cromwell M. D.
(Address) Jefferson Co. Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item o. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boone
City of Just a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98408

MAY 7 1936 RECEIVED

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 6641

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary J Tuttle Lower

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Sinclair Lower

6. DATE OF BIRTH (month, day, and year) ____

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88 years			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) California
(State or country) Owens

FATHER
13. NAME ____
14. BIRTHPLACE (city or town) ____
(State or country)

MOTHER
15. MAIDEN NAME ____
16. BIRTHPLACE (city or town) ____
(State or country)

17. INFORMANT Mrs Evans Ward
(Address) Tuttle

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 4-14, 1936

19. UNDERTAKER Myrtle C Burdett
(Address) Shoshone Idaho

20. FILED 4-30, 1936 J A Cornwall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1936, to 4-10, 1936
I last saw her alive on 4-10, 1936: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Influenza	4/6/36

Other contributory causes of importance:
Cardiac weakness

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) H H Lower, M. D.
(Address) Boone, Idaho

FORM V. S. No. 5-A—25 M. MAY 11 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding

City of Wendell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2018

Primary Registration District No. 22

(No. ..... St.)

File No. 9840

Registered No. .....

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ada May Price

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: June (Month) 13 (Day) 1875 (Year)

7. AGE: 60 Yrs. 10 Mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business or establishment in which employed (or employer): own home

9. BIRTHPLACE (State or Country): Duncan Missouri

10. NAME OF FATHER: John W. Ellis

11. BIRTHPLACE OF FATHER (State or Country): Tennessee N.C.

12. MAIDEN NAME OF MOTHER: Jane Conelly

13. BIRTHPLACE OF MOTHER (State or Country): N. C.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R N R D

(Address) Wendell Ida.

15. Filed May 7 1936

E. L. Simonton
Local Registrar
R.G.H.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 6 (Day) 1936 (Year)

90

17. I HEREBY CERTIFY, That I attended deceased from May 5 1936, to May 6 1936 that I last saw her alive on May 6 1936 and that death occurred on the date stated above, at 10 1/4 A.M.

The CAUSE OF DEATH* was as follows:

~~Congestive heart failure~~
mitral stenosis

(Duration) 16 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Congestive heart failure

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W. A. Pullen M. D.

May 6 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE ~~OF BURIAL OR~~ REMOVAL: Duncan Missouri

DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Thompson

ADDRESS: Gooding Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98410

Registration District No. 103
Primary Registration District No. 2161
Local Registrar's No. 14
(No.)

1. (If death occurred in a hospital or institution, give its name instead of street and number) Mr.
2. FULL NAME William Francis Corcoran
(a) Residence. No. Lucile Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Corcoran

6. DATE OF BIRTH (month, day, and year) Sept 5 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81 (2) 81	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mineral Mines
10. Date deceased last worked at this occupation (mo. and yr.) 3-1-36
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Marysville
(State or country) California

FATHER
13. NAME Corcoran
14. BIRTHPLACE (city or town) Maysville Ky
(State or country)

MOTHER
15. MAIDEN NAME Mary Wilmot
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Laura H. Corcoran
(Address) Pomeroy ore,

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston Ida. Date 4-10, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Idaho

20. FILED 4/6, 1936 V B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936, to April 7, 1936
I last saw him alive on March 27, 1936: death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Flu)	
Other contributory causes of importance:	
Chronic Valvular	
Insufficiency Heart	

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. D. Swanner M. D.
(Address) Grangeville Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98411

[illegible] 9 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 13
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Ralph Weddle

(a) Residence. No. Riggins St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 1 19 35
7. AGE: Years | Months: 6 Mo | Days: 0 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Riggins Idaho

FATHER
13. NAME: Virgil Weddle
14. BIRTHPLACE (city or town) (State or country): Jukima Wash

MOTHER
15. MAIDEN NAME: Elizabeth Olson
16. BIRTHPLACE (city or town) (State or country): Fort N. D.

17. INFORMANT (Address): Virgil Weddle Riggins Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riggins Date April 1936

19. UNDERTAKER (Address): Eskenn Riggins

20. FILED 5-6..., 1936 ..C. Chipman.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to March 31, 1936.
I last saw him alive on March 31 1936: death is said to have occurred on the date stated above, at 10:25 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Type Influenza	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) L.D. Wheelwright, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of White Bird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98412

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 12

MAY 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alma Atwood

(a) Residence. No. White Bird St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, and year) April 14-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) April-1-36

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Fort Musclehell Mont

FATHER

13. NAME Joe Mesaier

14. BIRTHPLACE (city or town) (State or country) not obt. Canada

MOTHER

15. MAIDEN NAME Melina Benoit

16. BIRTHPLACE (city or town) (State or country) not obt Canada

17. INFORMANT (Address) Husband James Atwood White Bird Ida.

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 10, 1936
I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
Pneumonia,	
Chronic Cirrhosis	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Welker M. D.
(Address) Grangeville Idaho

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98413

PLACE OF DEATH
County of Idaho
City of Stites

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 402

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Alvin Franklin Cathrman

(a) Residence. No. ..... St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie S Cathrman

6. DATE OF BIRTH (month, day, and year) Dec 15th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER/FATHER
13. NAME Moses Cathrman
14. BIRTHPLACE (city or town) (State or country) Michigan
15. MAIDEN NAME Susan Amok
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Jennie Cathrman Stites

18. BURIAL, CREMATION OR REMOVAL
Place Stites Date Apr 21 1936

19. UNDERTAKER (Address)

20. FILED May 1, 1936 Jm Verbeeuwen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 19 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 1936, to Apr 19, 1936.
I last saw him alive on Apr 16 1936; death is said to have occurred on the date stated above, at 9:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetis Mellitis	

Other **contributory causes** of importance:

Gangrene right foot	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. W. Newtworth M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9841

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 401

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Hoovy 90

(a) Residence. No. ..... Kooskia Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Millie Bonar Hoovy

6. DATE OF BIRTH (month, day, and year): December 10 - 1845

7. AGE — Years: 90 | Months: 3 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER
13. NAME: John Hoovy
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Mc-Coblambble
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Millie Hoovy Kooskia-Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date April 4 1936

19. UNDERTAKER (Address): Geo. Feeney Kooskia

20. FILED April 5 1936 J M Verbeckmoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to April 3, 1936.
I last saw him alive on April 3 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J M Verbeckmoes M. D.
(Address) Kooskia Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98415

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 12

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Child - Bonney Lee Lawson

(a) Residence. No. ..... Grangeville Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 16 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	✓	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Grangeville
(State or country) Ida.

FATHER
13. NAME Dallas T. Lawson
14. BIRTHPLACE (city or town) Goodings
(State or country) Ida.

MOTHER
15. MAIDEN NAME Ethel Thomas
16. BIRTHPLACE (city or town) Laramie
(State or country) Wyoming

17. INFORMANT Father Dallas T. Lawson
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 3-18, 1936

19. UNDERTAKER Haycock Funeral Home
(Address) Grangeville Ida.

20. FILED 3-18, 1936 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-[illegible]-36, to 3-17, 1936
I last saw her alive on 3-17, 1936: death is said to have occurred on the date stated above, at 9:50 P. m.
The principal cause of death and related causes of importance were as follows:

Bronco Pneumonia — Date of onset 3-10-36

Other contributory causes of importance:
Bronchitis — ???

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....
(Signed) L D Wilkinson M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9841[illegible]

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 11

MAY 9 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Hale Pettingill

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 4-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) 1 mo. ago.

11. Total time (years) spent in this occupation 55 years

12. BIRTHPLACE (city or town) Boston
(State or country) Mass

FATHER

13. NAME Benjamin H. Pettingill

14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER

15. MAIDEN NAME Joan Matthews

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Mrs Jessie Olney
(Address) Riggins, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 5-5, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 5-6-, 1936 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to March 3, 1936
I last saw h~~im~~ alive on March 3, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrosis Pancreatica Hepatis	1934

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Chipman, M. D.
(Address) Grangeville Ida.

MAY 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9841?

PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 10

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eusebia Degen

(a) Residence. No. Cottonwood Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 6. 1845

7. AGE: Years 90 | Months 5 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME George Bird

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Otto Arckhuyzen Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL Place Cottonwood Date 4/13 1936

19. UNDERTAKER (Address) Glenn Culp Grangeville Ida

20. FILED Apr. 13, 1936 H. F. Orr per S.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25..., 1936., to Apr. 9....., 1936..

I last saw her alive on Apr. 9., 1936.: death is said to have occurred on the date stated above, at 2:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928
Other **contributory causes** of importance: Interstetial Nephritis	1935

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?... Date of injury.., 193.

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Hedley F. Orr, M. D.

(Address) Cottonwood Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98419

MAY 9 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. William Wallace Brown

(a) Residence. No. Grangeville (Usual place of abode) Idaho St. .....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M.

6. DATE OF BIRTH (month, day, and year) March 24-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (mo. and yr.) 1-1933
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) Buckingham Co. (State or country) Virginia

FATHER
13. NAME John W. Brown
14. BIRTHPLACE (city or town) not obt. (State or country) Va

MOTHER
15. MAIDEN NAME Sarah Miller
16. BIRTHPLACE (city or town) not obt. (State or country) Va

17. INFORMANT Wife Anna M. Brown (Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Ida. Date 5-4, 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED 5-6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to May 2, 1936. I last saw h[illegible] alive on May 1, 1936: death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. W. Hellmuth M. D.
(Address) Grangeville.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98420

Registration District No. 103

MAY 9 1936 REGISTERED

Primary Registration District No. 1001 Local Registrar's No. 18

(No. Ten miles North East of Grangeville 74a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Harvell

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Dec 3, 1866

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Forrest Harvell Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 4-14-1936

19. UNDERTAKER Glenn Culver
(Address) Grangeville Ida

20. FILED 5-6-1936 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/12/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Glenn Culver

(Address) Grangeville Ida

Coroner of Idaho County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 103
Primary Registration District No. 1001
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 9842

MAY 9 1936 RECEIVED

Local Registrar's No. 17

88

2. FULL NAME Pheaby Sifton

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1857

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	78	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT W. M. Stillwell
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Date 4/20, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED 5-6-, 1936 J. E. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 193

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 193 6, to 4-17, 193 6
I last saw her alive on 4-17, 193 6; death is said to have occurred on the date stated above, at 10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934

Other **contributory causes** of importance:

None	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. E. Thompson M. D.
(Address) Grangeville, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98422

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 16

MAY 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Depaul Hospital

2. FULL NAME S. Albert Deffling

(a) Residence. No. Grangeville St. 179
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year):

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Miner

10. Date deceased last worked at this occupation (mo. and yr.): 1933 | 11. Total time (years) spent in this occupation: 50 years.

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mack Rozeboz Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: 5/6, 1936

19. UNDERTAKER (Address): Glenn Culp Grangeville Ida

20. FILED 5-6, 1936 B. C. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 193 4, to 4-3, 193 6
I last saw him alive on 4-3-36 193 6: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2-1-34

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) .....

MAY 1 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98423

County of Latah
City of Kamiah

Registration District No. 49
Primary Registration District No. 7127 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Maria Atkinson

(a) Residence. No. St. Kamiah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin Atkinson

6. DATE OF BIRTH (month, day, and year) Sept 28 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME David Young
14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W. D. Kuns (Address) Kamiah

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Kamiah Date 5/15, 1936

19. UNDERTAKER Kamiah Funeral Home (Address)

20. FILED 5/7 8, 1936 Nell Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Three Months, 193.., to Above, 193....
I last saw h-- alive on 3/11, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other **contributory causes** of importance:

Chronic Nephritis	?

Name of operation —— Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) A. L. Bryan M. D.
(Address) Kamiah Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 98424

MAY 12 1936 RECEIVED

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 17

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orson Charles Putnam.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Estella Hazel Putnam.

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith Shop.
10. Date deceased last worked at this occupation (mo. and yr.) 4/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Woodruff, Utah.

FATHER

13. NAME Seth Harris Putnam.
14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Annie Marria Tucker.
16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Mrs. O.C. Putnam (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Camas Idaho Date 4-26-1936

19. UNDERTAKER O.E. Sherwood (Address) Rigby, Ida.

20. FILED 4/27, 1936 O.E. Sherwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to April 23, 1936
Last saw him alive on April 23, 1936: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan. 1936
Myocarditis	Jan. 1936
Other contributory causes of importance:	

Name of operation ~ Date of
What test confirmed diagnosis? Was there an autopsy? ~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. Hartley Lindsay M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 18

DO NOT WRITE IN THIS SPACE
State File No. 98425

MAY 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Rhodes.

1610

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER
13. NAME Basil Alonzo Rhodes.
14. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Alice Freeda Heise.
16. BIRTHPLACE (city or town) Nebraska.
(State or country)

17. INFORMANT Basil A. Rhodes
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 5/4, 1936

19. UNDERTAKER A B Beckwith
(Address) Rigby, Idaho.

20. FILED 5-4, 1936 A B Beckwith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1936, to 5-3, 1936
I last saw h... alive on 5-3-, 1936; death is said to have occurred on the date stated above, at 12:10A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Labor	5-3-36
Other contributory causes of importance: Premature	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B A Rhodes, M. D.
(Address) Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson.

City of Rigby

MAY 12 1936 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98427
State File No.

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 19

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1594

2. FULL NAME Baby Brower.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. W.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME Leonard J. Brower.

14. BIRTHPLACE (city or town) (State or country) Vernal, Utah.

MOTHER

15. MAIDEN NAME Ruth Olive Pierce.

16. BIRTHPLACE (city or town) (State or country) Menan, Idaho.

17. INFORMANT Leonard J Brower
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 5-9, 1936

19. UNDERTAKER None.
(Address)

20. FILED 5-9, 1936 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8-, 193.., to 5-8 193..

I last saw h.. alive on 5-5, 193..; death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart Lesion	
Cyanosis & Status Thymicus	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Rice M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of 4½ Mi. West Jerome

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98423

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Minerva Erdmann

(a) Residence. No. 4¾ Mi West Jerome St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gus Erdmann

6. DATE OF BIRTH (month, day, and year) Jan 16 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Sullivan McPherson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME — Hawk

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Gus Erdmann (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Cem Date Apr 26, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 4/24, 1936 C E Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to April 23, 1936, last saw her alive on Nov 9, 1935: death is said to have occurred on the date stated above, at 2:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Hypertension	
Myocarditis	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Matson, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98429
State File No.....

MAY 12 1936 RECEIVED

Registration District No.....
Primary Registration District No..... Local Registrar's No.....
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lim Long

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jong Long

6. DATE OF BIRTH (month, day, and year) 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** State Cafe Jerome Idaho

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Lim Yai

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Not Know

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Henley W. Louie
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date May 4, 1936

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 5/4, 1936 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to May 3, 1936
I last saw him alive on May 2, 1936: death is said to have occurred on the date stated above, at 1:45 a m
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer Liver	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 1 1936 RECEIVED

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98430

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Krenz

(a) Residence. No. Jerome Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/7/1926

7. AGE Years	Months	Days	If LESS than 1 day ✗ hrs. or ✗ min.
8	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bliss Idaho

FATHER

13. NAME W. W. Krenz

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lillian Andreas

16. BIRTHPLACE (city or town) (State or country) Salt Lake Ut

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date May 2, 1936

19. UNDERTAKER Jerome Funeral Chapel
(Address) Jerome Ida

20. FILED 4/30, 1936 C. R. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30/1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to April 30, 1936

I last saw her alive on April 29, 1936: death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 1936

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben A. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98431

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doyle Laverne Hill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 28-35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME Harmon Hill

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Elma Mitchel

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Harmon Hill Jerome

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Jerome Cemetery Date 4/22, 1936

19. UNDERTAKER (Address) D. A. Harrison

20. FILED 4/22, 1936 C. S. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 21, 1936

I last saw h[illegible] alive on April 20, 1936: death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Apr 9/36

Other contributory causes of importance:

Mal Nutrition	nine months
Premature infant	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Ellsworth M.D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98432

Registration District No.

Registration District No. Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John N Ehrmantraut

(a) Residence No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
White	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Veronica S. Ehrmantraut

6. DATE OF BIRTH (month, day, and year) Jan 3-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nicholas Ehrmantraut

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Eberly

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Veronica Ehrmantraut Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date 4-22 1936

19. UNDERTAKER D A Peterson
(Address) Jerome

20. FILED 4/21, 1936 C E Tuttle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-19 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 19, 1936.
I last saw him alive on April 19, 1936: death is said to have occurred on the date stated above, at 11-15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-19-36
a Left Paralysis	

Other contributory causes of importance:

Hypertension	unknown

Name of operation none Date of
What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr Ellwood, M.D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98434

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 67

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joan Evelyn Holland

(a) Residence. No. Lakeside Hospital St. Spokane Bridge Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 8-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spokane Wash

FATHER
13. NAME George E Holland
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Lydia Quick
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT George E Holland
(Address) Spokane Bridge Wash

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant View Cemetery - Post Falls Date 4/9/, 1936

19. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene Ida

20. April 9, 1936 E L Sparkman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936, to April 8, 1936
I last saw her alive on April 8, 1936. Death is said to have occurred on the date stated above, at 1230 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Cerebro-Spinal Meningitis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harold J Stringer, M. D.
(Address) Coeur d'Alene Ida

Dr Sturges

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

98435

State File No.

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 66

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Douglas Gaines

24

(a) Residence. No. 802 - 7th St.

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8 - 10 - 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student - 5th

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Grade School

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

MOTHER FATHER

13. NAME Ralph A. Gaines

14. BIRTHPLACE (city or town) St. John
(State or country) Wn.

15. MAIDEN NAME Irene McSweeney

16. BIRTHPLACE (city or town) St. Johns
(State or country) Washington

17. INFORMANT Ralph A. Gaines
(Address) C.D.A.

18. BURIAL, CREMATION OR REMOVAL
Place C.D.A. Date 4/7, 193 6

19. UNDERTAKER Mooney Mortuary
(Address) C.D.A.

20. April 8, 193 6 E. L. Sturges
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 193 6 to 4-5, 193 6

I last saw him alive on 4-5, 193 6 death is said to have occurred on the date stated above, at 7.40 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epidemic Cerebro-Spinal meningitis	4-1-36

Other **contributory causes** of importance:

Scarlet Fever	3-5-36

Name of operation None Date of

What test confirmed diagnosis? Lab. test Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Sturges M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 4 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98436

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 59

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irving D. Satchwell

(a) Residence. No. .... St. ....
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

1010

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Betty J. Satchwell

6. DATE OF BIRTH (month, day, and year) May 21 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Rathdrum
(State or country) Idaho

FATHER

13. NAME Roscoe E. Satchwell

14. BIRTHPLACE (city or town) Woodlake
(State or country) Minn

MOTHER

15. MAIDEN NAME Hannah E. Roberts

16. BIRTHPLACE (city or town) Granite Falls
(State or country) Minn.

17. INFORMANT Betty Satchwell
(Address) Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove Cemetery Date 3-12-1936

19. UNDERTAKER Crossley Funeral Home
(Address) Rathdrum Ida.

Entered 2, 1936. E. L. Strahorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1936, to 3/9, 1936

I last saw him alive on 3/9, 1936; death is said to have occurred on the date stated above, at 11:55 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/6/36
Bilateral	
Other **contributory causes** of importance:	

Name of operation None Date of ....

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. F. Herring, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of [redacted]

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98437

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfeni Peter Poirier

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary E Poirier

6. DATE OF BIRTH (month, day, and year): June 29 1861

7. AGE: Years 74 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired about 10 years
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): St. Johns Baptiste Province Canada

MOTHER FATHER

13. NAME: Edward Poirier
14. BIRTHPLACE (city or town) (State or country): Canada
15. MAIDEN NAME: Dorothea Dilcott
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): J. O. Poirier Ox

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date 4-1.., 1936

19. UNDERTAKER (Address): Cassidy Funeral Home Coeur d'Alene Ida

20. Filed ..., 193.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1933., to Mar 27 ....., 1936.
I last saw him alive on 3/27.., 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs.
Diabetic Gangrene	1 week

Other **contributory causes** of importance:

Diabetes Mellitus	8 or 10 yrs.

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hornung, M. D.
(Address) Coeur d'Alene

PHONE 582

DR. F. F. HORNING
PHYSICIAN AND SURGEON
BRIER BLDG.
COEUR D' ALENE, IDAHO

SEP 28 1936 RECEIVED

September 26, 1936

Department of Public Welfare
Bureau of Vital Statistics
Boise, Idaho

Dear Madam:

I have received the books that I asked for and also your letter of yesterdays date. Thank you very much for the information you have given me.

In regard to the date of Mr. Albeni Peter Poirer, for which you asked, I have traced the records and find that it was on March 27, 1936

Sincerely yours,

F. F. Horning, M.D.
M. N.

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98438

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1.2.50 Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Constance Dawn Post. 11a

(a) Residence. No. 1024 Young Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-28-1925

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
10	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Coeur d'Alene Ida
(State or country)

FATHER

13. NAME Ezra Post

14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Pansy B. Houck

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs. Pansy B. Post
(Address) Ida.

18. BURIAL, CREMATION OR REMOVAL
Forest Place. Coeur d'Alene Date. 4-4-, 1936

19. UNDERTAKER Mooney Mortuary
(Address)

20. April 3, 1936 C. L. Sparkman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-2 1936

22. I HEREBY CERTIFY, That I attended deceased from apr. 2, 193.6., to apr. 2, 193.6.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	7

Other **contributory causes** of importance:

Congenital idiot	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. L. Sparkman M. D.
(Address) Coeur d'Alene Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 4 1936 RECEIVED

Information should be carefully supplied. Read carefully by those who state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98439

Registration District No. 30

Primary Registration District No. 1030 Local Registrar's No. 62

(No. 85)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Benton Smith

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of: Olive Crabtree

6. DATE OF BIRTH (month, day, and year): Nov. 28 ~~1851~~ 1852

7. AGE: Years 83 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer (Retired)

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Farm

10. Date deceased last worked at this occupation (mo. and yr.): 15 yrs.

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER FATHER

13. NAME: Joseph Smith

14. BIRTHPLACE (city or town) (State or country): Missouri

15. MAIDEN NAME: Mary Vaughn

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs. Nora Craig, Athol Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Spangle Wash. Date: 4/5, 1936

19. UNDERTAKER (Address): Jaeger Funeral Home, Coeur d'Alene Idaho

20. FILED ..., 193... E. J. Grant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. ..., 1935, to 4/3, 1936.

I last saw him alive on 3/29, 1936: death is said to have occurred on the date stated above, at 10:40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs. c.
Senility	

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Newman M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98440

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 63

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Putman

(a) Residence. No. St. 8 miles from Post Falls
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Phleatus Putman

6. DATE OF BIRTH (month, day, and year) 1853 - 5 - 4

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Heibil
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Agnes Yaeger (Address) Post Falls

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 4 - 5 - 1936
Forest

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. Filed April 6, 1936 E. L. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 - 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936, to Mar 20, 1936
I last saw her alive on Mar 20, 1936: death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Just old age and general debility	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193....
Where did injury occur? No injury
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. J. Geo Graybill, M. D.
(Address) Post Falls, Mont.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98441

APR 3 1936 RECEIVED

Registration District No. 30
Registration District No. 1050
Local Registrar's No. 49

(No. 90.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank R. Rector

(a) Residence No. County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
77	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Betty Satchwell
(Address) Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grove cemetery Date 2-18, 1936
Rathdrum

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida.

20. FILED Mar 3, 1936 E. L. Speth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-15 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to 2-15, 1936
I last saw him alive on 2-8 1936 death is said to have occurred on the date stated above, at 7:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Heart Failure	2-15-36
Senility	
Other contributory causes of importance:	
dropped dead in toilet	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Naturc of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) H. A. Hoyum M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9844

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 44

APR 3 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Columbus Turner

(a) Residence. No. 1070 - 1st St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Grace Turner

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 50 yrs	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 5 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ore.

FATHER
13. NAME Henry Irvin Turner
14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER
15. MAIDEN NAME Nancy Ann Morris
16. BIRTHPLACE (city or town) (State or country) Ore.

17. INFORMANT Tom Turner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fairgrove cemetery Date Feb. 10 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) C'd'A Ida.

20. FILED Feb 24, 1936 E. E. Spahn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1936, to 2/14, 1936
I last saw him alive on 2/14, 1936; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	10 yrs
Prostatic abscess	3 months

Other contributory causes of importance:
Cystotomy Rod put in one 2 weeks
Preparing to open abscess
when death occurred

Name of operation Cystotomy Date of Feb 4 36
What test confirmed diagnosis? Was there an autopsy? No
but abscess found at operation

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. T. Nottingham, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Rathdrum

APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Original Registration District No. 1650

DO NOT WRITE IN THIS SPACE

State File No. 98443

Local Registrar's No. 18

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerry Meridith 164

(a) Residence No. ..... Cowley Hospital St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
96	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** F

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Betty Satchwell
(Address) Rathdrum

18. BURIAL, CREMATION OR REMOVAL
Private Grove Cemetery Date 2-18, 1936
Rathdrum Ida

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Ida.

20. FILED APR 3, 1936 E. J. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-11 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to 2/11/, 1936
I last saw him alive on 2/8/ 1936.: death is said to have occurred on the date stated above, at 3:00 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	2 days
Cardiac failure	
Other **contributory causes of importance:**	

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) A. F. Hoernig M. D.
(Address) over dale Idaho

MAY 4 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9844

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 73

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. [redacted] Putman

(a) Residence. No. 1417 - 5th St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): 6-9-1861

7. AGE — Years: 74 | Months: 10 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter

10. Date deceased last worked at this occupation (mo. and yr.): 1920

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Springfield Mo.

MOTHER OR FATHER

13. NAME: — Putman

14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMANT (Address): Mrs. Wm. P. Reed Lewiston, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~: Forest Lawn Cem. Date 4-17-1936

19. UNDERTAKER (Address): Mowry's

Entered 18, 1936 E. F. Strohm M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/27, 1936, to 4/16, 1936.

I last saw him alive on 4/15, 1936. death is said to have occurred on the date stated above, at 6 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	3 years
Chr. Myocarditis	
Senility	

Other **contributory causes** of importance:

Strangulated Hernia

Name of operation: ..... Date of: 2/27/36

What test confirmed diagnosis? Examination Observation Was there an autopsy? Hernia Bladder

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. F. Strohm M. D.

(Address) Coeur d'Alene

4/5 - Dispatched

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Worley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9844[illegible]

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 74

MAY 4 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Natalie Silas

(a) Residence. No. Worley Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Silas

6. DATE OF BIRTH (month, day, and year) Dec. ? 1875

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Feb. 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Spokane Falls

FATHER

13. NAME Enoch Selaquelyah

14. BIRTHPLACE (city or town) (State or country) Spokane Falls

MOTHER

15. MAIDEN NAME Mary Pierre

16. BIRTHPLACE (city or town) (State or country) Spokane Falls

17. INFORMANT Margaret Adams Comin
(Address) Worley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Worley Idaho Date 4-21, 1936

19. UNDERTAKER Jaeger Funeral Home
(Address) Spokane Wash

Filed 20..., 1936. E. L. Strahorn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1936, to April 3, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abdominal ascitis possibly Malignancy to-	
ward the cause	
Other **contributory causes of importance:**	
General asthenia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

I (Signed) E. L. Strahorn, M. D.
(Address) Spokane Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98446

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1030
Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry B. Cope Mapp

(a) Residence. No. 1402 Sherman Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma J. Coleman

6. DATE OF BIRTH (month, day, and year) 3-29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1908

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Baldwin Coleman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Emma J. Coleman
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Palo. Mich. Date 4/7, 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED ....., 193.. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1936, to 1-14, 1936
I last saw h[illegible] alive on 1-14, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Worry.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) E. H. Teed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9844?

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 76
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Dudley Stewart
(a) Residence. No. 915 A St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Downey.

6. DATE OF BIRTH (month, day, and year) 3/16/1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London (State or country) England

FATHER
13. NAME Glendra Patrick
14. BIRTHPLACE (city or town) London (State or country) England

MOTHER
15. MAIDEN NAME Jane Allen
16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Mrs Maude Jones (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 4-21, 1936

19. UNDERTAKER Cassyday Funeral Home (Address) Council Idaho

20. April 22, 1936 E. E. Lyon M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 20, 1936.
I last saw him alive on April 19, 1936.; death is said to have occurred on the date stated above, at 4.40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	1930
Other contributory causes of importance:	
Nephritis	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Benson M. D.
(Address) Council Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Genesee

MAY 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98443

Registration District No. 30

Primary Registration District No. 1020

Local Registrar's No. 77

(No. Catholic Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John H. Justus

(a) Residence. No. Harrison Idaho St. Harrison Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, and year) 12-10-1873

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
62	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 4/1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Wm. Justus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Roderman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Justus Harrison Ida
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fortuna Cem. Ida. Date 4-25-, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Ed Ida

FILED April 24, 1936 E. L. Sparks M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/22/1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 22, 1936.

I last saw him alive on April 22, 1936; death is said to have occurred on the date stated above, at 5 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J. Sturges, M. D.

(Address) Clo Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98449

Registration District No. 30
Primary Registration District No. 1030
Local Registrar's No. 80

MAY 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della A. Burchett

74a

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Robert G. Burchett

6. DATE OF BIRTH (month, day, and year) 1878-1-24

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 4-23-1936
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Mo.

FATHER
13. NAME John Harrelson
14. BIRTHPLACE (city or town) ____ (State or country) Tenn.

MOTHER
15. MAIDEN NAME Virgie Clark
16. BIRTHPLACE (city or town) ____ (State or country) Ark.

17. INFORMANT Robert G Burchett (Address)

18. BURIAL, CREMATION OR REMOVAL Ida
Place Pleasant View Date 4-26, 1936

19. UNDERTAKER Conrad Funeral Home (Address) Baker Idaho

Filed April 27, 1936 E. L. Sparkman M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1936 to 4/24, 1936
I last saw her alive on 4/23, 1936; death is said to have occurred on the date stated above, at 5 23a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Rt. Hemiplegia	4/23/36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. F. Hemmingway, M. D.
(Address) Coeur d'Alene
acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98459

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 81
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olof Oberg
(a) Residence. No. ____ Lakeside Hospital
(Usual place of abode) Dont-Know (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Dont-Know

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not married

6. DATE OF BIRTH (month, day, and year) 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	—	—	—

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dont-Know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Habo
10. Date deceased last worked at this occupation (mo. and yr.) 1918 Years in merchant marine
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Miss Johnson (Address) Lakeside Hospital

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Date 4-25-, 193 6

19. UNDERTAKER Casey Funeral Home (Address) Coeur d'Alene, Ida.

20. Filed April 27, 1936 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-22 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193 6, to April 22, 193 6
I last saw h— alive on 4/22, 193 6. death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus (left)	4/20/36
following	
Bronchial Pneumonia	Feb 1, 1936
lung abscess with collapse	
lung below abscess (R)	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193—
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) F. H. Norris, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98451

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 103-3
Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes M. Roche

(a) Residence. No. 1012 C D'Alene Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1909 - 2 - 25

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1-26-2-26
11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER
13. NAME Michael Roche
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Kelleher
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mike Roche
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Thomas C D'Alene Ida. Date 4-21, 193 6

19. UNDERTAKER .....
(Address) .....

20. Filed 4-27, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 193 6, to April 19, 193 6
I last saw h e alive on April 14, 193 6; death is said to have occurred on the date stated above, at 1.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer metastases to lungs	3-4 mos
Duration, pulmonary edema	3 days

Other contributory causes of importance:

Name of operation Breast Amputation Date of about 2 mos ago
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Abigail M. Greenwood M. D.
(Address) Coeur d'Alene, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98452

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 83

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura A. Montgomery

(a) Residence. No. 328 - Mullan Ave St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. C. Montgomery

6. DATE OF BIRTH (month, day, and year) 2-22-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mc
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Occupation
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country)

FATHER
13. NAME Henry T. Williams
14. BIRTHPLACE (city or town) ....
(State or country) England

MOTHER
15. MAIDEN NAME Laura Anderson
16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT Mrs. L. G. Pierce
(Address) Coeur d'Alene

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane, Wn. Date April 27 193.6

19. UNDERTAKER Mooney Mortuary
(Address) C.d.A.

20. Filed April 27 193.6 E. L. Lyons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 193.6, to Apr. 25, 193.6.
I last saw h.... alive on Apr. 20, 193.6. death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	?
Degenerations	
Other **contributory causes** of importance:	
Toxic adenoma	?
Bronchopneumonia	Feb 28 Mar 2

Name of operation .... Date of .... 36.
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) C. C. Elwood M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98453

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 9 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pasualle Damiano
(a) Residence. No. Harrison — Connally Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 94 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Damiano

6. DATE OF BIRTH (month, day, and year) 1853-8-10

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Carmine Damiano
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Rosa Corfocio.
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Antonia Damiano

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Idaho Date 4-8 193 6

19. UNDERTAKER Cassady Funeral Home
(Address) Harrison, Idaho.

20. FILED April 7, 193 6 Ruth Connally
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5 193 6

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 193 6, to Apr 5, 193 6
I last saw him alive on Apr 5, 193 6: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-3-36
Other contributory causes of importance:	
Paralysis agitans	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) DeGrandall, M. D.
(Address) St Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenay.
City of Coeur d'Alene.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9845

Registration District No. 50
Primary Registration District No. 1050
Local Registrar's No. 64

MAY 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelyne Pearson

(a) Residence. No. 822 - Mullan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshal B. Pearson

6. DATE OF BIRTH (month, day, and year) 1864-1-3

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Dec 1935 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Bay Wisc

FATHER
13. NAME Daniel Kaufman
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Emily Brown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marshall B Pearson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 4-5, 193 6

19. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene Ida

20. Filed April 4, 193 6 E. S. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-3 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 193 6, to 4-3-, 193 6
I last saw her alive on 4-3, 193 6; death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E H Teed M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9845

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 63

MAY 4 1936 RECEIVED

(No. Home Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Kenneth Marquett

(a) Residence. No. C.D.A. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 4-1-1936

7. AGE — Years | — Months | 2 Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) C.D.A. (State or country)

FATHER

13. NAME Kenneth Marquett

14. BIRTHPLACE (city or town) Montana (State or country)

MOTHER

15. MAIDEN NAME Marjorie Brummer

16. BIRTHPLACE (city or town) Wisconsin (State or country)

17. INFORMANT Kenneth Marquett (Address) C.D.A.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Cemetery C.D.A. Date 4-5, 1936

19. UNDERTAKER Mooney Mort. (Address)

20. April 7, 1936 E. L. Strahorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 3, 1936

I last saw him alive on April 3, 1936; death is said to have occurred on the date stated above, at 8:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of	
Newborn	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Roy Henson, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98456

Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 69

MAY 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm E. Kirker

(a) Residence. No. Lakeside Hospital St. 812 - B. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ethel Kirker

6. DATE OF BIRTH (month, day, and year) 1861-8-13

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Kirker
14. BIRTHPLACE (city or town) (State or country) Iowa Ohio

MOTHER
15. MAIDEN NAME Elizabeth Grier
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Wm. E. Kirker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Idaho Date 4/15, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. Filed 14, 1936 E. L. Lyon M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-13 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to April, 1936
I last saw h[illegible] alive on 4-13, 1936; death is said to have occurred on the date stated above, at 8 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs ago.
Other contributory causes of importance: Benigne Disease	

Name of operation Amputation Leg Date of April 6
What test confirmed diagnosis? Clinical Was there an autopsy? 3x

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lee Lyon M. D.
(Address) 402 Lakeside

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98457

MAY 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 70
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Keller

(a) Residence. No. 815 - East Lakeshore St.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1880 - 4 - 13

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 41 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Keller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Klein
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Keller
(Address) 1496 Greenleaf St. Louis

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Forest Date 4-15 193 6

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

Filed April 14, 193 6 E. L. Graham M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 9, 193 6, to April 10, 193 6
I last saw h~~im~~ alive on April 10, 193 6: death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930

Other contributory causes of importance:

Influenza	April 5, 1936
Respiratory Infection	April 5, 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Graham M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98458

MAY 4 1936 RECEIVED

Registration District No. 3
Primary Registration District No. 1038
Local Registrar's No. 72

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Job Olmsted

(a) Residence. No. 1102 - 9th St.
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. ___ mos. ___ ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Caroline Olmsted

6. DATE OF BIRTH (month, day, and year) 1-17

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Racine Wis.

FATHER

13. NAME ——— Olmsted

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Judith Merrill

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Mrs. T. W. Schmidt
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place CD'Alene, Ida. Date 4-16, 1936

19. UNDERTAKER Cossedy Funeral Home
(Address) CD'Alene, Ida.

20. FILED 4-16, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 14, 1936.
I last saw him alive on April 8, 1936; death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Cardiac Vascular	April 8-36.
Other contributory causes of importance:	

Name of operation none Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 1936
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ———

(Signed) Hubert Sturges, M. D.
(Address) Coeur d'Alene Idaho

APR [illegible] 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98459
State File No.

Registration District No. 45

Primary Registration District No. Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah J. Racey

(a) Residence. No. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chris Racey

6. DATE OF BIRTH (month, day, and year) Apr. 14 1851

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	84	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER FATHER

13. NAME Michael Roach

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Sarah J. Wynn

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mae McSauney
(Address) Everett, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Cem. Spirit Lake Ida Date 3-16., 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum, Ida

20. FILED 3-17, 1936 A. C. Hoover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1936, to Mch 9, 1936.
I last saw her alive on Mch 9, 1936.: death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
influenza	
Other **contributory causes** of importance:	
Chronic nephritis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. C. Hoover, M. D.
(Address) Spirit Lake Ida

M. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9846

PLACE OF DEATH
County of Kootenai
City of Harrison

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Ellsworth McBurney

(a) Residence. No. Harrison, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 95- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Maud C. McBurney
6. DATE OF BIRTH (month, day, and year): 1861-8-17
7. AGE: Years 74 | Months 8 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Post-master
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 4-8-1936
11. Total time (years) spent in this occupation: 12 yrs.

12. BIRTHPLACE (city or town) (State or country): Penn.

FATHER
13. NAME: — McBurney
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Dont-Know
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Ida M. Grant Tacoma, Wn

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 4-21 1936

19. UNDERTAKER (Address): Cassedy Funeral Home ~~Coeur~~ Harrison, Idaho

20. FILED April 19, 1936 Ruth Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936, to Apr 18, 1936.
I last saw ~~him~~ alive on Apr 10, 1936; death is said to have occurred on the date stated above, at 11-P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholithiasis	Apr 8-36
Other **contributory causes** of importance: Hemiplegia	1935

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or, town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. E. Maurer, M. D.
(Address) H. Harrison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9846

PLACE OF DEATH

County of Latah

City of Moscow

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 110

(No. 125 West Third)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Maxine Brannon

(a) Residence. No. 325 E. Lewis St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.-SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 27, 1929

7. AGE — Years: 6 | Months: 8 | Days: 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Rockford Wn.

13. NAME: John Brannon

14. BIRTHPLACE (city or town) (State or country): Southwick Ida.

MOTHER

15. MAIDEN NAME: Hazel Slickard

16. BIRTHPLACE (city or town) (State or country): Malden Wn.

17. INFORMANT (Address): John Brannon Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL

Place. Moscow Date 4/9, 1936

19. UNDERTAKER (Address): H.R. Short Moscow

20. FILED 4/8, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1936, to 4-7, 1936.

I last saw her alive on 4-7, 1936; death is said to have occurred on the date stated above, at 1.0 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure due to anesthetic	
Other **contributory causes** of importance:	
Cardiac disease	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Lyon M. D.

(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98463

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 109
Gritman Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

143 (F)

2. FULL NAME Wilena Ruth Hart

(a) Residence. No. Viola St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Merrill Hart

6. DATE OF BIRTH (month, day, and year): July 24, 1912

7. AGE: Years 23 | Months 8 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Walla Walla (State or country) Wash.

FATHER

13. NAME W.M. Christiansen
14. BIRTHPLACE (city or town) Dane County (State or country) Wis.

MOTHER

15. MAIDEN NAME Caroline Larson
16. BIRTHPLACE (city or town) ..... (State or country) Iowa

17. INFORMANT ... W.M. Christiansen (Address) Viola, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Viola
Place ..... Date ....., 193..

19. UNDERTAKER H.R. Short (Address) Moscow, Ida.

20. FILED 4/7, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1936.., to 4-6, 1936..
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Kidney insufficiency due to an acute flare up of a chronic Mixed Nephritis	4-4-36

Other **contributory causes** of importance:
Surgery for ruptured ectopic pregnancy and ether anesthetic

Name of operation Ectopic pregnancy Date of 4-1-36
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Doyle M. Eschi M. D.
(Address) Moscow Idaho

MAY 11 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98464

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 108

(No.) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Laura Amelia Base

(a) Residence. No. Deary, Idaho St. Deary, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Base

6. DATE OF BIRTH (month, day, and year) Sept. 30, 1873

7. AGE: Years 62 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester Minn.

FATHER

13. NAME Charlie Beyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Base (Address) Deary, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Deary Ida. Date 4/6, 1936

19. UNDERTAKER H.R Short (Address) Moscow, Ida.

20. FILED 4/4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12/, 1935, to 4/3/, 1936.
I last saw her alive on 4/3/, 1936; death is said to have occurred on the date stated above, at 1 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4/3/36
Arteriosclerosis	?
Other **contributory causes** of importance: Diabetes Mellitus	?

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ..... If so, specify .....

(Signed) Doyle M Lyon M. D.
(Address) Deary Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98466

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 119

MAY 11 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Inland Hospital

2. FULL NAME Frederick Illis Shafer

(a) Residence. No. ..... St. McCall, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. of I.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wendell Idaho

FATHER

13. NAME Alexis M. Shafer

14. BIRTHPLACE (city or town) (State or country) Mount Liberty Ind.

MOTHER

15. MAIDEN NAME Anna B. Shirk

16. BIRTHPLACE (city or town) (State or country) Muskateen Iowa

17. INFORMANT (Address) Mrs. A.M. Shafer McCall, Ida.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place McCall, Ida. Date 5/1, 1936

19. UNDERTAKER (Address) H.R. Short Moscow, Ida

20. FILED 5/1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on Apr 30, 1936; death is said to have occurred on the date stated above, at 11:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - Pneumonia	Last Mar 10
Empyema	Mar 20
Pulmonary Hemorrhage	Mar 15
Thoracotomy wd	Apr 30

Other contributory causes of importance:

Name of operation Rib Resection Date of Apr 3

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [signature] M. D.
(Address) Moscow, Ida.

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Frederick Ellis Shafer

now lying buried in McCall Cemetery, in the City or Town of McCall

County of Valley State of Idaho, who died on the 30 day of April, 1936, Aged 20 years 9 months 21 days, the cause of death being Influenza- Pneumonia and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Magee, Moscow, Idaho attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Dry Creek Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Valley it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 11th day of July, A.D. 1961.

Permit issued to:
Burton E. Walker
Walker Funeral Home
McCall, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Juliaetta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98467

MAY 12 1936 RECEIVED

Registration District No. 63
Primary Registration District No. 2143 Local Registrar's No.
(No. Juliaetta, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME James Harvey Bulter

(a) Residence. No. Juliaetta, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Veda Butler

6. DATE OF BIRTH (month, day, and year) Aug 31 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheat Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Glena
(State or country) Mo.

FATHER
13. NAME James Butler
14. ~~BIRTHPLACE~~ (city or town)
(State or country) Mo.

MOTHER
15. MAIDEN NAME Lucie Carr
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Mrs Veda Butler
(Address) Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wild Rose Cemetery Date 4/17/36 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston, Idaho

20. FILED 4-16, 1936 B.P. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16/36 193

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1936, to April 15, 1936
last saw h.. alive on April 15, 1936: death is said to have occurred on the date stated above, at 4:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	2 yrs ago
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D.D. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98463

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 118

(No. 513 East First)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Sarah Jane Creekmur

(a) Residence. No. 513 East First St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas N. Creekmur

6. DATE OF BIRTH (month, day, and year): Sept. 24, 1860

7. AGE: Years 75 | Months 7 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wheatland Ore.

MOTHER

13. NAME: Daniel Osborne

14. BIRTHPLACE (city or town) (State or country): Not known

FATHER

15. MAIDEN NAME: Margaret Sawyer

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: T.N. Creekmur
(Address): Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow Date: 4/25, 193.6

19. UNDERTAKER: H.R. Short
(Address): Moscow, Ida.

20. FILED: 4/25, 193.6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 193.6, to 4-24-, 193.6.

I last saw h[illegible] alive on 4-24-, 193.6: death is s[illegible] to have occurred on the date stated above, at 10[illegible]

The **principal cause of death** and related causes of [illegible] tance were as follows:

	Date of onset
Cancer of breast	
of 2 yrs	

Other **contributory causes** of importance:

old age

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... Specify.....

(Signed) W M Hartgate 8-1 M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9846

PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

#9

2. FULL NAME Clara Edith Mallery

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 49 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: H. W. Mallery
6. DATE OF BIRTH (month, day, and year): July 10, 1862
7. AGE: Years 73 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Wayland, Mich.

MOTHER FATHER
13. NAME: Edward Carson
14. BIRTHPLACE (city or town) (State or country): Not known
15. MAIDEN NAME: Amelia Bowen
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Willard Mallery, Rt. 2, Moscow, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~: Place Moscow, Idaho Date 4/24, 1936
19. UNDERTAKER (Address): H.R. Short, Moscow, Idaho
20. FILED 4/22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/22 1936

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935 to Apr. 22, 1936.
I last saw her alive on Apr. 17, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General carcinoma-	
tosis involving	
lungs. -	

Other **contributory causes** of importance:

Primary Carcinoma	
of Left breast.	

Name of operation: Removed breast left Date 11/11/35
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury. None
Nature of injury. .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. R. Short, M. D.
(Address) Moscow Ida

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98470

PLACE OF DEATH

County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 116
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Villers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 7 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Villers
6. DATE OF BIRTH (month, day, and year): Mar. 8, 1851
7. AGE: Years 85 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gardener
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): 1926
11. Total time (years) spent in this occupation: 50 yr.

12. BIRTHPLACE (city or town) (State or country): Williamstown, West Va.

MOTHER FATHER
13. NAME: William Villers
14. BIRTHPLACE (city or town) (State or country): Not known
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. R.W.Anderson, Moscow, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Moscow Date: 4/24, 1936
19. UNDERTAKER (Address): H.R.Short, Moscow, Idaho
20. FILED: 4/23, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/22 1936
22. I HEREBY CERTIFY, That I attended deceased from February, 1936, to April, 1936
I last saw him alive on April 22, 1936: death is said to have occurred on the date stated above, at 7 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance: General arteriosclerosis	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Conrad J. Klaasen M. D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 21 1936

PLACE OF DEATH

County of Latah

City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9847

Registration District No. 6 1

Primary Registration District No. 1 0 11

Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Carpenter

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Feb. 19, 1876

7. AGE — Years: 60 | Months: 1 | Days: 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo and yr.): 1932

11. Total time (years) spent in this occupation: Life

MOTHER

12. BIRTHPLACE (city or town) (State or country): Mo.

FATHER

13. NAME: C. C. Carpenter

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Amy Randall

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Arthur Carpenter, Moscow, Ida. R. F. D.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow, Idaho Date: 4/20, 1936

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 4/18, 1936 — Harry Erickson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Sudden death	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H. R. Short Coroner M. D.

(Address) Moscow

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 17 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9847

County of Latah
City of Princeton
Registration District No. 65
Primary Registration District No. 7/45
Local Registrar's No. 161

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Georgia Mc Kenney.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 25 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Princeton

FATHER

13. NAME Donald Mc Kenney.

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Susanna Riley.

16. BIRTHPLACE (city or town) (State or country) Mo -

17. INFORMENT (Address) Father Princeton

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Date 3/26/, 1936

19. UNDERTAKER (Address) Parents

20. FILED March 26, 1936 D. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 25 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to March 26, 1936
I last saw him alive on March 26, 1936; death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ironuria	

Other contributory causes of importance:

Premature - birth	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) D. Jr. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98473

PLACE OF DEATH
County of Latah
City of Pottatch
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

16 W

2. FULL NAME Chester Lee Bull

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Sing.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 12 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	2	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Pottatch
(State or country) Idaho

FATHER

13. NAME Chester Bull.

14. BIRTHPLACE (city or town) Pottatch
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Helen Lee Organ.

16. BIRTHPLACE (city or town) Pottatch
(State or country) Idaho.

17. INFORMENT Father.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Freeze Cemetery Date March 9th 1936

19. UNDERTAKER
(Address) Parents - Pottatch.

20. FILED March 9th, 1936 Jno. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h ✓ alive on ✓, 193...; death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	March 7th
Found dead in bed during the night.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Jno. Thompson, M. D.
(Address) Pottatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Cnoway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 9847

Local Registrar's No. 1050

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Humiston

(a) Residence. No. ....St. Cnoway, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Humiston

6. DATE OF BIRTH (month, day, and year): Jan. 12, 1852

7. AGE: Years 84 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1934

11. Total time (years) spent in this occupation: Life

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Wis.

13. NAME Samuel Humiston

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME Elizabeth Palmeter

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address) Mrs. Rosa Humiston, Cnoway, Idaho

18. BURIAL, ~~CREMATION~~, REMOVAL

Place Potlatch, Idaho Date 3/31, 193.6

19. UNDERTAKER H.R. Short

(Address) Moscow, Idaho

20. FILED April 1st 193.6 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 193.6, to 3-29-, 193.6

I last saw him alive on 3-17-, 1936; death is said to have occurred on the date stated above, at 9:45 a.m. p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3-29-36
Following a	
Broncho Pneumonia	
Of 2 Weeks duration	

Other **contributory causes** of importance:

Senility	
None	

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph D. Wilson, M. D.

(Address) Moscow, Ida.

APR 17 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9847

PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 65
Primary Registration District No. 2/465
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74

2. FULL NAME Rachel E. Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Percifer L. Smith
6. DATE OF BIRTH (month, day, and year): Sept. 10, 1854
7. AGE: Years 81 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Four Mile Ohio

FATHER
13. NAME: Martin Miller
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Sophy Marshall
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. J.S. LePard Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow Date: 4/4, 1936

19. UNDERTAKER (Address): H.R. Short Moscow, Ida.

20. FILED 4/6/, 1936 J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28th, 1936, to April 4th, 1936
I last saw her alive on March 28 1936; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	3/28/36
Other **contributory causes** of importance:	
Senility	

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ✓
(Signed) J.W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

APR 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98476

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Anna Martha Rueppel

(a) Residence. No. Princeton, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, and year) Nov 3, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Zingrede

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Rueppel (Address) Princeton

18. BURIAL, CREMATION OR REMOVAL

Place Potlatch Date Apr 6- 1936

19. UNDERTAKER Glen Grieg (Address) Moscow Idaho

20. FILED April 12, 1936 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to April 2, 1936

I last saw h~~e~~r alive on April 2, 1936: death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. Eubank, M. D.

(Address) R.D. Clarkston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 64
Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE
State File No. 98477

APR 1 [illegible] RECEIVED

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Johansson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not-Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) O. Bohnsack

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date Jan. 19 1936

19. UNDERTAKER (Address) John J. Pickerd

20. FILED Jan. 17, 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 16 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. [illegible], 1934, to Jan. 16, 1936
I last saw him alive on Dec. 5 1936: death is said to have occurred on the date stated above, at 4 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1
Apoplexy	
Other **contributory causes** of importance:	
Cerebral Hemorrhage	Dec. 1934.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. A. Mayer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Deary

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9847

Registration District No. 64
Primary Registration District No. 2144

APR 1 1936 RECEIVED

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Elenore Wyatt

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74 ~~75~~	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** house wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. D

FATHER

13. NAME Jackson Harris

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193..

19. UNDERTAKER John J. Pickerd
(Address)

20. FILED , 193..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 19 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1935 to Jan 19 1936.
I last saw her alive on Jan 18 1936; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932
Apoplexy	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. A. Mayer M. D.
(Address) Deary Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

APR 1 1936 VALID

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98479

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No. ; If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Rauch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helah Ann Rauch

6. DATE OF BIRTH (month, day, and year) May 7 - 1855

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
80	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Rauch

14. BIRTHPLACE (city or town) (State or country) Not Know

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Not Kown

17. INFORMANT (Address) Mrs J W Rauch

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Mar 15 1936

19. UNDERTAKER (Address) John J. Pickard
Troy Ida

20. FILED Mar 15, 1936. Lucy M Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1936, to 3-12, 1936
I last saw him alive on 3-12, 1936 death is said to have occurred on the date stated above, at 11 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Apoplexy	3-12-36
Other contributory causes of importance:	
Cerebral Hemorrhage	Sept. 35

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1936
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) Chas. G. Meyer M. D.
(Address) Troy Idaho

APR 16 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Genesee

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98480

Registration District No. 62

Primary Registration District No. 2142 Local Registrar's No. 3

(No. Rural)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Russell Dean Jester

(a) Residence. No. Rural St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 12, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

FATHER

13. NAME Lee Jester

14. BIRTHPLACE (city or town) (State or country) Moscow Ida.

MOTHER

15. MAIDEN NAME Dora Wakefield

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT (Address) Lee Jester Genesee, Ida. (Rural)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 2/20, 1936

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED 2/19, 1936 J.E. Baldwin. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936, to Feb. 18, 1936
I last saw him alive on Feb. 2, 1936: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:

	Date of onset
Bronco pneumonia	

Name of operation None performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Cranshaw, M. D.

(Address) Moscow Idaho

APR 14 1936 RECEIVED

PLACE OF DEATH

County of Latah.

City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98481

Registration District No. 62

Primary Registration District No. 2142 Local Registrar's No. 1

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Eliza Frances Gray

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert R. Gray

6. DATE OF BIRTH (month, day, and year) March 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Missouri

FATHER

13. NAME William Follett

14. BIRTHPLACE (city or town) ..... (State or country) New York

MOTHER

15. MAIDEN NAME Naomi Lane

16. BIRTHPLACE (city or town) ..... (State or country) New York

17. INFORMANT Elva Belle Gragt (Address) Seattle Washington

18. BURIAL, CREMATION OR REMOVAL

Place Genesee, Ida Date ....., 193...

19. UNDERTAKER Brower Mann company (Address) Lewiston, Idaho

20. FILED Jan 30, 1936 Joseph C. Belduk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 193.5, to Jan 25th, 1936.

I last saw her alive on Jan 24, 193.6; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	Unknown
Myocardial Insufficiency.	

Other contributory causes of importance:

Partial Obstruction.	
Cachexia.	

Name of operation None. Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph C. Belduk, M. D.

(Address) Genesee, Ida

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98482

PLACE OF DEATH
County of Latah
City of Genesee

Registration District No. 62
Primary Registration District No. 2142
Local Registrar's No. 2
(No. 164)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilhelmine Heppner

(a) Residence. No. Genesee St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Heppner

6. DATE OF BIRTH (month, day, and year) April 13 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Luedke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carl Heppner
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Genesee Date 1/31, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Jan 30, 1936 J.E. Baldwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935, to Jan 28, 1936.
I last saw h~~er~~ alive on Jan 26, 1936: death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Cystitial Chronic.	Nov 26-35.
Myocardial Failure.	Jan 2nd-36.

Other contributory causes of importance: None

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph E. Baldwin, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 1st 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98483

PLACE OF DEATH
County of Latah
City of Moscow
Registration District No. 61
Primary Registration District No. 101
Local Registrar's No. 114
(No. U. of I. Infirmary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ficklaus Wetter

(a) Residence. No. #1 St. Plummer, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S., if of foreign birth, 19 yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 6, 1915
7. AGE: Years 20 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student at
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U. of I.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

FATHER
12. BIRTHPLACE (city or town) (State or country): Switzerland
13. NAME: Ferdinand Wetter

MOTHER
14. BIRTHPLACE (city or town) (State or country): Switzerland
15. MAIDEN NAME: Hedwig
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Mrs. Ferdinand Wetter, Plummer, Idaho
18. BURIAL, CREMATION OR REMOVAL: Place Tekoa, Wash. Date 4/19, 1936
19. UNDERTAKER (Address): H.R. Short, Moscow, Idaho
20. FILED 4/17, 1936 Harry Hammond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/16 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1936 to Apr. 16, 1936, I last saw h.. alive on Apr. 16, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other **contributory causes** of importance:	
Influenza	

Name of operation: None Date of.....
What test confirmed diagnosis: Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) C. Thompson, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No. 1011

Local Registrar's No. 113

DO NOT WRITE IN THIS SPACE

State File No. 98484

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kerrallah Jabbora

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Marion Jabbora

6. DATE OF BIRTH (month, day, and year): Not known

7. AGE: Years 74 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo and yr.) .....

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) ~~Beirut~~, BEIROT
(State or country) Syria

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) .....
(State or country) Syria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country) Syria

17. INFORMANT Mrs. Kerrallah Jabbora
(Address) Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Idaho Date 4/17 6

19. UNDERTAKER H.R.Short
(Address) Moscow, Idaho

20. FILED 4/16 6 Mary Jenkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to Apr. 15, 1936.

I last saw him alive on Apr. 3, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other **contributory causes** of importance:

Cystic Sclerosis.	

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following: No
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. Tom Thorp, M. D.

(Address) Moscow Idaho

MAY 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1061 Local Registrar's No. 112

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 9848

1000

2. FULL NAME Delia Cox

(a) Residence. No. 405 N. Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rueben Cox

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1840

7. AGE: Years 95 | Months 3 | Days 25 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mo.
(State or country) #####

FATHER

13. NAME Ira Beebe

14. BIRTHPLACE (city or town) .....
(State or country) Ohio

MOTHER

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town) .....
(State or country) Ohio

17. INFORMANT Rev. A. R. Fike
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 4/14, 1936

19. UNDERTAKER H.R.Short
(Address) Moscow Idaho

20. FILED 4/13, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1/33, 193..., to 4/12/36, 193...
I last saw h[illegible] alive on ?, 193...: death is said to have occurred on the date stated above, at ?m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	?
Other **contributory causes** of importance:	
arteriosclerosis	?
old age	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following.
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased..... If so specify.....

(Signed) Doyle M. Lochr, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 98486

APR 20 1936 RECEIVED

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Baby Lolly

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Mar. 15 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	—	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** X

10. Date deceased last worked at this occupation (mo. and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Salmon Idaho
(State or country) Lemhi Co.

FATHER

13. NAME John Wesley Lolly

14. BIRTHPLACE (city or town) Nevada Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ida Sullivan

16. BIRTHPLACE (city or town) North Fork Ida.
(State or country)

17. INFORMANT John W. Lolly
(Address) Salmon

18. BURIAL, CREMATION OR REMOVAL
Place Gibbonville Date Mar. 17 1936

19. UNDERTAKER
(Address)

20. FILED Apr 13 1936 Chas. C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1936, to Mar. 15, 1936.
I last saw her alive on Mar. 15 1936; death is said to have occurred on the date stated above, at 9:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~	unknown
Premature birth 6½ mo.	X
Underdeveloped features	
Other **contributory causes** of importance:	

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy? ~~Yes~~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? X Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** X
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. McFarland M.D.
(Address) Box 543 Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
98487
State File No.

APR 20 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Gutzman

(a) Residence. No. Salmon (Usual place of abode) Idaho St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): Mar. 13 - 1936

7. AGE: Years | Months | Days | If LESS than 1 day,... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: X

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: X

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Salmon Idaho Lemhi Co.

FATHER

13. NAME: Paul Gutzman

14. BIRTHPLACE (city or town) (State or country): Salmon Lemhi, Idaho

MOTHER

15. MAIDEN NAME: Ruth Kirpatrick

16. BIRTHPLACE (city or town) (State or country): Salmon Lemhi - Idaho

17. INFORMANT (Address): Mrs. P. Gutzman Salmon Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 3/14, 1936

19. UNDERTAKER (Address):

20. FILED April 13, 1936. Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/10.3, 1936., to 3/13, 1936.

I last saw him alive on 3/13., 1936.; death is said to have occurred on the date stated above, at 9:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth -	
About 6 mos 2 wks	
Other **contributory causes** of importance:	

Name of operation N. D. Date of

What test confirmed diagnosis? N. Was there an autopsy? X

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. H. Fanland, M.D.

(Address) Salmon Ida. May 3

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98483

APR 20 1936 RECEIVED

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WALTER STRAWN VIRDEN

(a) Residence. No. St Charles St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. 7 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 (a)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 13, 1871
7. AGE: Years 65 | Months 2 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner - Dairyman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mines - Dairy
10. Date deceased last worked at this occupation (mo. and yr.): 1908
11. Total time (years) spent in this occupation: 25-14

12. BIRTHPLACE (city or town) (State or country): Canyon City, Colo.

MOTHER FATHER
13. NAME: Thos. Virden
14. BIRTHPLACE (city or town) (State or country): Not known
15. MAIDEN NAME: Strawn
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Allan C. Merritt Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: 3-29, 1936

19. UNDERTAKER (Address): Wm E. Hockley Salmon Idaho

20. FILED: Apr 13, 1936. Alvin C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-26" 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936, to March 26, 1936.
I last saw him alive on March 26, 1936.: death is said to have occurred on the date stated above, at 8:20 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abdominal Apoplexy	3/25/36
Other **contributory causes** of importance:	
Passing Gall Stone	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** In home
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....

(Signed) F. S. Wright, M. D.
(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE

State File No. 9848

APR 20 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME James Mathew Jakovac

(a) Residence No. Salmon (Usual place of abode) St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): May 13th 1932

7. AGE: Years 3 | Months 10 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Salmon Ida

FATHER

13. NAME: Matt Jakovac

14. BIRTHPLACE (city or town) (State or country): Salmon Ida

MOTHER

15. MAIDEN NAME: Anna Juanita

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Matt Jakovac Salmon

18. BURIAL, CREMATION OR REMOVAL

Place: Salmon Ida Date: 3-26 1936

19. UNDERTAKER (Address): W. C. Maebe Salmon Idaho

20. FILED Apr 13, 1936. Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 25, 1936.

I last saw him alive on March 22, 1936.: death is said to have occurred on the date stated above, at 7:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral - Spinal Meningitis (non epidemic)	Mar 20 caused

Other **contributory causes** of importance:

from infection of middle ear

Duration 7 Days

Name of operation: Mastoid Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Chas. F. Hammer, M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

APR 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Local Registration District No. 2116

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 9849

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Rogers

(a) Residence. No. Gray, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Rogers

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
23	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.): 3-10-36

11. Total time (years) spent in this occupation: 4 years

12. BIRTHPLACE (city or town) (State or country): Gray, Idaho

MOTHER FATHER

13. NAME: Wilson Ellis

14. BIRTHPLACE (city or town) (State or country): Gray Ida

MOTHER

15 MAIDEN NAME: Elda Lish

16. BIRTHPLACE (city or town) (State or country): Gray Ida

17. INFORMANT (Address): Wilson Ellis Gray Ida

18. BURIAL, CREMATION, OR REMOVAL

Place: Gray Ida Date: 3-16, 1936

19. UNDERTAKER (Address): Wm C. Deeble Salmon Ida

20. FILED April 9, 1936 Otis E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-13-1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 13, 1936;

I last saw h[illegible] alive on March 13 1936: death is said to have occurred on the date stated above, at 8-15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bilateral	March 7
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas F Hammer, M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

APR 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
98491
State File No.

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Rose Hospital)

2. FULL NAME Edna Ogler

(a) Residence. No. Former Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grover Ogler

6. DATE OF BIRTH (month, day, and year): July 2 - 1897

7. AGE: Years 38 | Months 8 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 2-15-36

11. Total time (years) spent in this occupation: 18 years

12. BIRTHPLACE (city or town) (State or country): Nebraska Smith Field

FATHER

13. NAME: W. E. Cramer

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Altha Curtis

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Grover Ogler Former Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Ida Date: 3/17, 1936

19. UNDERTAKER (Address): Van C. Darden Salmon Ida

20. FILED April 3 1936 Chas C. Mallamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-13-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1936, to Mar. 13, 1936.

I last saw her alive on Mar. 12, 1936.: death is said to have occurred on the date stated above, at 2-35 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	Unknown
Cerebral Hemorrhage	Mar. 6-1936
Other **contributory causes** of importance: Uremia	about 4 yrs

Name of operation: X Date of: X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? X Date of injury.., 193.
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. McFarland M.D.
(Address) Box 543 Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Lemhi

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98492

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 1

APR 20 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frieda C. Mead

(a) Residence. No. Lemhi Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Mead
6. DATE OF BIRTH (month, day, and year):
7. AGE: Years 25 | Months 10 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Home wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 3-11-36
11. Total time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): Lemhi Co.

MOTHER
13. NAME: Harry Williams
14. BIRTHPLACE (city or town) (State or country): Penn

FATHER
15. MAIDEN NAME: Mary Mogg
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Harry Williams Lemhi Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Lehman County Date: 3/15, 1936

19. UNDERTAKER (Address): Wm C. Dachler Salmon Ida

20. FILED April 2 1936 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-12-1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, acute	3-12-36
Other **contributory causes** of importance:	

Name of operation: none Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) William C. Daehler Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98493

APR 20 1936 RECEIVED

Registration District No. 47
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Willys Lewis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lyon Co
(State or country) Iowa

FATHER
13. NAME William James Lewis
14. BIRTHPLACE (city or town) Colledale
(State or country) Montana

MOTHER
15. MAIDEN NAME Thelma Cooper
16. BIRTHPLACE (city or town) Wabeo
(State or country) North Dakota

17. INFORMANT Mrs. Grace Cooper
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 3/13, 1936

19. UNDERTAKER Wm C Doole
(Address) Salmon

20. FILED April 13, 1936 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to March 10, 1936.
I last saw h[illegible] alive on March 10, 1936: death is said to have occurred on the date stated above, at 6 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	Feb 9
Other contributory causes of importance:	
Otitis media	Feb 18
Acute nephritis	Feb 28

Name of operation Carried Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas E Hamm M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH [illegible] 20 1936 REGISTERED

County of Lemhi

City of Salmon

IDAHO DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9849

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Harold Anderson

(a) Residence. No. Salmon General Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	w	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Camp.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carnegard North Dakota

FATHER

13. NAME Harry S. Anderson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs C. Hoebeke (Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL Place Carnegard North Dakota Date May 13, 193 6

19. UNDERTAKER Mrs C. Dobler (Address) Salmon Idaho

20. FILED April 13 193 6 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193 6, to May 10, 193 6

I last saw him alive on May 10, 193 6: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, Gas Bacillus and Streptococcus	May 1 to 3

Other contributory causes of importance:

Acute Appendicitis	
Acute Bronchitis	

Name of operation Appendectomy Date of May 3.

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Lyons, M. D.

(Address) Salmon, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

APR 2 1936 RECEIVED

PLACE OF DEATH — STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9849

County of Lemhi
City of Salmon

Registration District No. 4
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Martin Poulsen

(a) Residence. No. Salmon St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William LeRoy Poulsen
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 30 — Months: 4 — Days: 6 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.): 3-11-36
11. Total time (years) spent in this occupation: 8 years

12. BIRTHPLACE (city or town) (State or country): Los Angeles California

FATHER
13. NAME: George Martin
14. BIRTHPLACE (city or town) (State or country): Salmon Idaho

MOTHER
15. MAIDEN NAME: Eva Martin
16. BIRTHPLACE (city or town) (State or country): Salmon Ida.

17. INFORMANT (Address): LeRoy Poulsen Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Ida Date: 3/13., 1936

19. UNDERTAKER (Address): Wm. C. Thatcher Salmon Ida

20. FILED: April 3., 1936. Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 3-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10., 193.6., to Mar. 11., 193.6.
I last saw h.. alive on Mar. 11., 193.6.: death is said to have occurred on the date stated above, at 5-45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/11-36
Other **contributory causes** of importance:	
Acute Gastritis	3/11-36
Fragment of Miss carriage	during last year

Name of operation: — Date of: —
What test confirmed diagnosis? X. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? X. Date of injury.., 193.
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** X
Manner of injury... X
Nature of injury... X

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) A. H. McFarland M.D.
(Address) Box 543 Salmon Idaho

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9849

PLACE OF DEATH
County of Lemhi
City of Salmon.

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 0

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Allen Lish.

(a) Residence. No. May Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months: 2 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon
(State or country)

FATHER
13. NAME Melvin Lish.
14. BIRTHPLACE (city or town) Pocatello.
(State or country)

MOTHER
15. MAIDEN NAME Mattie N. Moore
16. BIRTHPLACE (city or town) Salmon.
(State or country)

17. INFORMANT Melvin Lish
(Address) May Idaho

18. BURIAL, CREMATION OR REMOVAL
Place May Date 4/7, 1936

19. UNDERTAKER W. C. Doebler.
(Address) Salmon

20. FILED May 11, 1936 Elsie A. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 P.M. April 5, 1936, to 8 P.M. April 5, 1936.
I last saw him alive on April 3, 1936; death is said to have occurred on the date stated above, at 8 P.M.
The **principal cause of death** and related causes of importance were as follows:

Broncho Pneumonia	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. S. Wright, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9849

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Clara Alice Cole Bradley

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee B. Bradley

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	38	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Austin
(State or country) Texas

FATHER
13. NAME Mark Cole
14. BIRTHPLACE (city or town) Sealy
(State or country) Texas

MOTHER
15. MAIDEN NAME Susie Goody
16. BIRTHPLACE (city or town) Sealy
(State or country) Texas

17. INFORMANT W. W. Bradley
(Address)

18. BURIAL, CREMATION OR REMOVAL, Burial
Place Salmon Date 4/8, 1936

19. UNDERTAKER Wm. C. Hackley
(Address) Salmon Idaho

20. FILED May 11, 1936 Geo. C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1936, to Apr 6, 1936
I last saw her alive on Apr 6, 1936; death is said to have occurred on the date stated above, at 2.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary	3/29/36
Other **contributory causes** of importance:	
Acute anaemia	Dec 1 35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas. F. Hammer, M. D.
(Address) Salmon

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98498

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Westley Fleming
(a) Residence. No. Hailey Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. none mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Mattie Fleming

6. DATE OF BIRTH (month, day, and year) June 11 1908

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
28			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Hailey Ida

MOTHER FATHER
13. NAME W. G. Fleming.
14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER
15. MAIDEN NAME Libbie Brasse
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) George Fleming Hailey

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Ida Date May 9 193..

19. UNDERTAKER Mrs. C. Doolittle
(Address) Salmon Idaho

20. FILED May 11, 1936. Alice C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7 1936 to April 8 1936
I last saw h... alive on April 8, 1936.: death is said to have occurred on the date stated above, at 6.45 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Internal hemorrhage	April 1-36
Gastric or duodenal ulcer	

Other contributory causes of importance:
Hemorrhage. Anemia since 1929.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Sign Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?
(Signed) H. K. Hatton M. D.
(Address) Salmon, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98493

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No. 1010

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edith Ester Chase

(a) Residence. No. .... St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 25 mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dan J. Chase

6. DATE OF BIRTH (month, day, and year): Feb. 14 1886

7. AGE: Years 50 | Months 1 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Buffalo N. Y.

FATHER

13. NAME: ~~Edith Ester Chase~~

14. BIRTHPLACE (city or town) (State or country): ....

MOTHER

15. MAIDEN NAME: Edith Ester Cuthbert

16. BIRTHPLACE (city or town) (State or country): Buffalo N. Y.

17. INFORMANT (Address): Dan J. Chase, Salmon, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon, Idaho Date 4/12, 193.6

19. UNDERTAKER (Address): Wm. E. Doebler, Salmon Ida.

20. FILED May 11, 1936 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 9, 193.6.

I last saw h.. alive on April 7, 193.6.; death is said to have occurred on the date stated above, at 3 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Polar Pneumonia.	
Bilateral	April 1 '36

Other **contributory causes** of importance:

Mitral regurgitation	6
several years	
duration	

Name of operation: Clinical Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? N/A. If so, specify.....

(Signed) Chas. F. Hamner, M. D.
(Address) Salmon

MAY 13 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Lemhi

City of Salmon

DO NOT WRITE IN THIS SPACE

State File No. 98509

Registration District No. 7

Primary Registration District No. 7-11c Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Elvin Hyrum Young

(a) Residence. No. Salmon, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31st 1922

7. AGE: Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: School Boy.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): fourth grade

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Meadow Idaho

FATHER

13. NAME: Hyrum Young.

14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER

15. MAIDEN NAME: Cinna P. Herrick

16. BIRTHPLACE (city or town) (State or country): Mackay Ida.

17. INFORMANT (Address): Cinna P. Young Salmon Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Salmon Date: 4-11-, 1936

19. UNDERTAKER (Address): Wm C Hoobler Salmon Ida

20. FILED: May 11, 193.. Otto C. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 193.., to Apr. 8, 193..

I last saw h... alive on Apr. 8, 193..; death is said to have occurred on the date stated above, at 8-30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bi Lateral	Apr 4

Other **contributory causes** of importance:

Name of operation: Clinical Date of:

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Chas F. Hammer, M. D.

(Address) Salmon

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

WRITE IN THIS SPACE
State File No. 98501

Registration District No. 41

MAY 13 1936 RECEIVED

Primary Registration District No. 2116 Local Registrar's No. 74

(No. Salmon, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Faber Bradley

(a) Residence. No. St. Salmon, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Erminnie Viola Bradley

6. DATE OF BIRTH (month, day, and year) November 1, 1860.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** home ranch

10. Date deceased last worked at this occupation (mo. and yr.) 4/1/36

11. Total time (years) spent in this occupation 25 & 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Mexico City, Missouri

FATHER

13. NAME Thomas Bradley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Minnie Gladwell

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Glenn S. Bradley (Address) Forney, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Salmon Date 4/16, 1936

19. UNDERTAKER William C. Loebbes (Address) Salmon, Idaho

20. FILED May 11, 1936 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 7pm 1936, to Apr. 13, 1936 7:30 P.M.
I last saw him alive on Apr. 13, 1936; death is said to have occurred on the date stated above, at 12 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 13 - 10 a.m.
Other **contributory causes** of importance:	
Unknown	

Name of operation ~~None~~ Date of ~~None~~

What test confirmed diagnosis? X. Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? X Date of injury ~~None~~, 193.
Where did injury occur? X
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify X

(Signed) A. N. M[illegible] M.D.

(Address) Sal[illegible] Idaho

PLACE OF DEATH — RECEIVED — DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9850

County of Lemhi

City of Shoup

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No. 25

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ervin L. Van Gordon

(a) Residence. No. Shoup Idaho St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 18th, 1886

7. AGE: Years 49 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mill work

10. Date deceased last worked at this occupation (mo. and yr.): 1915

11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: Essex Van Gordon

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Emma Gilbright

16. BIRTHPLACE (city or town) (State or country): Cyclone

17. INFORMANT (Address): Mrs. E. L. Van Gordon Shoup Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Salmon Ida Date: 4/15, 1936

19. UNDERTAKER (Address): Wm C. Taebler Salmon Idaho

20. FILED: May 11, 1936 Clio C. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, acute	
Other **contributory causes** of importance:	

Name of operation: None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) William C. Taebler Coroner

(Address) Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 14 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98503

County of Lewis
City of Kamiah

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No. 10

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Clara Doty

(a) Residence. No. .... St. Kamiah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Levi Emanuel Doty

6. DATE OF BIRTH (month, day, and year) Feb 5 - 1860

7. AGE: Years 76 | Months 7 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Darlington
(State or country) Iowa

FATHER
13. NAME John Dempsey
14. BIRTHPLACE (city or town) ....
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) ....
(State or country) ....

17. INFORMANT C. W. Doty
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date 4-30 1936

19. UNDERTAKER Kamiah Funeral Home
(Address) Kamiah

20. FILED 4-28, 1936 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1-36, 1936, to 4-28, 1936
I last saw h[illegible] alive on 4-1-36 1936: death is said to have occurred on the date stated above, at 4[illegible] m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-25-36
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) C. H. Bonyer, M. D.
(Address) Kamiah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9850½

PLACE OF DEATH
County of Lewis
City of Craigmont
Registration District No. 30
Primary Registration District No. 2179
Local Registrar's No. 4

(No. 31)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Thurston Miller

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Letha Mary Miller

6. DATE OF BIRTH (month, day, and year) Jan 10 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tomerow (State or country) Wash.

FATHER
13. NAME Chris C. Miller
14. BIRTHPLACE (city or town) Mercers Co. (State or country) Ill.

MOTHER
15. MAIDEN NAME Sarah Lee
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMENT (Address) John B. Miller Craigmont Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nez Perce Co Ida Date Apr 15, 1936

19. UNDERTAKER C. C. Clough (Address) Craigmont, Ida

20. FILED May 4, 1936 C. C. Dugeau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 13 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935, to April, 1936.
I last saw him alive on Apr 9, 1936; death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation None. Date of .....
What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. D. Miller, M. D.
(Address) Craigmont Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9850[illegible]

County of Madison
City of Moody Creek
Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 24

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Searle

(a) Residence. No. Moody Creek St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Searle

6. DATE OF BIRTH (month, day, and year) Sept. 24 1865

7. AGE: Years 70 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Payson Utah

FATHER
13. NAME John C. Searle
14. BIRTHPLACE (city or town) (State or country) Butler-Wayne Co New York

MOTHER
15. MAIDEN NAME Jerusha Hill
16. BIRTHPLACE (city or town) (State or country) Peterborough New Hampshire

17. INFORMANT Albert F. Searle
(Address) Teton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Cem. Date April 13 1936

19. UNDERTAKER Ryan & Kelly
(Address) Driggs Ida

20. FILED 5-7-, 1936. Mrs. T. Hemming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936, to 4-8, 1936
I last saw him alive on 4-8, 1936: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mo
Arthritis of Liver	1 mo
Other **contributory causes** of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) Jackson Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

MAY 1 1936 **RECEIVED**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98506

Registration District No. 140

Primary Registration District No. 2128 Local Registrar's No. 23

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addie Louise Merrill.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~WIFE~~ (or) WIFE of Chas. Luther Merrill.

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 4/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Owatanna, Minn.

FATHER

13. NAME Landon.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Blanche Cherry Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 4/3 193 6

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Idaho.

20. FILED 5-2, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 193 6, to 4-6, 193 6

I last saw h~~e~~r alive on 4-6, 193 6: death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4-5-36

Other contributory causes of importance:

Bronchio-pneumonia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) W. W. Beck Jr., M. D.
(Address) Rexburg, Ida.

MAY 1[illegible] 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9850?

Registration District No. 10c
Primary Registration District No. 2178 Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Williams Rolands Thomas Samaria, Idaho

(a) Residence. No. St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 15, 1854
7. AGE: Years 81 | Months 4 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Whales

FATHER
13. NAME: James B. Thomas
14. BIRTHPLACE (city or town) (State or country): Whales

MOTHER
15. MAIDEN NAME: Elizabeth Roland
16. BIRTHPLACE (city or town) (State or country): Unkown

17. INFORMANT (Address): Alvin Thomas Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Samaria, Idaho Date 4/14 1936

19. UNDERTAKER (Address): Russell B. Clawson Rexburg, Idaho

20. FILED 4-7, 1936 Mrs. J. E. Crowning Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 11, 1936.
I last saw h[illegible] alive on April 11 1936: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Other **contributory causes** of importance:	
Cardio Vascular Disease	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

4/12/36 (Signed) Loyal K. Rich M. D.
(Address) Rexburg Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98508

Registration District No. 10
Primary Registration District No. 278 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christen or Aehbarker AESHBACHER. 131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Aeschbacher

6. DATE OF BIRTH (month, day, and year) June 30 1853

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82 82	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bern (State or country) Switzerland

FATHER
13. NAME Samuel Aeschbacher
14. BIRTHPLACE (city or town) Bern (State or country) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Barfusz
16. BIRTHPLACE (city or town) Bern (State or country) Switzerland

17. INFORMANT Peter Anderegg (Address) Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date Apr. 15, 1936

19. UNDERTAKER Rusa Adamson (Address) Rexburg

20. FILED 5-7, 1936. Rus. T. S. Adamson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, April 12, 1936.
I last saw h/m alive on April 1, 1936; death is said to have occurred on the date stated above, at 12:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular	
Renal disease	1935

Other **contributory causes** of importance:

Senility	

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

4/12/36 (Signed) Louis T. Rich, M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9850 9

MAY 8 1936 RECEIVED

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Schneider

(a) Residence. No. Heyburn, Idaho, R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown Schnider

6. DATE OF BIRTH (month, day, and year) Jan. 1. 1844

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	92		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **farmer, sawyer, bookkeeper, etc.** At home of Father.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1/4/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown Baden

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. H. M. Heilig Heybrun, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heybrun Idaho. Date 1/7/1936

19. UNDERTAKER (Address) P.E. Johnson Burley Idaho.

20. FILED 1/6/1936 E. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/4/36

22. I HEREBY CERTIFY, That I attended deceased from 1-[illegible], 1936, to 1-4-, 1936.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hg. disease	
[redacted]	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) P.E. Johnson M. D.
(Address) Burley Idaho

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.M.D.
DIRECTOR

SANITARY ENGINEERING AND CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

Sept. 23, 1936

Dr. G.G. Espe
Burley, Idaho.

#98509

Dear Dr. Espe:

On the death record of Augusta Schneider who died at Heyburn on Jan. 4,1936, cause of death is given as "No disease". Will you kindly state more definitely cause of death if possible, on the bottom of this letter and return?

Thanking you kindly, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

PBA

This old lady just went to sleep & didn't wake up. No previous illness. Yours Truly Dead when I arrived
G.G. Espe

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98510
State File No.

Registration District No. 19

Mar 6 1936 RECEIVED
Registration District No. 2015 Local Registrar's No. 23

(No. Rupert General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas F. Shaw

(a) Residence. No. Oakley, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

66

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 12, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cattle & ect.

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1936.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Mine La Matte Mo.

FATHER

13. NAME W.H. Shaw

14. BIRTHPLACE (city or town) (State or country) Cape Gardean Mo.

MOTHER

15. MAIDEN NAME Rosine M.Shaw

16. BIRTHPLACE (city or town) (State or country) Mine La Matte Mo.

17. INFORMANT Ray D. Agee
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley, Idaho. Date 3/8/36, 193..

19. UNDERTAKER P.C. Johnson
(Address) Burley, Idaho.

20. FILED 3/7/36 193.. E.H. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/5/36 193

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1936, to Mar. 6, 193.6.
I last saw him alive on Mar 6, 193.6; death is said to have occurred on the date stated above, at 4P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Alcoholism	
Other **contributory causes** of importance:	
failure of Myocardium	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F.H. Kenagy, M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9851

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 36
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Martha Margaret Patterson
(a) Residence. No. Heyburn Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J. Patterson
6. DATE OF BIRTH (month, day, and year): Nov 7-1849
7. AGE: Years 86 | Months 4 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 36
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Shelby N.C.

FATHER
13. NAME: Milton Gold
14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): J. J. Patterson Jr. Heyburn Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Idaho Date 4/10 1936
19. UNDERTAKER (Address): H. C. Johnson Burley Idaho
20. FILED 4/7 1936 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/6/1936
22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to April 6, 1936.
I last saw her alive on April 4, 1936; death is said to have occurred on the date stated above, at 4 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Dementia	Mar 25-
Ruptured appendix	Mar 23

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. Johnson, M. D.
(Address) Burley Ida

MAY 2 1936

PLACE OF DEATH

County of Minidoka

City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9851

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Lloyd Marquess

(a) Residence. No. Emmerson District, Paul, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Georgia A. Marquess

6. DATE OF BIRTH (month, day, and year) April 9, 1873

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
62	II	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 4/3/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Missouri

FATHER

13. NAME John Marquess

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary, Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Mrs. Georgia A. Marquess
(Address) Paul, Idaho, Emmerson District

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho. Date 4/6, 1936

19. UNDERTAKER D. C. Johnson
(Address) Burley, Idaho.

20. FILED 4/4, 1936 Laura G. Procher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to April 3, 1936
I last saw him alive on April 3, 1936; death is said to have occurred on the date stated above, at 9:30A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1925
Other **contributory causes** of importance:	

Name of operation none Date of -
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98513

MAY 6 1936 RECEIVED

Registration District No. 19
Registration District No. 2015
Local Registrar's No. 22
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel S Winn

(a) Residence. No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Orpha D. Winn

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Richmond Ind
(State or country)

FATHER
13. NAME Thomas L Winn
14. BIRTHPLACE (city or town) Tumseehrone
(State or country)

MOTHER
15. MAIDEN NAME Phoebe Nale
16. BIRTHPLACE (city or town) Ind
(State or country)

17. INFORMANT Grace B Lyon
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date 4-10-, 1936

19. UNDERTAKER L. D. Rogers
(Address) Rupert Idaho

20. FILED 4-11-, 1936 E. R. Clarke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
W Heller called	
Heart attact	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify Coroner
(Signed) W. W. Goodman M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Jensen

DO NOT WRITE IN THIS SPACE
State File No. 98514

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. 21

MAY 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Omana R. Wiekiger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fe	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Nathanial Greene

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Sarah Wright

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Harold Ranquist

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Date Apr 24, 1936

19. UNDERTAKER (Address) W. A. Goodyear Rupert Idaho

20. FILED 4-23, 1936 Ella Inman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 193 6, to April 22, 193 6
I last saw her alive on Apr 14, 1936: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1932
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. L. Jensen M. D.
(Address) Rupert Idaho

MAY 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9851

PLACE OF DEATH

County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Newton Thomas

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 2 - 1878

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
57	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Squire Thomas

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Ellen Stillwell

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Ellen Haynes
(Address) Rupert Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida Date 4-21, 1936

19. UNDERTAKER Wallgoodman
(Address)

20. FILED 4-24, 1936 E W Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1936, to 4-17, 1936.
I last saw him alive on 4-17, 1936.; death is said to have occurred on the date stated above, at 3.05 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure due	4-17-36
To Chronic Myocarditis	
Acute	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E W Elmore, M. D.
(Address) Rupert Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98516

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Florence Cottingham

(a) Residence. No. St. Elk City, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A.W. Cottingham

6. DATE OF BIRTH (month, day, and year): August 4, 1890

7. AGE: Years: 45 Months: 8 Days: 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife and Joint manager of hotel

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own hotel

10. Date deceased last worked at this occupation (mo. and yr.): Mar, 1936

11. Total time (years) spent in this occupation: 4 years

12. BIRTHPLACE (city or town) (State or country): Colville, Washington

MOTHER FATHER

13. NAME: A.L. Knapp

14. BIRTHPLACE (city or town) (State or country): Iowa

15. MAIDEN NAME: Fannie May Clippinger

16. BIRTHPLACE (city or town) (State or country): Lima, Ohio

17. INFORMANT (Address): A.W. Cottingham, Elk City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Colville, Wn. Date: Apr. 12 1936

19. UNDERTAKER (Address): Brower-Wann Company, Lewiston, Idaho

20. FILED: May 1 1936 J.M. Ryle, Registrar. By L.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1.0., 193.6, to April 11., 193.6

I last saw her alive on April 11 193.6: death is said to have occurred on the date stated above, at 5:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Granulocytic Angina.	

Other **contributory causes** of importance:

c	

Name of operation: none Date of: ~

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? c Date of injury.., 193.

Where did injury occur? c
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. c

Manner of injury c

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify c

(Signed) Jas. G. Haun, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9851

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 118-16th Avenue)

(If death occurred in a hospital or institution, give its name instead of street and number)

880

2. FULL NAME Oscar Simon Olson

(a) Residence. No. 118-16th Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Olson

6. DATE OF BIRTH (month, day, and year) October 26, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Grocery and Ins.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery and Insurance

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermillion South Dakota

FATHER

13. NAME Barney J. Olson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Carrie Halverson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Sophia Olson (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho Date Apr. 13, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED May 1 1936 J M Lyle By L Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1936 to April 10th, 1936

I last saw him alive on April 10, 1936; death is said to have occurred on the date stated above, at 6:45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E Baker M.D.

(Address) Clarkston Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98513

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Ornix Johnson

(a) Residence. No. Elko, Nevada St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb., 1921.
Exact day not known.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	2	????	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elko
(State or country) Nevada

FATHER
13. NAME Elbert Johnson
14. BIRTHPLACE (city or town)
(State or country) Nevada

MOTHER
15. MAIDEN NAME Judy Wilson
16. BIRTHPLACE (city or town)
(State or country) Nevada

17. INFORMANT Sanatorium Records.
(Address) Lapwai, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Elko, Nevada Date 4/29/, 1936

19. UNDERTAKER Brower-Vann
(Address) Lewiston, Idaho.

20. FILED May 1 1936 J M Ryle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936 to April 28, 1936
I last saw him alive on April 28, 1936: death is said to have occurred on the date stated above, at 11:50a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chronic	
pulmonary, far adv.	3/30/36
Tuberculosis of the spine	4/17/36
Other contributory causes of importance:	

Name of operation lab&X-Ray Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of NEZ PERCE
City of LAPWAI

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98513

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Ruth Blackeagle. 31

(a) Residence. No. Lapwai, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs 7 mos 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/12/20

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stites
(State or country) Idaho

FATHER
13. NAME Joseph Blackeagle
14. BIRTHPLACE (city or town) Kamiah
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ida Corbett,
16. BIRTHPLACE (city or town) ??
(State or country) Oregon

17. INFORMANT Sanatorium Records
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah, Idaho. Date 4/29/36. 193..

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho

20. FILED May 1 193.6 J. M. Ryle
By R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/26 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 193 2, to April 26, 193 6
I last saw her alive on April 26, 193 6: death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary advanced	7/10/35
Tuberculous laryngitis	1/16/36
Tuberculous enteritis	3/11/36
Other contributory causes of importance:	
Septic Sore throat	8/14/35

Name of operation Date of
What test confirmed diagnosis? lab and X-Ray Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Broadbrook

DO NOT WRITE IN THIS SPACE
State File No. 9852

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sena K McIntyre

(a) Residence. No. 903 - 10th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. P. McIntyre

6. DATE OF BIRTH (month, day, and year) May 24, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife and saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cosmetics
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crystal
(State or country) North Dakota

FATHER
13. NAME Thomas Lanegraff
14. BIRTHPLACE (city or town)
(State or country) Norway

MOTHER
15. MAIDEN NAME Emma Trevstol
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT A. P. McIntyre
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date April 4, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 1 1936 J. M. Lyle
By L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to April 2, 1936, 193..
I last saw her alive on April 2, 1936; death is said to have occurred on the date stated above, at 8:P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	July 3, 1935

Other contributory causes of importance:

Name of operation Exploratory Date of March 31, 1936.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. V. Broadbrook, M. D.
(Address) Lewiston, Idaho

Dr. Clark

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston Idaho

MAY 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
9852i
State File No.

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1012

2. FULL NAME Dan Vern Mitchell

(a) Residence. No. Lewiston Orchard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Mitchell

6. DATE OF BIRTH (month, day, and year) June 15 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 2 wk.

11. Total time (years) spent in this occupation 25yr

12. BIRTHPLACE (city or town) Latoh Wash. (State or country)

FATHER

13. NAME Dan W. Mitchell

14. BIRTHPLACE (city or town) Ill. (State or country)

MOTHER

15. MAIDEN NAME Mary F?Mitchell

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT Mr Keith Mitchell (Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Lewiston Idaho Date 4/24/36 193

19. UNDERTAKER Vassar shaughnessy Rawls (Address) lewiston, Idaho.

20. FILED May 1 193 6 J M Ryle Registrar.
By R G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 22, 1936

I last saw h.e.a.d. alive on Apr 22, 1936: death is said to have occurred on the date stated above, at 1:30 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	
Pneumonia	

Other contributory causes of importance:

Influenza	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Clark, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98522

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96

MAY 13 1936 RECEIVED

Local Registrar's No.

No. St. Joseph Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

117

2. FULL NAME Fred Herman Brockman

(a) Residence. No. R.F.D. Pomeroy, Wn St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9--15--1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
49	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Farm

10. Date deceased last worked at this occupation (month and year) 4-5-36

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Pomeroy, Wash

FATHER

13. NAME Chris Brockman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Baden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Wm. Brockman Pomeroy, Wash

18. BURIAL, CREMATION, OR REMOVAL Place Pomeroy, Wn Date 4-15-36 193

19. UNDERTAKER C. M. Vasser (Address) Pomeroy, Wn

20. FILED May 1, 1936 J M Ryle Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-13-36 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 193 6, to Apr 13, 193 6
I last saw him alive on Apr 12, 193 6: death is said to have occurred on the date stated above, at 9-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Appendicitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 4-7
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Lahrt, M. D.
(Address) Pomeroy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98523

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Ellen Tschantz

(a) Residence. No. St. Southwick Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 28, 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation First year

12. BIRTHPLACE (city or town) Southwick
(State or country) Idaho

FATHER

13. NAME Joseph Tschantz
14. BIRTHPLACE (city or town)
(State or country) France

MOTHER

15. MAIDEN NAME Bertha Jones
16. BIRTHPLACE (city or town) Denver
(State or country) Idaho

17. INFORMANT Joseph Tschantz
(Address) Southwick, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Southwick, Idaho Date April 24, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 1, 1936 J. M. Kyle
Registrar.
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 22, 1936
I last saw her alive on April 22, 1936; death is said to have occurred on the date stated above, at 7:45 A. m.
The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis — Date of onset

Other contributory causes of importance:
Vascular collapse

Name of operation Spinal Puncture Date of April 20
What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98521

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 2021 - 3rd Ave North)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Robert Weston Kress

(a) Residence. No. 2021 - 3rd Ave North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan. 9-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME Robert W. Kress

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Minnie Orissa Anderson

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT R. W. Kress
(Address) North Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date April 25 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 1 1936 J. M. Ryle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 0, 193..., to 0, 193...
I last saw him alive on 0, 193...: death is said to have occurred on the date stated above, at 7:30 P. m..
The principal cause of death and related causes of importance were as follows:

Patient from
male
Baby was dead when
brought home.

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9852

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

MAY 1 3 1936 RECEIVED

(No. 0116 - 8th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Waldo B. Metcalf

(a) Residence. No. 0116 - 8th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	57	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine (?)

FATHER

13. NAME ——— Andrews

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Edith M. Lane, Winthrop, Maine

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date April 15 1936

19. UNDERTAKER (Address) Brower Mortuary Co. Lewiston, Ida.

20. FILED May 1, 1936 J. M. Ryle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h/m alive on ....., 193...; death is said to have occurred on the date stated above, at ..... m. Not known done

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probably Pneumonia	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) E. M. Brower, Coroner, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9852

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. 2402 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel David Inghram

(a) Residence. No. 2402 Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oronoco L.R. Inghram

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Robert Inghram

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Stuart

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Oronoco L.R. Inghram
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date April 17, 1936

19. UNDERTAKER Brewer Wann Company
(Address) Lewiston, Idaho

20. FILED May 1 1936 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1936, to April 15, 1936
I last saw him alive on April 14, 1936. Death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Wm. J. Hart M. D.
(Address) Lewiston, Idaho

MAY 14 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Southwick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 60

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 98523

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Charles Thomas Hayward

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mattie Alethea Van Pelt

6. DATE OF BIRTH (month, day, and year) Nov 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 4-1935

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Company
(State or country) Ohio

FATHER

13. NAME Lewis Hayward

14. BIRTHPLACE (city or town)
(State or country) Meigs Co. Ohio

MOTHER

15. MAIDEN NAME Rachael Ann Nickerson

16. BIRTHPLACE (city or town)
(State or country) Meigs Co. Ohio

17. INFORMENT Mrs C. T. Hayward
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Southwick Date May 4, 1936

19. UNDERTAKER None
(Address)

20. FILED May 3, 1936 B. F. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. , 1935, to May , 1936

I last saw him alive on Jan , 1936: death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic valvular heart disease	15-20 yrs.
Other contributory causes of importance:	
Chronic arthritis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Chesterman, M. D.

(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98523

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 117

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Jungert

(a) Residence. No. ..... St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Jungert

6. DATE OF BIRTH (month, day, and year) Jan. 30, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER
13. NAME Not obatianable
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) ..... (State or country) Not obtainable

17. INFORMANT Mrs. A. A. Denham
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Cottonwood, Ida. Date 3-12, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 1, 1936 J. M. Lyle
By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to March 10, 193 6
I last saw him alive on March 10, 1936: death is said to have occurred on the date stated above, at 2:00 p/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute exacerbation of a Chronic appendicitis followed with general peritonitis	Found 4-36
Other contributory causes of importance:	

Name of operation Appendectomy & C. Date of 3-5-36
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? yes

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. L. Whale, M. D.
(Address) Lewiston Idaho

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98536

PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Teresina Stancati

(a) Residence. No. East Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1839

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	97			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mrs. Hilda Simmons Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 3-16, 1936

19. UNDERTAKER Sossaman-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED May 1 1936 J. M. Rife Registrar.
By LC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 193.6 to March 11, 193.6
I last saw h alive on 3-11, 193.6: death is said to have occurred on the date stated above, at 6.50 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Habel

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98531

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Mrs Ollie Campbell Tyler

(a) Residence. No. 1425 9th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas S. Tyler

6. DATE OF BIRTH (month, day, and year) Sept 12 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mattoon (State or country) Illinois

FATHER
13. NAME Philetas Campbell
14. BIRTHPLACE (city or town) Illionis (State or country)

MOTHER
15. MAIDEN NAME Estaline Campbell
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mose L. Tyler
(Address) Lewiston Idaho

18. BURIAL, CREMATION, REMOVAL
Place Lewiston Idaho Date 4/7/36, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED May 1, 193 6 J. M. Lyle
By L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 193, to 4/6, 193.
I last saw her alive on 4/6, 193.: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	3/27/36
Other contributory causes of importance:	
Influenza.	3/24/36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so specify
(Signed) W. J. Habel, M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98532

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

101a

2. FULL NAME Mrs. Francis Williams

(a) Residence. No. 1614 G St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of R.E.Williams

6. DATE OF BIRTH (month, day, and year) March 5 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	I	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Hill Idaho (State or country)

FATHER

13. NAME Charles Neumeyer

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT R.E.Williams (Address) 1614 G St.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Idaho Date 4/21/36 193

19. UNDERTAKER Vassar Shaughnessy Rawls (Address) Lewiston Idaho

20. FILED May 1, 193 6 J. M. Lyle Registrar. By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-12-, 193 6, to 4-17, 193 6

I last saw her alive on 4-17-, 193 6: death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-15-36
Other contributory causes of importance:	
La Grippe	4-12-36

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193....

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. McRae, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Pn Primary

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98533

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 48

MAY 13 1936 RECEIVED

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Caroline Nigg

(a) Residence. No. 426.3 rd Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ? Nigg

6. DATE OF BIRTH (month, day, and year) Feb 27 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davenport
(State or country) Iowa

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Ben Nigg
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 5/8/36, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED May 1, 193 6 J. M. Lytle
By L Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/6/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 193 6, to 4/6, 193 36
I last saw h. alive on 4/6, 193 6: death is said to have occurred on the date stated above, at 11 1 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Nephritis & Cardiac decompensation	

Other contributory causes of importance:

age	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Gutensohn, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98531

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna June Randall

(a) Residence. No. St. Craigmont, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Randall

6. DATE OF BIRTH (month, day, and year) June 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) Apr 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Helix Oregon

FATHER
13. NAME James McCorkell
14. BIRTHPLACE (city or town) (State or country) Quebec Canada

MOTHER
15. MAIDEN NAME Etta Yarbrough
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Henry Randall
(Address) Craigmont, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Craigmont, Ida. Date Apr. 14, 1936

19. UNDERTAKER Brouer Wann Company
(Address) Lewiston, Idaho

20. FILED May 1, 1936 J. M. Lee Registrar.
By L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 13 1936
I last saw h[illegible] alive on April 13 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:
Post operative adhesions

Name of operation Laparotomy Date of 4/10/36
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury c, 193c
Where did injury occur? c
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. c
Manner of injury c
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify c

(Signed) David Goffman M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9853

MAY 13 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. Ft. Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Coletta Revias. 31

(a) Residence. No. Cusick, Washington. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs 0 mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/1/25

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cusick,
(State or country) Washington

FATHER
13. NAME Alec Revias
14. BIRTHPLACE (city or town)
(State or country) Washington

MOTHER
15. MAIDEN NAME Agnes Abraham
16. BIRTHPLACE (city or town)
(State or country) Washington

17. INFORMANT Sanatorium Records
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cusick, Washington Date May 2, 1936

19. UNDERTAKER Brower-Wann,
(Address) Lewiston, Idaho

20. FILED May 1, 1936 J. M. Lyle
By L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/30/36 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 30, 1936
I last saw her alive on April 30 6, 193..: death is said to have occurred on the date stated above, at 10:50p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chronic pulmonary, far advanced	4/21/33
Tuberculosis of spine	1935
Other contributory causes of importance:	
Measles	1/30/36

Name of operation none Date of
What test confirmed diagnosis lab & X-Ray was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Braddock

DO NOT WRITE IN THIS SPACE

State File No. 9853

MAY 13 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. 337 North Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Ruth Johnson

(a) Residence. No. 330 – 14th Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde W. Johnson

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colfax, Washington

FATHER

13. NAME Oliver Duelly

14. BIRTHPLACE (city or town) (State or country) Jacksonville Maine

MOTHER

15. MAIDEN NAME Emma M. Davis

16. BIRTHPLACE (city or town) (State or country) Machias Maine

17. INFORMANT C. W. Johnson (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Colfax, Wash. Date Apr. 29, 1936

19. UNDERTAKER Brauer Wann Company (Address) Lewiston, Idaho

20. FILED May 1 1936 Jno. Lee By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1936, to April 24, 1936.

I last saw her alive on April 24, 1936. death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Acute	Mar 21-36
Myocardial failure	April 18-36

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. ~~If death was due to external causes (violence) fill in also the following:~~

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Braddock M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9853

MAY 13 1936 RECEIVED
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

(No. 118 - 18th Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilma Dean Barnett

(a) Residence. No. 118 - 18th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. — da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME George Barnett
14. BIRTHPLACE (city or town) Winnipeg
(State or country) Canada

MOTHER
15. MAIDEN NAME Clara Leona Taylor
16. BIRTHPLACE (city or town) Asotin County
(State or country) Washington

17. INFORMANT George Barnett
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Apr 25, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 1, 1936 J. M. Lyle
By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to April 23 1936
I last saw h[illegible] alive on April 23 1936 death is said to have occurred on the date stated above, at 2-15 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Pneumonia	
Lobar at 6 mo	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) ..., M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98533

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

MAY 13 1936 RECEIVED

(No. 118 - 18th Street
(If death occurred in a hospital or institution, give its name instead of street and number)

206

2. FULL NAME Clara Boyd Barnett

(a) Residence. No. 118 - 18th St. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23, 1936

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER

13. NAME George Barnett

14. BIRTHPLACE (city or town) Winnipeg
(State or country) Canada

MOTHER

15. MAIDEN NAME Clara Leoma Taylor

16. BIRTHPLACE (city or town) Asotin County
(State or country) Washington

17. INFORMANT George Barnett
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date April 24 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 1 1936 J M Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1936, to Apr. 23, 1936
I last saw her alive on Apr. 23, 1936, death is said to have occurred on the date stated above, at 2-05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
at 6 mos.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

MAY 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. ~~9853~~ 9859

Local Registrar's No.

(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. Russell Truitt

(a) Residence. No. Southwick Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Etta Truitt

6. DATE OF BIRTH (month, day, and year) Jan. 10 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hillsboro Ill.
(State or country) SS

FATHER

13. NAME Samuel Truitt

14. BIRTHPLACE (city or town) not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Norman Norman Truitt
(Address) Cottenwood Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Southwick Idaho Date 4/21/36 193

19. UNDERTAKER Vassar Shaughnessy Rawls
(Address) Lewiston Idaho

20. FILED May 1 193 6 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-19- 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov- 1935, to April-19- 1936

I last saw him alive on 4-1 1936; death is said to have occurred on the date stated above, at 2-20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) H. Wiggle, M. D.
(Address) Lewiston

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instruction on back of certificate. OCCUPATION is very important.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

DO NOT WRITE IN THIS SPACE

State File No. 9854

MAY 7 1936 RECEIVED

Registration District No. 2069

Local Registrar's No. 11

(No. 128)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeremiah Jones

(a) Residence. No. Malad Idaho R F D # 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Jane Morse

6. DATE OF BIRTH (month, day, and year) January 19 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) North Wales

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sophia Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Dulon Morse
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Pleasantview Ida Date Apr 8, 1936

19. UNDERTAKER J. Sam Hansen
(Address) Malad Idaho

20. FILED Apr 30 1936 M. J. Terry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug ..., 1935, to April 5, 1936.

I last saw h. alive on Jan 15 1936: death is said to have occurred on the date stated above, at 4:00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis	?

Other **contributory causes** of importance:

Carcinoma	

Name of operation ..... Date of Aug 35

What test confirmed diagnosis? .... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) W. A. Nate M. D.

(Address) Malad Ida.

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98541

County of Oneida
City of Malad

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 12

(No. Malad Community Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME William Ashton

(a) Residence. No. Malad Idaho R F D # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth H Allen

6. DATE OF BIRTH (month, day, and year) May 16 1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	48	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Portage
(State or country) Utah

FATHER

13. NAME Hyrum Ashton

14. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

MOTHER

15. MAIDEN NAME Emma Elias

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Elizabeth H. Ashton
(Address) Malad Idaho R F D #2

18. BURIAL, CREMATION OR REMOVAL Burial
Place Portage Utah Date Apr. 18, 1936

19. UNDERTAKER J. Sam Rama
(Address) Malad Idaho

20. FILED Apr 30, 1936 M. J. Flynn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 193 5, to April 15 193 6.
I last saw h... alive on 4/15/, 193 6: death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance:	
Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... M. D.
(Signed) .....
(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9854

PLACE OF DEATH

County of Power
City of Am. Falls,
Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 57
(No. Schilt Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Harold Jeffries

58a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 14 - 1919
7. AGE: Years 16 | Months 11 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Am. Falls, Idaho

MOTHER FATHER
13. NAME: D. C. Jeffries
14. BIRTHPLACE (city or town) (State or country): Mt. pleasant Iowa
15. MAIDEN NAME: Mary Lanham
16. BIRTHPLACE (city or town) (State or country): Wayne Co. Nebraska

17. INFORMANT (Address): David Jeffries Am. Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Am. Falls Ida Date: Apr. 29 1936
19. UNDERTAKER (Address): A. L. Downs Am. Falls Ida
20. FILED: 4-29-1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4-27 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935 to April 27, 1936
I last saw him alive on 4-27, 1936: death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anemia, Secondary,	
Idiopathic	

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Oscar L. Zeschin M. D.
(Address) American Falls, Idaho

MAY 5 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98543

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 56

(No. 1004 Falls Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Sherlock Cotant

8815

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Dec I 1851

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
84	4	I9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (city or town) (State or country) Upper Sanduske Ohio.

FATHER

13. NAME Thomas Sherlock

14. BIRTHPLACE (city or town) (State or country) Derbshire England

MOTHER

15. MAIDEN NAME Martha Duncaster

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Porter Mitchell Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Date 4/23 193 6

19. UNDERTAKER Davis Undertaking Co.
(Address) Am. Falls, Ida.

20. FILED Apr 23, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-20 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 16, 193 6, to April 20, 193 6

I last saw her alive on April 20 193 6; death is said to have occurred on the date stated above, at 9:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V. P. Logan M. D.

(Address) American Falls, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9854

County of Power
City of Am. Falls, Ida.

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 54
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Davies

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth 75 yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Wales Great Britian

MOTHER FATHER

13. NAME William Lewis

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) XXXXXXXXX

17. INFORMANT A. W. Davis, (Address) American Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Dawson, Iowa... Date Apr. 21 1936.

19. UNDERTAKER H. L. Davis. (Address) Am. Falls, Ida.

20. FILED 4-21..., 1936. Gertrude Thornhill.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 17 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 11 6, 193.., to April 17, 193. 6
I last saw her alive on 4/17/36, 193...: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	?
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) W. F. Farnell, M. D.
(Address) American Falls, Idaho.

MAY 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9854

PLACE OF DEATH

County of Power
City of Am. Falls, Ida.

Registration District No. 25
Primary Registration District No. 2022 Local Registrar's No. 53
(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Allen Mower 57

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12, 1874

7. AGE: Years 61 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Ogden
(State or country)

FATHER

13. NAME George Mower
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Emma Bidwell
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs. E. Mower
(Address) Ogden, Utah RFD 3

18. BURIAL, CREMATION OR REMOVAL
Place North Ogden Date 4-16, 1936

19. UNDERTAKER A. W. Davis
(Address) Am Falls, Idaho

20. FILED 4-16, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 14, 1936.
I last saw him alive on April 14, 1936; death is said to have occurred on the date stated above, at 4:30 am
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	

Other **contributory causes** of importance:

Diabetes	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. J. Mower M. D.
(Address) American Falls, Idaho

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98545

PLACE OF DEATH

County of Power
City of Am. Falls.

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 95

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

16 1a

2. FULL NAME Herbert E. Ruff.

(a) Residence. No. 8 mi. N.W. of Am. Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 18 - 1936

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Am. Falls Idaho

FATHER

13. NAME: Herbert Ruff.

14. BIRTHPLACE (city or town) (State or country): Aberdeen Ida.

MOTHER

15. MAIDEN NAME: Bessie Rowlands.

16. BIRTHPLACE (city or town) (State or country): Eades Colo.

17. INFORMANT (Address): Herbert Ruff Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Ida. Date Apr. 20 1936

19. UNDERTAKER (Address): H. L. Davis Am. Falls, Idg.

20. FILED 4-20, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936, to 4/18, 1936

I last saw h[illegible] alive on 4/18, 1936: death is said to have occurred on the date stated above, at 4.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth at 7 Mo.	
Congenital heart lesion.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) [signature] M. D.

(Address) Am. Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9854

PLACE OF DEATH

County of Shoshone

City of Calder

Registration District No. 127

Primary Registration District No. 2406

Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Douglas William Henderson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME William Henderson

14. BIRTHPLACE (city or town) Bloomington
(State or country) Indiana

MOTHER

15. MAIDEN NAME Ellen Pray

16. BIRTHPLACE (city or town) St. Joe
(State or country) Idaho

17. INFORMENT William Henderson
(Address) Calder, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Apr. 27 1936
St. Maries, Ida.

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Apr. 28, 1936 Ernest W. Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to 4-25, 1936

I last saw h— alive on 4-20, 1936; death is said to have occurred on the date stated above, at 11:P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Complications	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. N. Pratt, M. D.

(Address) St. Maries, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98543

Registration District No. 70

MAY 7 1936 RECEIVED Registration District No. 1011 Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number) Co Hospital 24

2. FULL NAME Frances June Wilson

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 28 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER

13. NAME Henry L. Wilson

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Dora Brady

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT (Address) Mrs Mitt Hally Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Apr 11, 1936

19. UNDERTAKER (Address) J A Bower (Wards) Wallace Ida

20. FILED Apr 10, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1936, to 4/8, 1936

I last saw her alive on 4/8, 1936; death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	4/4/36
Other contributory causes of importance:	

Name of operation Spinal puncture Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E H Deraed M. D.
(Address)

MAY 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9854

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 32

(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Debbie Cecilia Garner

(a) Residence. No. Sunshine Mine St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Jack L. Garner

6. DATE OF BIRTH (month, day, and year): Dec 14 — 1878

7. AGE — Years: 58 — Months: 2 — Days: 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER/FATHER

13. NAME: David Clement

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Schofield

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Grace E. Garner, Sunshine Mine

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Spokane Wash. Date: 4/20, 1936

19. UNDERTAKER (Address): Bruce G. Wentz, Wallace Idaho

20. FILED Apr 20, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apl 17 1936.

22. I HEREBY CERTIFY, That I attended deceased from Apl 12 1936, to Apl 17 1936.

I last saw her alive on Apl 16 1936; death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other **contributory causes** of importance:	
Influenza	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Chas. L. Smith, M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAR 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98559

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 31
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Oscar Lange
(a) Residence. No. County Infirmary St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word.): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year): Not Known

7. AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Poor Farm

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or County): Unknown

14. Informant (Address): Myrtle Bower Wallace, Idaho

15. Filed Apr 21, 1936. Lena Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from Mar 20, 1936, to Apr 14th, 1936
that I last saw him alive on Apr 13, 1936
and that death occurred, on the date stated above, at 6 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic myocarditis & Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W. C. Lindsay, M. D.
Apr 16, 1936 (Address) Kellogg Ida.

19. Place of Burial, ~~Cremation, or Removal~~: Wallace, Ida. Date of Burial: 4/16 1936
20. Undertaker: Wasley Co Address: Wallace

Res Mannery

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98551

MAY 7 1936 RECEIVED

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 30

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hermann Cinnamon

(a) Residence. No. Coeur d'Alene St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31-1864

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (city or town) (State or country) Do Not Know

17. INFORMANT (Address) Pop Bynum

18. BURIAL, CREMATION OR REMOVAL

Place Rose Lake Date Apr. 15, 1936

19. UNDERTAKER (Address) P. L. Stahl Kellogg Ida

20. FILED Apr 26, 1936 John Beyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1936 to Apr 10 1936

I last saw him alive on Apr 5 1936 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer Prostate	
Uremia	
Embolism Cerebral Artery	

Other **contributory causes** of importance:

None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Stillwell M. D.

(Address) Wallace Ida.

MAY 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9855

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 10

Primary Registration District No. 1011 Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles M Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Lizzie

6. DATE OF BIRTH (month, day, and year) 2-23-1863

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	1	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME David Young

14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER

15. MAIDEN NAME Margaret Quinn

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT W. N. Young
(Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date May 6, 1936

19. UNDERTAKER W. C. Lindsley
(Address) Kellogg Ida

20. FILED April 7, 1936 John A. Bown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1936, to March 28th 1936
I last saw him alive on Mar 25, 1936: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Lindsley, M. D.
(Address) Kellogg Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

ity of Shoshone

ity of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98554

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 30

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Turner

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Turner

6. DATE OF BIRTH (month, day, and year) Aug 20 - 1877

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
58	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER FATHER

13. NAME William Shey

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mint

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Celia Anderson (Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Apr 21, 1936

19. UNDERTAKER Mrs. Thornburg (Address) Kellogg Ida

20. FILED May 19, 1936 Mrs. Richard M. Brule Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1936, to 4-18, 1936.

I last saw her alive on April 18, 1936: death is said to have occurred on the date stated above, at 1:55A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Left lobar Pneumonia	4-8-36
Other **contributory causes** of importance:	
Cardiac Failure	4-18-36

Name of operation. ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold T. Anderson M. D.

(Address) Kellogg, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR

MAY 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98555

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Johnson

174

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lead mine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) No Information

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Idaho Date May 5 1936

19. UNDERTAKER M. F. G. Thornhill
(Address) Kellogg Idaho

20. FILED May 6, 1936 Helen M. Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on 4/28, 1936; death is said to have occurred on the date stated above, at 10:40 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis Laryngitis	
Left Pleurisy	
Other **contributory causes** of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following: Accident, suicide or homicide? Date of injury, 193..
Where did injury occur? (Specify whether in or about home, factory, street, farm, mine, etc.)
Specify whether injury occurred in industry, in home or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.
(Signed) .....
(Address) .....

MAY 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 9855

Local Registrar's No. 5

(No. 111 a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Murdock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Ella Murdock

6. DATE OF BIRTH (month, day, and year): Jan. 15, 1887

7. AGE: Years 49 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 1, 1933

11. Total time (years) spent in this occupation: Always

12. BIRTHPLACE (city or town) (State or country): Charleston, Utah

MOTHER FATHER

13. NAME: Geo. Calvin Murdock

14. BIRTHPLACE (city or town) (State or country): Utah

15. MAIDEN NAME: Sarah Louisa Bagley

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Mrs. Ella Murdock Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Victor, Idaho Date: May 11, 1936

19. UNDERTAKER (Address): W. M. Hansen St. Anthony, Ida.

20. FILED May 7, 1936. Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to May 1, 1936.
I last saw him alive on April 22, 1936.: death is said to have occurred on the date stated above, at 7:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Pulmonary Edema	
Other **contributory causes** of importance:	
Ulcer of stomach	May, 1933
Acute Nephritis	May 1, 1934

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. R. Pearson, M.D. M. D.

(Address) Driggs, Idaho

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9855?

PLACE OF DEATH
County of Teton
City of Driggs

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 6

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Archibald Hartman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Kate Hartman
6. DATE OF BIRTH (month, day, and year): Feb. 12 1889
7. AGE — Years: 47 | Months: 2 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Manager
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumber business
10. Date deceased last worked at this occupation (mo. and yr.): May 1936
11. Total time (years) spent in this occupation: 20
12. BIRTHPLACE (city or town) (State or country): Cheyenne Wyo

FATHER
13. NAME: Edward Archibald Hartman
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Martha Hawthorne
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): George Crist Driggs Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Driggs Date: 5/7, 1936
19. UNDERTAKER (Address): W. M. Hampton St. Anthony Idaho
20. FILED May 7, 1936. Ada M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/4 1936
22. I HEREBY CERTIFY, That I attended deceased from 5/4, 1936, to 5/4, 1936.
I last saw him alive on 5/4, 1936.: death is said to have occurred on the date stated above, at 5:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by shooting.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes, **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/4 1936
Where did injury occur? Driggs, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Deep inflicted bullet wounds.
Nature of injury 3-35 Calibre bullets about heart

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L. C. Reese, M. D.
(Address) Driggs

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9855

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 29

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rocco Cyrilo

(a) Residence. No. 405 So. Orange St. Newark N.J.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Italian
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 1 1910
7. AGE: Years 26 | Months 1 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Sub foreman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Forestry Service
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
13. NAME: Italy

FATHER
14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Mrs. Rocco

18. BURIAL, CREMATION OR REMOVAL
Place Newark N.J. Date Apr. 11 1936

19. UNDERTAKER (Address): M.E. Thompkins Kellogg Idaho

20. FILED May 19 1936. Mrs. Helen M. Brule Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9., 1936., to April 9., 1936
I last saw him alive on April 9 1936.; death is said to have occurred on the date stated above, at 11:55 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Right Pulmonary Abscess	4-8-36
Right Empyema	3-27-36
Right Lobar Pneumonia	3-10-36
Other **contributory causes** of importance:	
Traumatic amputation distal Phalanx left third finger	3-9-36

Name of operation Resection Date of 4-9-36
What test confirmed diagnosis X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Harold T. Anderson M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9856

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 108

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Eva Colleen Wold

(a) Residence. No. Murtaugh, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME E. G. Wold
14. BIRTHPLACE (city or town) (State or country) Preston, Idaho

MOTHER

15. MAIDEN NAME Dortha Decker
16. BIRTHPLACE (city or town) (State or country) Murtaugh, Idaho

17. INFORMANT E. G. Wold
(Address) Murtaugh, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem Date 5-3, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5/30, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27th, 1936, to Apr 30th, 1936
I last saw her alive on Apr 27, 1936: death is said to have occurred on the date stated above, at 4:30A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of skull	

Other contributory causes of importance:

None

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 27, 1936
Where did injury occur? at home Farm
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home, Farm
Manner of injury Fell out of wagon and struck ground
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9856

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 107

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada Madron

(a) Residence. No. Twin Falls, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) December 11, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seneca
(State or country) Nebraska

FATHER

13. NAME Joseph C. Madron

14. BIRTHPLACE (city or town) Rockpost
(State or country) Missouri

MOTHER

15. MAIDEN NAME Tempie Howard

16. BIRTHPLACE (city or town) Scidmore
(State or country) Missouri

17. INFORMANT Joseph C. Madron
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 4/25, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18-36, 193..., to 4-23, 1936
I last saw her alive on 4-23, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis acute suppurative gangrenous about	4/15/36
Other contributory causes of importance:	
Peritonitis general about	4/16/36

Name of operation Appendictory Date of 4/18/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dixmont L. Hyndman M. D.
(Address) Twin Falls Idaho

1936 RECEIVED

PLACE OF DEATH

County of Twin Falls.

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9856

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 105

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Ruby Hinkley

(a) Residence. No. Burley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Robert H. Hinkley

6. DATE OF BIRTH (month, day, and year) November 17, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME William Warberg

14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER

15. MAIDEN NAME Theresa Peterson

16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT George Warberg
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 4/26, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 4/27, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/23 1936

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1936, to April 23, 1936
I last saw her alive on April 23, 1936: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	4-21-36

Other contributory causes of importance:

Arthritis acute	
Glomerulus	4-22-36

Name of operation Pyelectomy-appendectomy Date of 4-18-36
What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Seymer, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of TwinFalls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98563

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 67

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Danny Jean Andrews

(a) Residence. No. 361 3rd. ave. East St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Ida.

FATHER
13. NAME Donald Andrews
14. BIRTHPLACE (city or town) Seward, (State or country) Kansas

MOTHER
15. MAIDEN NAME Emma Lou Jean
16. BIRTHPLACE (city or town) Hazelton, (State or country) Idaho

17. INFORMANT Donald Andrews (Address) Twin Falls, Idaho

18. BURIAL, [redacted] Place Twin Falls Cem. Date 3/17/, 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 3/17/1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 16, 1936
I last saw him alive on Mar. 16, 1936: death is said to have occurred on the date stated above, at 11:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
following C sight forceps delivery	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Blume, M. D.
(Address) Twin Falls, Idaho

MAY 12 1936 RECEIVED [redacted]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THE MARGIN RESERVED FOR PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instruction on certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls Hospital

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9856

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 103

(No. Twin Falls Co. Genl Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Alexander Thomas

(a) Residence. No. ..... St. Buhl Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed or divorced: HUSBAND of Alma Thomas

If married, widowed or divorced: WIFE of

6. DATE OF BIRTH (month, day, and year): June 26- 1864

7. AGE: Years 71 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Franklin N.Y.

MOTHER/FATHER

13. NAME: Wm Alexander Thomas

14. BIRTHPLACE (city or town) (State or country): New Brunswick

15. MAIDEN NAME: Mary Dalie

16. BIRTHPLACE (city or town) (State or country): Dublin Ireland

17. INFORMANT (Address): Randy Thomas Buhl

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Buhl Date May 13 1936

19. UNDERTAKER (Address): Evans & Gregory Buhl Idaho

20. FILED May 12, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/2/1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 21, 1936, to Mch 27, 1936.

I last saw him alive on Mch 27, 1936; death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	
Erysipelas	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. W. MacMaster ....., M. D.

(Address) Buhl, Idaho .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98565

MAY 12 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 101

(No. 619 4th Ave. E.)
(If death occurred in a hospital or institution, give its name instead of street and number)

882

2. FULL NAME Mrs. Ollie M. Montooth

(a) Residence. No. 1229 4th Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Winfield Montooth

6. DATE OF BIRTH (month, day, and year) January 21, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cowden
(State or country) Illinois

FATHER

13. NAME Henry Ledbetter

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Minnie Bain
(Address) Decatur, Illinois

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 4/24, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-24, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1936, to Apr. 22, 1936

I last saw h[illegible] alive on Apr. 22, 1936: death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, acute	
Bacteremia,	
staphylococcus aureus	
Other contributory causes of importance:	
Myocarditis, acute	
Myocardial failure.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph B. Fuenkhi, M.D.
(Address) 228 Main Ave. E. T.F.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

DEPARTM[redacted]F IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREA[redacted]AL STATISTICS

CERTI[redacted]E OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9856[illegible]

MAY 12 1936 RECEIVED

Registration Di[redacted] 37
[redacted]ry Registra[redacted]trict No. 1085
Local Registrar's No. 99

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Harris

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Black	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) April 3, 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reno, (State or country) Nevada

FATHER
13. NAME George Harris
14. BIRTHPLACE (city or town) Williamson Co., (State or country) Texas

MOTHER
15. MAIDEN NAME Savanah Earl
16. BIRTHPLACE (city or town) Williamson Co., (State or country) Texas

17. INFORMANT Henry E. Harris
(Address) San Jacinto, Nevada

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 4/26/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4/24/36 193[illegible] [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Not attended by me., 193[illegible]
I last saw him alive on April 21, 1936: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through left lung at hilum causing the lung to collapse	4-21-36
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Homicide
Accident, suicide, or homicide? Date of injury 4-21 1936
Where did injury occur? Twin Falls, Twin Falls, Idah
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Shot in back with revolver
Nature of injury Bullet wound thru left lung.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Leonard L. Shaw, Coroner, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9856

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 98

(No. 442 Walnut St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

17 V

2. FULL NAME Eugene B. Wilkerson

(a) Residence. No. 442 Walnut St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mable Wilkerson

6. DATE OF BIRTH (month, day, and year) March 23, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Joseph Wilkerson

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Eliza Logsden

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs. Mable Wilkerson
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 4/21, 1936

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED May 22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Not attended by one, 193..
I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above at approximately 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	Mar. 23-36
Other contributory causes of importance:	
Fracture of femur	"

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-23, 1936
Where did injury occur? Twin Falls Twin Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Jumped from Canyon edge.
Nature of injury Fracture skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Stowe M. D.
(Address) Central Bldg. Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98563

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME O R Nagle

(a) Residence. No. 320 6th E St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1845
7. AGE: Years: 91 | Months: — | Days: — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): E O Barnes Twin Falls
18. BURIAL, CREMATION OR REMOVAL
Place: Twin Falls Date: Apr 19, 1936
19. UNDERTAKER (Address): Fred E Lyke Twin Falls
20. FILED: 4/21/36 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Apr 17, 1936
I last saw him alive on Apr 17, 1936 Death is said to have occurred on the date stated above, at 10 30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic prostate	1932

Other contributory causes of importance:

Generalized arteriosclerosis	—
Renal insufficiency	—

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) George C Talley M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98569

MAY 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 96

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney Cozert Turnipseed

(a) Residence. No. Twin Falls, Idaho St. Rural Route #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Lida Turnipseed

6. DATE OF BIRTH (month, day, and year) November 9, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lamar, Arkansas
(State or country)

FATHER
13. NAME Daniel Turnipseed
14. BIRTHPLACE (city or town) Alabama
(State or country)

MOTHER
15. MAIDEN NAME Emily Martin
16. BIRTHPLACE (city or town) Mississippi
(State or country)

17. INFORMANT R.L. Turnipseed
(Address) Buhl, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 4/21/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho.

20. FILED 4-21-, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-16-, 1936, to April 18, 1936
I last saw him alive on April 18, 1936: death is said to have occurred on the date stated above, at 7:45 a. m.
The principal cause of death and related causes of importance were as follows: 3 years

	Date of onset
Cerebral Embolism	24 hrs. before death
following submucous resection nasal septum	1 week
Other contributory causes of importance: Nasal sinus infection of several years standing	

Name of operation as above Date of 4/16/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....
(Signed) Chas. H. Huber, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9857

MAY 12 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 95

(No. 324 2nd Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

73

2. FULL NAME Julia Etta Lillick

(a) Residence. No. 324 2nd Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ben Lillick

6. DATE OF BIRTH (month, day, and year) November 25, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grantsville
(State or country) Utah

FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town)
(State or country) Alabama

MOTHER

15. MAIDEN NAME Jane Quigley

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Anna Cole
(Address) Box 88 Burns, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida. Date 4/20, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 4-20-, 1936 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936, to April 17, 1936
I last saw h[illegible] alive on April 17, 1936: death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 17, 1936

Other contributory causes of importance:

Hypertension	1933 (?)

Name of operation None Date of
What tests confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 9857

MAY 12 1936

Primary Registration District No. 2085 Local Registrar's No. 94

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbert Fuller,

(a) Residence. No. Twin Falls, Idaho, Route #2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie Shay Fuller

6. DATE OF BIRTH (month, day, and year) May 10, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Dam, Wisconsin

FATHER

13. NAME John Fuller,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Ellis,

16. BIRTHPLACE (city or town) (State or country) Beaver Dam, Wisconsin.

17. INFORMANT (Address) Mrs. Elbert Fuller, Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls. Date 4-18- 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED [illegible] 193.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8/31, 193.., to April 15, 1936
I last saw him alive on April 15, 1936: death is said to have occurred on the date stated above, at 1:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	about
Hypertension 3 plus	1931
Other contributory causes of importance:	
Epistaxis, secondary ulcer and rupture nasal artery	4-13-36

Name of operation nasal pack Date of
What test confirmed diagnosis? Was there an autopsy? No laboratory

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193..
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Charles B. Raymer, M. D.
(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98572
State File No.

MAY 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 93
(No. Twin Falls Co. General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Amos Blue. 111a

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elvira Blue.
6. DATE OF BIRTH (month, day, and year): Apr 13 - 1874
7. AGE: (61) Years: 61 Months: 11 Days: 30 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Coatsville Mo.

MOTHER
13. NAME: Robert Blue.
14. BIRTHPLACE (city or town) (State or country): Mo
15. MAIDEN NAME: Ellen Nelle

FATHER
16. BIRTHPLACE (city or town) (State or country): Mo.

17. INFORMANT (Address): Mrs. Elvira Blue. Buhl.

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 4/16, 1936

19. UNDERTAKER (Address): Evans Mortuary Buhl - Idaho

20. FILED 4/16/36, 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1936, to 4-12, 1936
I last saw him alive on 4-12, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ulcer of stomach with	
? secondary tumor	1-3-36
(probably Carcinoma but	
mesentery gland removed	
Were Negative.)	
Other **contributory causes** of importance:	about
Localized peritonitis,	3-20-36
Secondary Anemia	? 6 mo.

Name of operation Exploratory Date of 3-19-36
What test confirmed diagnosis? X Ray - operation - Lab. Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation deceased? No. If so, specify

(Signed) D. L. H. Evans M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98573

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 92

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eureka Duane Kellogg

84

(a) Residence. No. .... Twin Falls St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Kellogg

6. DATE OF BIRTH (month, day, and year) Nov 29 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Colo

FATHER

13. NAME H G Kellogg

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME J N Green

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Hazlet Kellogg
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Apr 16, 1936

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 4/16/1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1936, to 4/15, 1936
I last saw him alive on 4/15, 1936; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central nervous lesion undetermined.	One year ago.
Paralysis of laryngeal muscles.	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. J. Pressler, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Hollister, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9857

MAY 12 1936 REGISTERED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Norma Jean Carter,

(a) Residence. No. Hollister, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 12, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.

FATHER

13. NAME Richard C. Carter,

14. BIRTHPLACE (city or town) Jefferson Co.,
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Janet Peters

16. BIRTHPLACE (city or town) Wapum,
(State or country) Wisconsin.

17. INFORMANT R. C. Carter,
(Address) Hollister, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls. Date 4-13-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5/13, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to April 11, 1936
I last saw her alive on Mar 25, 1936: death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	
of Lungs	
Other contributory causes of importance:	
Acute pneumonia	
& Bronchitis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Gundelfinger M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Kimberly.

MAY 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98575

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 90

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William A. Taylor,
Kimberly, Idaho.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced (or) WIFE of Rachel Taylor

6. DATE OF BIRTH (month, day, and year) Feb. 2-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mrs. G. W. Hanshew Kimberly, Idaho.

18. BURIAL, ~~CREMATION, REMOVAL~~ Place 4-11-1936 Date 4-11-, 1936

19. UNDERTAKER Twin Falls White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED 4-11-, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1936, to 4-29, 1936
I last saw him alive on Apr 29, 1936 death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-29-36
Other contributory causes of importance: Chron. Myocarditis Arterio sclerosis Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A. Stowe M. D.
(Address) Twin Falls, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9857[illegible]

PLACE OF DEATH

County of Twin Falls
City of Burley
Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vinnie May Mann

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: W. D. Mann
6. DATE OF BIRTH (month, day, and year): Apr - 29 - 1888
7. AGE: Years: 47 | Months: 11 | Days: 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canton Ill.

MOTHER FATHER
13. NAME: W. H. Brewer
14. BIRTHPLACE (city or town) (State or country): Ill.
15. MAIDEN NAME: Mary L. Eastan
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): W. D. Mann Burley, Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Burley, Ida. Date: 4/7, 1936
19. UNDERTAKER (Address): Evans & Johnson Burley Ida
20. FILED May 1, 1936. L. L. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/4 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-24-36, to 4-4-36.
I last saw her alive on 4-4-36; death is said to have occurred on the date stated above, at 8.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-24-36
Acute Endocarditis	4-1-36
Other **contributory causes** of importance:	

Name of operation: none Date of:
What test confirmed diagnosis: [illegible] Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) E. R. Berry, M. D.
(Address) Burley Ida.

MAY 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9857

PLACE OF DEATH

County of Twin Falls
City of Buhl
R.F.D

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Huntington

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred X yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan. 23rd - 1936
7. AGE — Years: X | Months: 3 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Buhl Ida

MOTHER FATHER
13. NAME: Frank G. Huntington
14. BIRTHPLACE (city or town) (State or country): Arkansas
15. MAIDEN NAME: Lucile McCallister
16. BIRTHPLACE (city or town) (State or country): Kimberly Ida

17. INFORMANT (Address): Mrs Frank G. Huntington Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 4/29, 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl

20. FILED May 1, 1936 L. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 months, 193..., to 27 April, 1936.
I last saw her alive on 26 Apr. 1936: death is said to have occurred on the date stated above, at 2 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Syphilis & manifestations	

Other **contributory causes** of importance:

otitis media	
St. Paris, Twin Falls, Idaho operated for mastoiditis	

Name of operation Mastoidectomy Date of April 1st
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. W. McMann M. D.
(Address) Burley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr MacManus's

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98573

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 64

APR 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Harry Bunn

(a) Residence. No. Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Martha Bunn

6. DATE OF BIRTH (month, day, and year) September 22, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Factory
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burmingham, England

FATHER
13. NAME George Bunn
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Emily Thompson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT H. G. Bunn
(Address) Oakley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 3-16-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 3-16-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to March 14 1936
I last saw him alive on March 5, 1936: death is said to have occurred on the date stated above, at 3:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar. 11, 36
Other contributory causes of importance: Myocarditis Chr	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98579

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 106

1934 RECEIVED

(No.) Twin Falls Co.Gen.Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lawhorn

(a) Residence. No. Eden, Idaho St. Eden. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eden, (State or country) Idaho

FATHER

13. NAME Wm.O.Lawhorn

14. BIRTHPLACE (city or town) Mt.Home, (State or country) Ark.

MOTHER

15. MAIDEN NAME Mary O.Reynolds

16. BIRTHPLACE (city or town) Manassa, (State or country) Colo.

17. INFORMANT Mrs.W.O.Lawhorn
(Address) Eden, Idaho

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Twin Falls Cem. Date 4/28/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4/28 1936 J.H. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/25/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 25, 1936

I last saw him alive on April 25, 1936; death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	4/13/36
Other contributory causes of importance:	
Acute Rhinitis	4/4/36
Othmositis	4/6/36

Name of operation Date of

What test confirmed diagnosis? Spinal puncture + Culture Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lloyd E. Oakes, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9858U

MAY 12 1936

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 100

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

24

2. FULL NAME Jennie Thietten

(a) Residence. No. Kimberly, Idaho Rural Route #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
WIFE of Frank Thietten

6. DATE OF BIRTH (month, day, and year) October 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence, Colorado

FATHER

13. NAME Charles W. Edwards
14. BIRTHPLACE (city or town) (State or country) South Wales, England

MOTHER

15. MAIDEN NAME Carolyn Hahn
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Charles Edwards
(Address) Twin Falls, Idaho

18. BURIAL, [redacted]
Place Twin Falls Cem. Date 4/25/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 4/25 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/23/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 23, 1936
I last saw her alive on April 23, 1936: death is said to have occurred on the date stated above, at 1:05 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - streptococcus	April 20
Other contributory causes of importance:	
Epidemic streptococcus	
upper respiratory infection	

Name of operation ..... Date of .....
What test confirmed diagnosis? culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles R. Scott, M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9858

County of Twin Falls
City of Twin Falls
Registration District No. 37

MAY 12 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 102

1. (a) Usual residence: (If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls C. Gen'l Hospital
2. FULL NAME Robert Darrell Shaddy
(a) Residence. No. 113 — 14th St. (If nonresident give city or town and state) Buhl, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. 8 mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Aug - 12th 1917
7. AGE — Years: 18 Months: 8 Days: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Buhl Ida

FATHER
13. NAME: R.E. Shaddy
14. BIRTHPLACE (city or town) (State or country): Mo.

MOTHER
15. MAIDEN NAME: Cora Garner
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): R.E. Shaddy Buhl
18. BURIAL, CREMATION OR REMOVAL — Place: Buhl Date: 4/26/36
19. UNDERTAKER (Address): Evans & Johnson Buhl Ida
20. FILED 4-24-36 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/22/1936
22. I HEREBY CERTIFY, That I attended deceased from 4-19-36, 1936, to 4-22-36, 1936.
I last saw him alive on 4-22-36, 1936; death is said to have occurred on the date stated above, at 1:40 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatism to L. Elbow	4-19-36
Fracture Comp. Humerus L.	
Ulna L.	
Laceration Soft parts +++	

Other **contributory causes** of importance:

Gas Gangrene infection	4-19-36

Name of operation: Amputation Arm L. Date of: 4-19-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-19-36, 1936
Where did injury occur? Twin Falls Co. New Hwy (Specify city (or town), county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. on highway
Manner of injury. Struck by truck
Nature of injury. Comp. fractures L. arm + forearm
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) L. L. Alexander, M. D.
(Address) Twin Falls Ida

** Complete Removal Elbow joint L.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

No. Kimberly, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 9858

Local Registrar's No. 56

APR 1 1936 RECEIVED

2. FULL NAME Gail Helsley

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Grove Missouri

FATHER

13. NAME Eunice A. Helsley

14. BIRTHPLACE (city or town) (State or country) Hartsville Missouri

MOTHER

15. MAIDEN NAME Lottie Robson

16. BIRTHPLACE (city or town) (State or country) Hartsville Missouri

17. INFORMANT (Address) Eunice A. Helsley Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 3/4, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 3-4-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Mar 2, 1936

I last saw h[illegible] alive on Mar 2, 1936: death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bronchopneumonia	Feb 23rd
b. Primary Cause	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Slover, M. D.
(Address) Kimberly, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98581

PLACE OF DEATH

County of Valley
City of Cascade Idaho

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Belle Schenck

(a) Residence. No. Cascade Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wife of John H Schenck

6. DATE OF BIRTH (month, day, and year)
Feb. 8th, 1855

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	81	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER/FATHER

13. NAME Wootson S. McCuan

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Francis Minurvia Workman

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) W. Fred Hall Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Crown Point Cem. Date 4/12 ..., 1936.

19. UNDERTAKER (Address) A. D. Robb Cascade Idaho

20. FILED Apr. 12., 1936 Montana J. Ready Registrar
By W. M. Gardner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 9, 1936.
I last saw her alive on April 9, 1936.: death is said to have occurred on the date stated above, at 12:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925
Gastric Hemarrhage	1935
Acute Heart Failure	4-9-1936

Other **contributory causes** of importance:

Gastric Carcinoma	1925

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....
(Signed) ..... Chas. B. McQueen M. D.
(Address) C.C.C. S-2-22 ... McCall, Idaho.

RECEIVED MAY 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98585

PLACE OF DEATH
County of Valley
City of McCall Idaho

Registration District No. 5
Primary Registration District No.
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Clarence E Scott

(a) Residence. No. McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 2nd, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

FATHER

13. NAME Graham Scott

14. BIRTHPLACE (city or town) (State or country) Ft. Wayne Ind.

MOTHER

15. MAIDEN NAME Anna Maria Reynolds

16. BIRTHPLACE (city or town) (State or country) Columbus Ohio

17. INFORMENT (Address) Marsh Scott Emmett Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Emmett Idaho Date May 1, 1936

19. UNDERTAKER (Address) A.D. Robb Cascade Idaho

20. FILED May 1, 1936 Montana J. Ready Registrar.
Myrtle Gardner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1936, to 4-29, 1936

I last saw him alive on 4-29, 1936: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart attack.	

Other contributory causes of importance:-
Pulmonary Congestion
Bronchitis 6 to 10 days
Senility - age 70+

Name of operation none Date of

What test confirmed diagnosis? Ex- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm S. Hamilton, M. D.

(Address) McCall, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Valley

City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 98586

Local Registrar's No. 4

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Elizabeth J. Page

(a) Residence. No. McCall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct, 10th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
72	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Utah

FATHER

13. NAME Charles Sharp

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Ann Maylin

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMENT (Address) John A. Howell McCall Idaho

18. BURIAL, CREMATION, OR REMOVAL Place McCall Cem. Date 4/13, 1936

19. UNDERTAKER (Address) A.D. Robb Cascade Idaho

20. FILED Apr 11, 1936 Montana G Ready Registrar.
By M M Gardner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1936, to 4-10, 1936

I last saw h[illegible] alive on 4-9, 1936; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	4-7 or 4-8-36

Other contributory causes of importance:

Chronic nephritis	
Heart failure	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9858

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 16

MAY 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie Elizabeth Whitmore 62

(a) Residence. No. 209 E 4th St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 15 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME Lloyd Whitmore
14. BIRTHPLACE (city or town) (State or country) New Mexico
15. MAIDEN NAME Mildred Arrasmith
16. BIRTHPLACE (city or town) (State or country) Wash.

17. INFORMANT (Address) Lloyd Whitmore Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date 2-25 193 6

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED April 9 193 6 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935, to Jan 27, 1936
I last saw h[illegible] alive on Jan 27, 1936: death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged thymus gland	12-16-35
Other contributory causes of importance: Malnutrition	3

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) E. E. Cecil, M. D.
(Address) Fuller Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 26

DO NOT WRITE IN THIS SPACE
State File No. 98583

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie Palmer Hiatt

(a) Residence. No. 154 W Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Hiatt

6. DATE OF BIRTH (month, day, and year): Aug 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Aaron Hiatt
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): A. S. Hiatt, Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho Date: April 30th 1936

19. UNDERTAKER (Address): L. C. Northam, Weiser Idaho

20. FILED May 8, 1936 Emma G Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to Apr. 28, 1936
I last saw h[illegible] alive on Apr 27, 1936: death is said to have occurred on the date stated above, at 10:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis &	2
Decompensation & Hypostasis	
Other contributory causes of importance:	
Nephritis	2

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hyden Hansher M. D.
(Address) Weiser Idaho

88 F

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9858

MAY 11 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2012
Local Registrar's No. 25

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ludwig Heinrich

(a) Residence. No. 1 Midvale Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. da.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Heinrich

6. DATE OF BIRTH (month, day, and year) May 13 - 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Phillip Heinrich
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Martha Yeager
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Anna Heinrich Midvale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Idaho Date 4-23-, 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED May 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1936, to Apr 21, 1936
I last saw h~~im~~ alive on Apr 21, 1936: death is said to have occurred on the date stated above, at 6:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Coma	Apr 18-36
Other contributory causes of importance:	

Name of operation ..... Date of ....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hyden Hendon, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98590

MAY 11 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 24
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary McKenzie

(a) Residence. No. Weiser Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William A McKenzie

6. DATE OF BIRTH (month, day, and year) May 23 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME ~~Seth~~ Smith
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Hannah Westwood
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Gleuda Dodis
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 4-18- 1936

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED May 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 16-1936

22. I HEREBY CERTIFY, That I attended deceased from March 1- 1936, to April 16 1936
I last saw her alive on April 14, 1936: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-1-36

Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T A Johnson M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9859

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H Harris

(a) Residence. No. Sunnyside Dist St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannett Harris

6. DATE OF BIRTH (month, day, and year) Jan 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Illenois

MOTHER FATHER
13. NAME Wm J Harris
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Mary O'Neill
16. BIRTHPLACE (city or town) (State or country) Wyoming

17. INFORMANT (Address) Jeannett Harris Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Laramie Wyo Date , 193

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED May 8 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 193 6 to April 16, 193 6
I last saw h alive on April 16, 193 6: death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Prostatism	Mar 30, 1936
Other contributory causes of importance:	

Name of operation Prostatotomy Date of 4/15/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H M Coats M. D.
(Address) Weiser Idaho

98592

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98592

MAY 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 112
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Wilkinson

(a) Residence. No. 228 Lois Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Wilkinson

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pomeroy,
(State or country) Ohio

FATHER
13. NAME David Jones
14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER
15. MAIDEN NAME Hannah Lewis
16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT William Wilkinson
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Denver, Colo. Date 5-9, 1936

19. UNDERTAKER White Mortuary Inc.,
(Address) Twin Falls, Idaho

20. FILED 5-9-, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-7-(1hr), 1936, to May 7, 1936
I last saw ~~her~~ alive on May 7, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5:30 P.M.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

48V93

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98593

Registration District No. 721
Primary Registration District No. 2194 Local Registrar's No. 77

MAY 19 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian John Christiansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura J. Christiansen

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo.) Sept. (yr.) 1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME Peter Christiansen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Olsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Niels Christiansen Moreland, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Date May 6, 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot

20. FILED May 5, 1936 Wm Wesley E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1936, to May 2, 1936
I last saw him alive on May 2, 1936; death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Apr 25, 1936

Other contributory causes of importance:

Arteriosclerosis & myocarditis	Several months

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

98594

MARGIN RESERVED FOR BINDING

N: B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98594

MAR 3 1936 RECEIVED

Registration District No. 19
Primary Registration District No. 2016 Local Registrar's No. 25
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elder Dale Haynes

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17- 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Ida

FATHER
13. NAME Earl M. Haynes
14. BIRTHPLACE (city or town) Hooper
(State or country) Utah

MOTHER
15. MAIDEN NAME Edith Runyan
16. BIRTHPLACE (city or town) Hooper
(State or country) Utah

17. INFORMANT Earl M. Haynes
(Address) Twin Falls Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Cem. Date 5-11, 1936

19. UNDERTAKER J. D. Turpen
(Address) Burley

20. FILED 5-16, 1936 E. H. Blanine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936, to May 9, 1936
I last saw him alive on May 9 1936; death is said to have occurred on the date stated above, at 12:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative otitis media	Nov. 1935
Acute Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. H. Blanine, M. D.
(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

98595

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98595

MAY 19 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 8194

Local Registrar's No. 81

(No. State Hospital, South)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME L. L. Dinwiddie

(a) Residence. No. St. Nampa, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Dinwiddie

6. DATE OF BIRTH (month, day, and year) January 20, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (mo. and yr.) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) No Data (State or country) Oregon

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) No Data (State or country) No data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) No data (State or country) No data

17. INFORMANT Records of State Hospital, South (Address) Blackfoot, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Nampa, Ida. Date May 15, 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot, Idaho

20. FILED May 15, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 15, 1936

I last saw him alive on May, 1936: death is said to have occurred on the date stated above, at abt. 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Means of	
Red Sheet Slipped Around the	
Neck, then fastened to the	
window bar which raised the	
body from the floor so that he	
could just touch the tip of toes.	
Other contributory causes of importance:	
Self-inflicted.	
Coroner was called viewed body.	
Depressed. 4 Plus Wassermann.	

Name of operation none Date of none

What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 15, 1936

Where did injury occur? Blackfoot, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. in State Hospital, South

Manner of injury Hanging.

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. R. Davis, M. D.

(Address) Blackfoot, Idaho

98176

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98596

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 150

(No. 1102, North, 5th, Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Turner

(a) Residence. No. 1102, North, 5th, street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 3. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bedford
(State or country) Iowa

FATHER

13. NAME James Gartside
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Ellen Ashworth
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Frank H. Turner
(Address) 1102. N. 5th. St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-10, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to May 8, 1936
I last saw h[illegible] alive on May 5, 1936: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Hyd. Pneumonic Pleurisy
Left Lung - Hypostasis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Boise Ida

98597

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98597

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 159

(No. Drowned in Boise River)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Denton

(a) Residence. No. YMCA St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Hummel

6. DATE OF BIRTH (month, day, and year) Jan 7, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ITHICA, N. Y.

FATHER
13. NAME John D. Denton
14. BIRTHPLACE (city or town) (State or country) United States

MOTHER
15. MAIDEN NAME Sarah Salmond
16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mrs. Jean Denton
(Address) 109 Liberty St. Plainfield, N.J.

18. BURIAL, CREMATION OR REMOVAL
Place Trenton, N. J. Date 5-19-36, 193..

19. UNDERTAKER Schreiber and Mc Cann
(Address) Boise, Idaho

20. FILED 5-16 193.6 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21-36, 193..

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.. I last saw him alive on May 13, 193.6.; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while canoeing on Boise River	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. McCann Coroner M.D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98598

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98598

Registration District No. 2
Primary Registration District No. 1204 Local Registrar's No. 165
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Orson Leishman

(a) Residence. No. Oxford Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Margaret Leishman

6. DATE OF BIRTH (month, day, and year) Nov. 27. 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER
13. NAME William Leishamn
14. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

MOTHER
15. MAIDEN NAME Esther McKay
16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Mrs. Margaret Leishman
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baker, Oregon Date 5/22/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-22 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/19/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1935 to May 19 1936
I last saw him alive on May 19, 1936 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture Fibula
Phlegmonous cellulitis of Right Leg

Other contributory causes of importance:

Arteria Sclerosis
Terminal Pneumonia

Name of operation ~~Amputation~~ Date of Aug-35
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A Pettyjohn, M. D.
(Address) Boise

98599

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98599

Registration District No. 37
Primary Registration District No. 2085 Hospital Local Registrar's No. 111

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clayton Jim Goodyear

(a) Residence. No. ..... Filer ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Goodyear

6. DATE OF BIRTH (month, day, and year) July 8/1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Iowa

FATHER
13. NAME Martin Goodyear
14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER
15. MAIDEN NAME Mknown
16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Mary Goodyear (Address) Filer Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date May 7, 1936

19. UNDERTAKER Fred E. Drake (Address) Twin Falls

20. FILED May 7, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 4, 1936.
I last saw him alive on May 2, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	April 26
following Flu	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. E. Drake, M. D.
(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98600

DO NOT WRITE IN THIS SPACE

State File No. 98600

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Blaine

City of Hailey

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wells Beck

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lydia Jane Roundy

6. DATE OF BIRTH (month, day, and year) 1879

7. AGE — Years: 57 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 14-36

11. Total time (years) spent in this occupation: 20yrs.

12. BIRTHPLACE (city or town) (State or country): Spanish Fork Utah

MOTHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

FATHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT (Address): Sol Roundy Rigby-Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Rigby Date: May 15 1936

19. UNDERTAKER (Address): J. G. Harris Hailey-Ida

20. FILED 5-24 1936 H. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓ ....., 193...., to ✓ ....., 193....
I last saw h...alive on ✓ ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Instantly Killed - Head crushed accidentally in Triumph Mine, Hailey, Idaho -	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 5-14 1936
Where did injury occur? Triumph Mine, Hailey, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Mine
Manner of injury Head crushed while riding skip
Nature of injury Fractured skull -

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupation

(Signed) H. H. Wright M. D.
(Address) Blaine Co. Coroner Hailey, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98601

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 60

UN 1 1936 RECEIVED

(No. Veterans Administration Facility, Boise, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William C. Harden

(a) Residence. No. St. Payette, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) May 16, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Benjamin Harden

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Nancy Higgenbotham

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill, Boise, Idaho Date 5/28/36 193..

19. UNDERTAKER (Address) McBratney Funeral Home, Boise, Idaho

20. FILED 5-27 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to May 23, 1936

I last saw him alive on May 23, 1936: death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-21-36
Other contributory causes of importance:	
Aortitis	Unknown
Myocarditis	Unknown

Name of operation None Date of -----

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Near Arrowrock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98602

MAY 25 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Edward Marker

(a) Residence. No. Macks Creek Near Arrowrock St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude Marker

6. DATE OF BIRTH (month, day, and year) March 8th. 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Darlington
(State or country) Idaho

FATHER
13. NAME James Marker
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Dorothy Norwood
16. BIRTHPLACE (city or town)
(State or country) Not Obtainable

17. INFORMANT Maude Marker
(Address) Arrowrock Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/26, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho.

20. FILED 5/26, 1936 Jas E. S Robson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 22, 1936
I last saw him alive on May 22, 1936: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 22, '36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Moms Hyman, M. D.
(Address) Camp Rs-25 - Arrowrock

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Lemhi

City of Salmon

Rose Hospital

DO NOT WRITE IN THIS SPACE

State File No. 98603

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter E. Fay

(a) Residence. No. Salmon Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~ widowed

6. DATE OF BIRTH (month, day, and year) ~ DEC. 1st 1887

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ~ IRON WORKER-CARPENTER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ~ Shipyard

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation ~ Approx 18 yrs.

12. BIRTHPLACE (city or town) ~ Hamilton (State or country) Monmouth Co. N.J.

FATHER

13. NAME ~ William L. Fay

14. BIRTHPLACE (city or town) ~ Hamilton (State or country) Monmouth Co. N.J.

MOTHER

15. MAIDEN NAME ~ Annie W. Paul

16. BIRTHPLACE (city or town) ~ New York City (State or country) N.Y.

17. INFORMANT ~ Harry H. Fay (Address) Elberon N.J. Box 131

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Salmon Ida Date 5/20 1936

19. UNDERTAKER William C. Trebble (Address) Salmon Idaho

20. FILED May 29, 1936 Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to May 18, 1936.

I last saw him alive on May 18, 1936: death is said to have occurred on the date stated above, at 11:30 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Neuritis	Apl. 27 36
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. E[illegible]tem of information should be carefully supplied. AGE should be stated EXACTLY. PHY[illegible]ANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. [illegible]act statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98604

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98604

JUN 4 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2192 Local Registrar's No. 87

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura M. Christiansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Christian John Christiansen

6. DATE OF BIRTH (month, day, and year) June 27 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tyrum Utah

FATHER
13. NAME James McBride
14. BIRTHPLACE (city or town) (State or country) Villanova New York

MOTHER
15. MAIDEN NAME Ruth Ann Miller
16. BIRTHPLACE (city or town) (State or country) Adams Co. Illinois

17. INFORMANT (Address) C. L. McBride Moreland, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moreland Date May 29 1936

19. UNDERTAKER (Address) John C. Lindley Blackfoot Ida

20. FILED May 25, 1936 M. Hales Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 25, 1936
I last saw h[illegible] alive on May 15, 1936: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Jan 1, 1936
Other contributory causes of importance:	
Hyper tension	
Apoplexy	4-15-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Beck, M. D.
(Address) Blackfoot, Idaho

JUN 1936

9860r

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98605
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 679

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christene Torgerson

(a) Residence. No. 303 South Fifth Ave. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Christen Torgerson

6. DATE OF BIRTH (month, day, and year): September 22, 1855.

7. AGE — Years: 80 | Months: 8 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway.

FATHER
13. NAME: Peter Peterson
14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER
15. MAIDEN NAME: Annie Tronsen
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT: Mrs. Signe Henriksen
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake City, Ut. Date: May 27, 1936

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: May 25, 1936. D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 23, 1936.
I last saw her alive on May 23, 1936: death is said to have occurred on the date stated above, at 11 a m
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Hypostatic Pneumonia	Jan 1933

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Christian M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98606

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98606

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 167

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Anna Hagener

(a) Residence. No. 1608 N. 9th St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian

6. DATE OF BIRTH (month, day, and year) April 12, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eagle River Michigan

FATHER
13. NAME William Krantz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Baker
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hagener (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Pioneer Cem. Date 5-25-, 1936 Boise

19. UNDERTAKER Schreiber & McBaun (Address) Boise Ida

20. FILED 5-27-, 1936 L. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25- 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936, to May 25, 1936
I last saw her alive on May 25 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
arteriosclerosis	
Other contributory causes of importance:	
General	
senility	
arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. H. Clarke M. D.
(Address) 515 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98607

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 98607

Primary Registration District No. ..... Local Registrar's No. .....

N 5 1936 RECEIVED

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

1887

2. FULL NAME Antone Thomas Skoro

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race white | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reva Skoro

6. DATE OF BIRTH (month, day, and year) Nov 5 - 1893

7. AGE: Years 43 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 5/28/36 | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Austria

MOTHER FATHER

13. NAME Michael Skoro

14. BIRTHPLACE (city or town) ..... (State or country) Austria

15. MAIDEN NAME Mara Bilic

16. BIRTHPLACE (city or town) ..... (State or country) Austria

17. INFORMANT Mrs. Reva Skoro (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida. Date 5/31/36

19. UNDERTAKER C O Buckner (Address) Emmett Idaho

20. FILED 5/30/36 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death	
Crushed by falling rock in tunnel	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Black Canyon tunnel

Manner of injury Crushed by rock

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) C O Buckner Coroner

(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98608

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98608
State File No.

Registration District No. 30

Primary Registration District No. 305 Local Registrar's No. 106

JUN 5 1936

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME A. A. Samuelson

(a) Residence. No. 101 E. Ha. Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Anglo

6. DATE OF BIRTH (month, day, and year) 9-27-1896

7. AGE: Years 39 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rug Cleaner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C&A Laundry

10. Date deceased last worked at this occupation (mo. and yr.) 5-1936

11. Total time (years) spent in this occupation 1½ years

12. BIRTHPLACE (city or town) (State or country) Aberdeen S. Dakota

FATHER

13. NAME A. A. Samuelson

14. BIRTHPLACE (city or town) (State or country) Germ.

MOTHER

15. MAIDEN NAME Anna Barth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Samuelson (Address) Aberdeen S. Dakota

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Cem. Coeur d'Alene Date 5-27-, 1936

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. Filed June 3, 1936 E. L. Speakman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 23, 1936.

I last saw him alive on May 22, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Double Pneumia (Lobar)	May 19/36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Lee Leeske, M. D.

(Address) Coeur d'Alene

Idaho

98609

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98609

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 130
(No. Twin Falls Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1887

2. FULL NAME Lizzie Elizabeth Brennan
(a) Residence. No. Filer Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Brennan
6. DATE OF BIRTH (month, day, and year) Apr 20 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME James Brennan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Julia Hearga
16. BIRTHPLACE (city or town) (State or country) Ill Not known

17. INFORMANT (Address) T W E Brennan Filer Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date June 4, 1936
19. UNDERTAKER (Address) F E Drake Twin Falls Ida
20. FILED 6-3-, 1936. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1936
22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 2, 1936.
I last saw h[illegible] alive on June 1, 1936: death is said to have occurred on the date stated above, at 10:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma to fingers	May 23
Cellulitis Rt. Arm	May 24 1936
& Staphylococcus albus	
STAPHYLOCOCCUS	

Other contributory causes of importance:

Name of operation Amputation Date of May 26
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 23 1936
Where did injury occur? Twin Falls Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Window crushed finger
Nature of injury Contusion of finger

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. A. Pearson, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

G 8610

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98610

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 677

JUN 8 1936 RECEIVED

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Billie Claude Sheetz

(a) Residence. No. Ashton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner, sawyer, bookkeeper, etc.~~ Student

9. Industry or business in which work was done, as ~~silk mill, saw mill, bank, etc.~~

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Squirrel, Idaho
(State or country)

FATHER

13. NAME W. L. Sheets

14. BIRTHPLACE (city or town) Webster City
(State or country) Iowa

MOTHER

15. MAIDEN NAME Myrtle H. Owens

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT W. L. Sheetz
(Address) Ashton, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Ashton, Idaho Date May 20, 1936

19. UNDERTAKER Lew Kizer
(Address) Ashton Idaho

20. FILED May 20, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 20, 1936
I last saw h..... alive on May 20, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 17

Other contributory causes of importance:
Uremic Nephritis

Name of operation ~~Mastoidectomy~~ Date of ~~May 16~~
What test confirmed diagnosis? ..... Was there an autopsy? ~~No~~

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in ~~home~~, or in ~~public place~~.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Clothier, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98611

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

1936 (CHANGED)

Primary Registration District No. 2161

Local Registrar's No. 684

DO NOT WRITE IN THIS SPACE

State File No. 98611

1012

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Adron Moon

(a) Residence. No. Home Acres, North of Pocatello City. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Leno Marv Connell

6. DATE OF BIRTH (month, day, and year): October 13, 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Store-man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: O. S. L. R. R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotia, Washington.

FATHER

13. NAME: Samuel Moon

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Sarah Binghee

16. BIRTHPLACE (city or town) (State or country): Wisconsin.

17. INFORMANT (Address): Mrs. Roy Moon, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: June 1, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: June 1, 1936. D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 29, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 29, 1936.

I last saw him alive on May 29, 1936.; death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-17-36

Other **contributory causes** of importance:

Mitral Regurgitation	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. S. Miller M. D.

(Address) Pocatello, Idaho.

98612

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98612

Registration District No. 7

JUN 9 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 92

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alton Delwin Hansen

(a) Residence. No. 327-16 Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-6-29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME M. J. Hansen

14. BIRTHPLACE (city or town) Montana
(State or country)

MOTHER

15. MAIDEN NAME Grace Fiske

16. BIRTHPLACE (city or town) Nev.
(State or country)

17. INFORMANT Grace Hansen
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 6-1, 1936

19. UNDERTAKER F. A. Paterson
(Address) Nampa Idaho

20. FILED June 6, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936, to 5/22, 1936
I last saw him alive on 5/22, 1936: death is said to have occurred on the date stated above, at 2:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomyelogenous Leukemia	1936

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lloyd N. Gregg M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Ada Lisbe 98613

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98613

JUN 2 1936 RECEIVED

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 97

(No. Home Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Everett Hogue

(a) Residence. No. 306 — Sherman St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, and year) 5-24-1877

7. AGE — Years 58 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Telephone Lineman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U.S. Forestry

10. Date deceased last worked at this occupation (mo. and yr.) 10-1934

11. Total time (years) spent in this occupation 9 years

12. BIRTHPLACE (city or town) (State or country) Greenwood, Wisconsin

FATHER

13. NAME Chas. T. Hogue

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Nellie Matilda Potter

16. BIRTHPLACE (city or town) (State or country) Evansville, Wisconsin

17. INFORMANT (Address) Harvey Hogue C.D.A.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Forest Lawn Cem. C.D.A. Date 5/17, 193 6

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene

20. FILED May 18 193 6 E. L. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/15 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb. ....., 193 6, to ~~April~~ May 17, 193 6.

I last saw him alive on May 17, 193 6: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 1936
Other **contributory causes** of importance:	
Myocarditis	
chronic	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? N.V. Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. Lesh ....., M. D.

(Address) Coeur d'Alene Idaho

98614

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98614

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 675

JUN 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daved Andrew Anderson

(a) Residence. No. 545 So. 5th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 10. 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Soda Springs Idaho

FATHER
13. NAME Niels Anderson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary Christoffersen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Daved Anderson
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs Date May 20 1936

19. UNDERTAKER J. L. McClain
(Address) Pocatello Idaho

20. FILED 5-18, 1936 D. O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 17, 1936
I ~~last saw him~~ alive on May 17, 1936; death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystatis	
Other contributory causes of importance: Coronary Sclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Rapp M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 6 1936 RECEIVED

9 86-V

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98615

PLACE OF DEATH

County of Twin Falls,
City of Buhl, Ida.
R.F.D.

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

181

2. FULL NAME Albert James Wavra

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Letha Muriel Wavra,
6. DATE OF BIRTH (month, day, and year): June 18th. 1913
7. AGE: Years 22 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Taborn, Minn.

MOTHER FATHER
13. NAME: William Wavra,
14. BIRTHPLACE (city or town) (State or country): Minn.

MOTHER
15. MAIDEN NAME: Agnes Dvorak
16. BIRTHPLACE (city or town) (State or country): Checo-Slovak

17. INFORMANT (Address): Mrs. Albert Wavra Buhl, Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Buhl, Ida. Date: June 7, 1936
19. UNDERTAKER (Address): Evans & Johnson Buhl, Ida.
20. FILED June 6, 1936 H. H. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-5 1936
22. I HEREBY CERTIFY, That I attended deceased from ..... None, dec'd alive ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head wounds causing concussion of brain & fractures & water probably causing death	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury Concussion blast in a tunnel
Nature of injury Laceration & wounds

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify working in tunnels.
(Signed) .... F. W. MacNamara ....., M. D.
(Address) ..... Bunker, Idaho .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98616

DO NOT WRITE IN THIS SPACE

State File No. 98616

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 12

JUN 12 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

PLACE OF DEATH

County of Elmore

City of Featherville

2. FULL NAME Samuel Collins Beckwith

(a) Residence. No. Mountain Home St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Irena Dodds Beckwith.

6. DATE OF BIRTH (month, day, and year) 11-29-1907.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 5-1936

11. Total time (years) spent in this occupation Granton

12. BIRTHPLACE (city or town) Wyo.
(State or country)

FATHER

13. NAME John A. Beckwith.

14. BIRTHPLACE (city or town) Neb.
(State or country)

MOTHER

15. MAIDEN NAME Lillian Buckley

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Robert Beckwith Jr.
(Address) Boise, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountain Home Date 6-1, 1936

19. UNDERTAKER Barker Funeral Home.
(Address) Mountain Home, Ida.

20. FILED 6/11, 1936 A. H. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Caves in Placer mine	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~?..... Date of injury 5-29 1936

Where did injury occur? Featherville Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Cave in Placer mine

Nature of injury Fractured hip, Internal injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Mine

(Signed) Phil F. Green Brown, M. D.

(Address) Glenns Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98617

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98617
State File No.

PLACE OF DEATH

County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 79

JUN 9 1936

(No. State School + Colony) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virginia Webb

(a) Residence. No. State School & Colony St. Nampa Rte. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-11-1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Downey Idaho

FATHER

13. NAME Geo E Webb

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Ella Clayton

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Dr. Poynter Nampa Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Downey, Ida Date 5-19, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED June 1, 1936 Lyda Rudgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-17- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-31-, 1922, to 5-17-, 1936
I last saw her alive on 5-17-, 1936: death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Orr Poynter, M.D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

98618

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98618

Registration District No. 2

Primary Registration District No. 0004

Local Registrar's No. 181

(No. 1115 E. Jefferson)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary. M. Hughes.

(a) Residence. No. 1115. E. Jefferson Street. St. Portland, Oregon.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 7. 1864.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72.	1.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME Levi Smith.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Mrs. Fay Dresser.
(Address) Astoria, Oregon.

18. BURIAL, CREMATION OR REMOVAL
Portland, Oregon. Date 6-13, 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 31, 1936, I last saw her alive on May 21, 1936.; death is said to have occurred on the date stated above, at 8 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Aorta	
after operation	
for Cholecystitis	
Other contributory causes of importance:	

Name of operation Cholecystotomy Date of

What test confirmed diagnosis? no Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O H Parker, M. D.
(Address) Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98619

Reg. 6-15-2 98619 V

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 161

(No. 641 East Jefferson)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan M. Durant

164

(a) Residence. No. 641 East Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C.

6. DATE OF BIRTH (month, day, and year) 11/19/1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon (State or country)

FATHER
13. NAME Thomas B. Jackson
14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER
15. MAIDEN NAME Mary Walling
16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Mrs. J. E. Johnson (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 5/19/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 5-18, 1936 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to May 17, 1936
I last saw her alive on May 16, 1936; death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Hypostatic pneumonia	
Pulmonary tuberculosis	
Lesion. Autopsy.	
Other contributory causes of importance:	
Gangrene	
Ankle fracture	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Boeck M. D.
(Address) Boeck

98620

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98620
State File No.....

County of Bear Lake
City of Soda Springs
Registration District No. 82

JUN 1 1936 RECEIVED

Primary Registration District No. 2159 Local Registrar's No. 25

(No. Caribou Hospital) 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Chester Earley

(a) Residence. No..... St. Lakeside, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 26 - 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
48	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lakeside Utah

FATHER

13. NAME Thos C Earley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Barbara Humphreys

16. BIRTHPLACE (city or town) (State or country) Gainsborough Lincolnshire England

17. INFORMANT (Address) Mrs. Thos C. Earley Lakeside Utah

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Lakeside Utah Date May 25 1936

19. UNDERTAKER
(Address) Thompson Bear Lake Idaho

20. FILED May 25, 1936 D. Russell Wight
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to May 25, 1936

I last saw h/N alive on May 24, 1936 death is said to have occurred on the date stated above, at 1.[illegible] m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease with mitral Stenosis and regurgitation	Unknown.
Dangerous Appendicitis	
Other **contributory causes** of importance:	
Tuberculosis of Lungs	
Due to Being Three times gassed by mustard gas during the World War	

Name of operation Appendectomy Date of 5/10/36

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Tuberculosis of Lungs due to

(Signed) Reed [illegible] M. D.

(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98621

MAY 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 146

St. Alphonsus Hospital
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Carl Hixon

(a) Residence. No. 613 So. 13th. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Hixon

6. DATE OF BIRTH (month, day, and year) March 6th, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenessee

FATHER

13. NAME John Earl Hixon

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) U.S. A.

17. INFORMANT (Address) Mrs J.C. Hixon Boise 613. So. 13th.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/3, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 5-5, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1936, to 5-4, 1936
I last saw him alive on 5-4, 1936: death is said to have occurred on the date stated above, at 12-10A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Coma.	4-26-36

Other contributory causes of importance:

Head injury Laceration scalp	4-23-36
Broncho Pneumonia	
Syphilis - several years	

Name of operation Resturant Cook - Date of
What test confirmed diagnosis? Cal Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Indirectly Date of injury 4-23, 1936
Where did injury occur? Auto House Ki-Way
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto Accident
Nature of injury Scalp Lacerations, Bruises

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. B. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98622

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 55

JUN 11 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Ada County Hospital

2. FULL NAME Gus Nelson

(a) Residence. No. Ada Co. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) J. McCann Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/11, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Weiser Idaho

20. FILED 5-12, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9— 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1936, to 5-9—, 1936
I last saw h.. alive on 5-8, 1936: death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis or Tuberculosis of Respiratory System	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98623

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 56

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jasper N. Kendall

(a) Residence. No. 1903 N. 16th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/22/1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va. (State or country)

FATHER

13. NAME Ransom Kendall

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Lydia Rex

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Will Kendall (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-20-36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 5-18, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18/36 193

22. I HEREBY CERTIFY, That I attended deceased from 9-10-, 193.6, to 5-18-, 193.6

I last saw h[illegible] alive on 5-17-, 193.6 death is said to have occurred on the date stated above, at 1:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Injured by Fall	
Fractured Shoulder	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.
(Address) Boise Idaho

Calloway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Route # 2.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98624

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 57

JUN 11 1936 RECEIVED

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Van Sickler

(a) Residence. No. Route # 2 near Boise St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Van Sickler

6. DATE OF BIRTH (month, day, and year) 8 - 3 - 1859

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
76	c 8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Cornelius Van Sickler

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Emily Coding

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Rosa Van Sickler Rt 2 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/15, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Ida

20. FILED 5-19, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-12-, 1936, to 5-12-, 1936

I last saw h.... alive on ...., 193..: death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide?.... Date of injury...., 193...

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury....

Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) M. Calloway, M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98625

JUN 11 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 58

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Wirleman

(a) Residence. No. Boise Idaho (Usual place of abode) Ada County St. Hospital (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-6-1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn. (State or country)

FATHER

13. NAME No - Record

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) Penn. " " (State or country)

17. INFORMANT Ted Beatty (Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cem.
Place Boise, Idaho Date 5-19-, 1936

19. UNDERTAKER Schreiber and McCann (Address) Boise Idaho

20. FILED 5-19, 1936 L. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-16 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1936, to 5-16, 1936
I last saw him alive on May 15, 1936: death is said to have occurred on the date stated above, at 7:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Caccavari, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98626

JUN 11 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 59

(No. 316 31st)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Augustus Redfield

(a) Residence. No. 316 31 st. Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Redfield

6. DATE OF BIRTH (month, day, and year) 8 - 31 - 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)

FATHER

13. NAME Abraham Redfield

14. BIRTHPLACE (city or town) U.S.A. (State or country)

MOTHER

15. MAIDEN NAME Eva Fink

16. BIRTHPLACE (city or town) U.S.A. (State or country)

17. INFORMANT Bert Redfield (Address) Boise.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 6/20 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 5-20 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936, to May 17 1936

I last saw him alive on May 17 1936.: death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer on face - ext. to glandular tissues

Date of onset

Other contributory causes of importance:

senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada (Near)

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98627

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 61

JUN 11 1936 RECEIVED

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Nelson

(a) Residence. No. 607 1/2 Grove St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Minister

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT R. B. Smith
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 5-26-1936.

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida.

20. FILED 5-27 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22 1936, to 5-24 1936

I last saw h[illegible] alive on [illegible] 1936: death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
[illegible]	
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance:

[illegible]	
[illegible]	
[illegible]	

Name of operation None Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98628

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 63

JUN 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Ann Jeffrey.

(a) Residence. No. Latah & Chambers Street, One mile south of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. W. Jeffrey.

6. DATE OF BIRTH (month, day, and year) January. 16. 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	4	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas.

FATHER

13. NAME Henry Felkins.
14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) John. W. Jeffrey Rt 2 2/3 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Date May 29 1936

19. UNDERTAKER (Address) Summers Funeral Home Boise Idaho

20. FILED 5-28 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1936, to May 27th 1936
I last saw her alive on May 26th 1936; death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart	
Lesions, Degenerative	
Senility — Died	
of Dilatation of Heart	
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. Claude Scott M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98629

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 64

JUN 1 1936 RECEIVED

(No. 2nd. & Garden Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Allen

(a) Residence. No. 2nd. & Garden Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

128

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lydia

6. DATE OF BIRTH (month, day, and year) 4/20/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Louise Catherine Eisele

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Lydia Allen, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/29/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address)

20. FILED 5-28 193.6 Boise R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 15, 193.6, to May 26, 193.6

I last saw ~~him~~/~~her~~ alive on May 24, 193.6; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
due to myocarditis.	
Other contributory causes of importance:	
Hypostatic congestion of valves	
Chronic lesion of kidneys.	
Cirrhosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wilbur Boeck M. D.

(Address) Boise Ida

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98630

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 65

JUN 11 1936 RECEIVED

(No.) Veterans Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Thomas

(a) Residence. No. St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~) Laura Thomas

6. DATE OF BIRTH (month, day, and year) December 13, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Willie Thomas

14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER

15. MAIDEN NAME Jessie Beam

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 5/30/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-28, 193 6 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 23, 193 6, to May 28, 1936

I last saw him alive on May 28, 1936 : death is said to have occurred on the date stated above, at 8:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, right	Less than six weeks
Toxemia	"
Other contributory causes of importance:	
Myocarditis, acute	Unknown
Pericarditis, adhesive, sub-acute	"

Name of operation Resection of Rib Date of 5-27-36

What test confirmed diagnosis? Autopsy & Laborarotyy Tests Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

Braxton V

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98631

CAUSE OF DEATH

County of Ada
City of Boise

JUN 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 168

(No. 1508-State Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Hughs Warren

75

(a) Residence. No. 1508 State Street St.
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B. Warren

6. DATE OF BIRTH (month, day, and year) June 23 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME David Hughs
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Lloyd
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT John B. Warren
(Address) 1508 State Street, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/29/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-28 1936 W. Shaffe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1936, to May 26, 1936
I last saw her alive on May 12, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	Years ago

Other contributory causes of importance:
Chronic Myocarditis Decubitus

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193....
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. W. Beaman, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98632

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 169

JUN 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Pauline Kendrick

(a) Residence. No. St. Alphonsus Hospital St. 31
(Usual place of abode) Burke, Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): June 1, 1913
7. AGE: Years 23 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Clerk
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: General Store
10. Date deceased last worked at this occupation (mo. and yr.): May 1935
11. Total time (years) spent in this occupation: 1 yrs.

12. BIRTHPLACE (city or town) (State or country): Crossville Tennessee

FATHER
13. NAME: Thomas Kendrick
14. BIRTHPLACE (city or town) (State or country): Rockwood Tennessee

MOTHER
15. MAIDEN NAME: Elizabeth Kendrick
16. BIRTHPLACE (city or town) (State or country): Crossville Tenn.

17. INFORMANT (Address): Thos. Kendrick Burke Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Burke, Ida. Date: May 28 1936

19. UNDERTAKER (Address): Evans Johnson Burke, Ida

20. FILED 5-29 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to May 27, 1936. Last saw her alive on May 27, 1936.: death is said to have occurred on the date stated above, at 6:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933
Other **contributory causes** of importance:	
Tuberculosis of the intestines	1935

Name of operation: None Date of: ....
What test confirmed diagnosis? Clinical + X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) C. J. Swindell, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98633

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 170

St Alphonsus Hospital
(No.) 111a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Adams

(a) Residence. No. St. Mtn. Home Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verda W. Adams

6. DATE OF BIRTH (month, day, and year) March 10 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sublet
(State or country) Idaho

FATHER
13. NAME William Adams
14. BIRTHPLACE (city or town) Porterville
(State or country) Utah

MOTHER
15. MAIDEN NAME Annie Horn
16. BIRTHPLACE (city or town) Sublet
(State or country) Idaho

17. INFORMANT William Adams
(Address) Sublet Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 6/1, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-29 1936 D. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1936, to 5-28, 1936
I last saw h[illegible] alive on 5-28, 1936: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	5-25-36
Other contributory causes of importance: Gastric Ulcer	1933

Name of operation Excision Ulcer + repair Date of 5-27-36
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce B. Budge M. D.
(Address) Boise, Idaho

Albert Beck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98634

JUN 1, 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 171

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter. J. Beyers.

(a) Residence. No. Tamarack, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 L

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Beyers.

6. DATE OF BIRTH (month, day and year) December. 10. 1896.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	5	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebraska. (State or country)

FATHER

13. NAME Walter. J. Beyers, Sr.
14. BIRTHPLACE (city or town) Illinois. (State or country)

MOTHER

15. MAIDEN NAME Bertha Zillman.
16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Mrs. Emma Beyers.
(Address) Tamarack, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Council Idaho. May. 30. 1936.
Place Date 193

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-29, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to May 26, 1936
I last saw him alive on May 26, 1936: death is said to have occurred on the date stated above, at 6 40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	June 1st 35
Carcinoma	

Other contributory causes of importance:
Carcinoma of head of pancreas - pancreatic duct - Cholelithiasis

Name of operation Exploratory Date of May 25th
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 4 193
Where did injury occur? Tamarack Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In dwelling
Manner of injury Struck in left flank by Log
Nature of injury Fracture of Ribs

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Lumber stacker

(Signed) A. B. Bond, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ADA

City of MERIDIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98635

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 6

MAY 11 1936 REGISTERED

(No. 740)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JOHN BROWN CORNISH

(a) Residence. No. MERIDIAN IDAHO R (3) St.

(Usual place of abode) ABOVE (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) FEB 2-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~80~~ 78	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) DEVONSHIRE ENGLAND

FATHER

13. NAME WILLIAM CORNISH

14. BIRTHPLACE (city or town) (State or country) DEVONSHIRE ENGLAND

MOTHER

15. MAIDEN NAME MARY BROWN

16. BIRTHPLACE (city or town) (State or country) DEVONSHIRE ENGLAND

17. INFORMANT (Address) MRS CARRIE WOOD ELK CITH IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEM Date MAY 25, 1936

19. UNDERTAKER (Address) W-S-MATHER MERIDIAN IDAHO

20. FILED May 23rd, 1936 W. H. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) MAY 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 20, 1936
I last saw him alive on May 20, 1936: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 20 1936
Other contributory causes of importance:	
Hypertention	undetermined.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. E. Yewell, M. D.

(Address) MERIDIAN IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of near Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98636

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 52

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Elmus Clearing

(a) Residence. No. Soldiers Home Lane Rt. # 1 St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clearing

6. DATE OF BIRTH (month, day, and year) 12/26/1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Yakima (State or country) Wash.

FATHER

13. NAME James Logan Clearing

14. BIRTHPLACE (city or town) .... (State or country) Illinois

MOTHER

15. MAIDEN NAME Ettie Smithers

16. BIRTHPLACE (city or town) .... (State or country) Illinois

17. INFORMANT Nellie Tenney (Address) 1012 N. 19 th St. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 5/2/ 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 5-1, 193.... L. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 29th. 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, to ...., 193....

I last saw him alive on 4/29 193 6: death is said to have occurred on the date stated above, at About 4. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound In The Head. Self Inflicted. Suicide.	
Other contributory causes of importance:	

Name of operation.... Date of....

What test confirmed diagnosis?.... Was there an autopsy?....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury...., 193....

Where did injury occur? At. Home (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. At Home

Manner of injury....

Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. M. Cann Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98637

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 53

JUN 11 1936 RECEIVED

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis L. Lick

(a) Residence. No. Horseshoe Bend Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alnay (State or country) Ill.

FATHER

13. NAME Capt. Maliell Lick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Osburn

16. BIRTHPLACE (city or town) Vincennes (State or country) Indiana

17. INFORMANT Clayton L. Lick (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/4/ 193 6

19. UNDERTAKER Schreiber & MacCann (Address) Boise Idaho

20. FILED 5-5, 193 6 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 193 3, to 5-3, 193 6
I last saw him alive on 5-2, 193 6 death is said to have occurred on the date stated above, at 9:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Cullenward, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98638

JUN 11 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 54

(No. Route 2)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Sielaff

(a) Residence. No. Route 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/21/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0.	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME Adolph Sielaff

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Annie Eckhalt

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Adolph Sielaff
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Bellevue Idaho Date 5/6/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 5-5, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5/36 193

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1936, to 5-4, 1936.

I last saw h[illegible] alive on 5-4, 1936: death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	
Renal Failure	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Adams M. D.

(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98639

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 154

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sada Jessie Davidson. 1010

(a) Residence. No. Meridian, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William. B. Davidson.

6. DATE OF BIRTH (month, day, and year) August. 15. 1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49.	8	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marshall, Mo.
(State or country)

FATHER

13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT William. B. Davidson.
(Address) Meridian, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Meridian Cemetery. Date May. 14. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 5-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to May 12, 1936.
I last saw h[illegible] alive on May 12, 1936: death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 4, 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Jewell, M. D.
(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hamilton

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98640

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 St. Alphonsus Hospital Local Registrar's No. 155

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garland Nethken

(a) Residence. No. Dry Creek. Route Three St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3 -19 -36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bethany Missouri

FATHER

13. NAME Clarence Nethken

14. BIRTHPLACE (city or town) (State or country) Oakland Maryland

MOTHER

15. MAIDEN NAME Jennie Belle Dow

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Clarence M. Nethken
(Address) Boise, Route 3

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 5/11, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-14, 1936 R. Starr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1936, to 5-10, 1936
I last saw him alive on 5-10, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococci Meningitis	5-7-36

Other contributory causes of importance:

Name of operation Spinal Puncture Date of 5-8-36
What test confirmed diagnosis Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. P. Hamilton M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98641

RECEIVED
JUN 11 1936

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 156

St. Lukes Hospital
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Haug

(a) Residence. No. 531 Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1st. 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho City, Ida

FATHER

13. NAME Nicolaus Haug

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Garrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Victoria H. Jones Boise

18. BURIAL, CREMATION OR REMOVAL Morris Hill

Place Boise, Ida. Date 5- 14, 1936.

19. UNDERTAKER (Address) Schreiber & McCann, Boise, Ida.

20. FILED 5-14-1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935, to May 12, 1936

that I last saw h..... alive on May 12, 1936; death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Mitral Insufficiency	

Other contributory causes of importance: None.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harmon Edwards, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98642

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 157

(No. 614 So. 17th.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millard Fillmore Brinegar

(a) Residence. No. 614 So. 17th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tena

6. DATE OF BIRTH (month, day, and year) 1/9/1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME William Brinegar

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Tena Brinegar, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/15/36, 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 5-15 193 6 E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 193 6, to May 11, 193 6.
I last saw h[illegible] alive on May 11, 193 6: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardio Vascular Renal Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. Jas. M. Downs M. D.
(Address) Boise, Idaho.

Downs

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98643

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 158

(No. 405 Warren St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Alice P. Rudolph

(a) Residence. No. 405 Warren St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/10/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Phineas Lowder

14. BIRTHPLACE (city or town) N. Carolina
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Watkins

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Frank R. Rudolph, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/16, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 5-15, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 193.6, to May 13, 193.6

I last saw her alive on May 13, 193.6.: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with metastases	
Other **contributory causes** of importance:	
Myocarditis	9

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Number, M. D.

(Address) Boise Ada

Numbers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98644

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 160

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Charles H Gale

(a) Residence. No. 910 No. 19th. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Power Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anoko, Minn.
(State or country)

FATHER

13. NAME L. S. Gale

14. BIRTHPLACE (city or town) Maine
(State or country)

MOTHER

15. MAIDEN NAME Angelia Stevens

16. BIRTHPLACE (city or town) New Hampshire
(State or country)

17. INFORMANT R. E. Gale
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place to Twin Falls Date 5/18/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 5-18 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 17, 193.6, to May 18, 193.6
I last saw him alive on May 17, 193.6: death is said to have occurred on the date stated above, at 6:30a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	

Other **contributory causes** of importance:

Arteriosclerosis	
Senility general	

Name of operation none Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. E. Gale, M. D.
(Address) Boise

Gale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98645

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 162

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles C. Trader

(a) Residence. No. Hill City, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Ardena Trader

6. DATE OF BIRTH (month, day, and year) May.14.1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford
(State or country) Conn.

FATHER

13. NAME Charles Trader
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs Frances Ardena Trader
(Address) Hill City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/21/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5 20 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/19/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10/36, 193..., to 5/19/36, 193...
I last saw him alive on 5/18, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion Carcinoma of Rectum Abscess - Post Cardiac	Dec. 1935
Other contributory causes of importance: Secondary Bronchopneumonia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) James A. Stevens, M. D.
(Address) 105 N 8th

O. Hamilton

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98646

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 163
(No. 1511 N. 24)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Ann Crockford.

(a) Residence. No. 1511. N. 24 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William. F. Crockford.

6. DATE OF BIRTH (month, day and year) September. 15. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~70~~ 65	8	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ingersoll (State or country) Ontario Canada.

FATHER

13. NAME Henry Crotty.
14. BIRTHPLACE (city or town) Ireland. (State or country)

MOTHER

15. MAIDEN NAME Margaret Mac Nab.
16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT William. F. Crockford.
(Address) 1511. N. 24 Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date May. 20 1936.

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5 20 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936, to 5-18, 1936
I last saw her alive on 5-18, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis -	1930
Myocarditis -	1930.
Gastric ulcer at pyloric end - not noticed	4-28-36
Other contributory causes of importance:	
Cardiac embolism lodged left motor area cerebellum	2-18-36

Name of operation — Date of —
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98647

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 164

(No. Edward M. McGuffin)
(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME St. Lukes Hospital 131

(a) Residence. No. 1810 State St.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. / mos / / ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ira May McGuffin

6. DATE OF BIRTH (month, day, and year) April 3 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Businessman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Official
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 1 yr. 4 mo

12. BIRTHPLACE (city or town) (State or country) Claysville Pennsylvania

FATHER
13. NAME Joseph McGuffin
14. BIRTHPLACE (city or town) (State or country) Claysville Pennsylvania

MOTHER
15. MAIDEN NAME Rebecca Craig
16. BIRTHPLACE (city or town) (State or country) Claysville Pennsylvania

17. INFORMANT (Address) Ira May McGuffin 1810 State St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date May 18, 1936

19. UNDERTAKER Schroeder Mortuary (Address) Boise Ida

20. FILED 5-20, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to May 16, 1936, last saw him alive on 5/16, 1936, death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Degeneration	
Other contributory causes of importance: Uremia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. H. Anderson, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98649

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 143
(No. 1208 N. 16)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Rachel Patton

(a) Residence. No. 1208 No. 16th, St.
(Usual place of abode)

Length of residence in city or town where death occurred. 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Green C. Patton

6. DATE OF BIRTH (month, day and year) Feb. 9th. 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Graduate Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Orleans
(State or country) La.

FATHER

13. NAME Mr Vaughn

14. BIRTHPLACE (city or town) .....
(State or country) France

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Ed L. White
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/3, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 5-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-1-1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to 4-30-, 1936
I last saw her alive on 4-30-, 1936: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Paralysis	
Other contributory causes of importance: Hypertension-Genital Paralysis for several years. Bed fast about two	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ethel Bacon M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98650

JUN 11 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1904 Local Registrar's No. 144

(No. 711½ Washington Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Henrietta Trumbull

(a) Residence. No. 711½ Washington Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 18. 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Melleray
(State or country) Iowa

FATHER

13. NAME Lemuel L. Lytton

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Peter Cohn
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/4/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-4, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw her Dead 5/2 6 alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died Without Medical Attendance, (Christian Science)	
No Indication of Foul Play	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Cauthorn Coroner M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98651

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 145

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Manson

(a) Residence. No. ..... St. Verona, Wis.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28, 1852

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Susquehanah Co. Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Clayton C. Manson
(Address) Route 3, Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Verona, Wis. Date May 5, 1936

19. UNDERTAKER W. S. Mateer
(Address) Meridian

20. FILED 5-4, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to May 3, 1936

I last saw him alive on May 3, 1936; death is said to have occurred on the date stated above, at 9:18 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	2 1
Other contributory causes of importance: Broncho pneumonia	May 2

Name of operation Resection of Ca (Microscopic Section) Date of 4/27/36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A B Jepson, M. D.

(Address) Eagle Idaho

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98652

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 147

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helene Kern.

(a) Residence. No. 1418. N. 28 th Street. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 25. 1868.

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
67	7	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Felix. F. Schleitzer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emma Frischmann.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Miss. Erna Kern. 1418. N. 28 th Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date May. 6, 1936

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho

20. FILED 5-6, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 193..., to 5/3, 1936

I last saw her alive on 5/3, 1936: death is said to have occurred on the date stated above, at 11 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	
Other contributory causes of importance:	

Name of operation .... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold W. Lamb M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98653

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 148

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas C. Mayne

45

(a) Residence. No. Idaho City Road St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, and year) 8/4/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan (State or country)

FATHER

13. NAME Benjamin Mayne

14. ~~BIRTHPLACE~~ (city or town) England (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs. Amy Kemper

(Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 5-9-36, 193

19. UNDERTAKER McBratney Funeral Home

(Address) Boise

20. FILED 5-8, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/7/36 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1936, to May 7 1936

I last saw ~~him~~ alive on 5/6/36, 193 6. ~~death is said~~ to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	
Other contributory causes of importance:	
Uremia	

Name of operation Resection of Rectum Date of 4/27/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A Pittinger, M. D.

(Address) Boise Idaho

Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98654

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 149

(No. 1600 N. 8)

(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 11 1936 RECEIVED

2. FULL NAME Sadie R. Altizer, 167

(a) Residence. No. 906 Hays St. Boise, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Saleslady

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Virginia
(State or country)

FATHER

13. NAME J. H. Altizer

14. BIRTHPLACE (city or town). Virginia
(State or country)

MOTHER

15. MAIDEN NAME Cora Gordon

16. BIRTHPLACE (city or town). Virginia
(State or country)

17. INFORMANT Mrs. Cora Altizer
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 5-5..., 1936

19. UNDERTAKER Paul L Case
(Address) Caldwell, Idaho.

20. FILED 5-8..., 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from
..... 193.., to ....., 193....
I last saw h...alive on er Dead 5/3 193.6.: death is said
to have occurred on the date stated above, at About 4:A...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carbon-Monoxide Gas	
Self Administered. By	
Operating Automobile.	
(Suicide.) at 1600	
No. 8th St	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** In Garage

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) J. M. Cain Coroner M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98655

JUN 11 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 151

98

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Robison.

(a) Residence. No. 1615. N. 10 Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miranda Belle Robison.

6. DATE OF BIRTH (month, day, and year) November. 27. 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME B.J. Robison.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Margaret Emily White.

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT (Address) Mrs. Miranda Belle Robison. 1615. N. 10 Street.

18. BURIAL, CREMATION OR REMOVAL

Mormis Hill Cemetery Date May. 12. 36.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 5-11, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to May-, 193..

I last saw him alive on 3-7, 1936.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Generalized Senility.	

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98656

JUN 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 152

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vaughn Lee Wallace

(a) Residence. No. 1407 Grove Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 21- 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER
13. NAME L.J.Wallace
14. BIRTHPLACE (city or town) Neb.
(State or country)

MOTHER
15. MAIDEN NAME Anne Jones
16. BIRTHPLACE (city or town) Texas
(State or country)

17. INFORMANT L. J. Wallace
(Address) 1407 Grove

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5/12, 1936

19. UNDERTAKER Schreiber & McCahn
(Address) Boise, Idaho

20. FILED 5-11, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 9, 1936
I last saw deceased alive on May 9, 1936; death is said to have occurred on the date stated above, at 9:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	May 4 36
(Streptococcus)	
Other contributory causes of importance:	
Malnutrition	
(Accessory food deficiency)	

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harvard Schwamm M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98657

Registration District No. 204
Primary Registration District No. 1004 Local Registrar's No. 153
(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Agnes Hiner

143 (a)

(a) Residence. No. 1115 Lee St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hiner

6. DATE OF BIRTH (month, day, and year) Sept 7, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Meridian Ida

FATHER
13. NAME Ira Aiken
14. BIRTHPLACE (city or town) (State or country) Decatur Neb

MOTHER
15. MAIDEN NAME Ada Hamby
16. BIRTHPLACE (city or town) (State or country) Charleston Iowa

17. INFORMANT Ira Aiken (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 5/12, 1936

19. UNDERTAKER B. H. Robison (Address) Meridian

20. FILED 5-13-1936 N. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 11, 1936
I last saw her alive on May 10, 1936: death is said to have occurred on the date stated above, at 6 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. Cellura, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Cameron

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98658

Registration District No. 21

Primary Registration District No. ..... Local Registrar's No. 127

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** sawmill

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 1st

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Wm. Ladwig. New Meadows
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place County Cemetery Date 6-10-..., 1936.

19. UNDERTAKER [illegible] - Cameron
(Address)

20. FILED JUN 13 1936 193... [illegible] IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-9 — 1936

22. I HEREBY CERTIFY, That I attended deceased from August ....., 1933., to 6-9....., 1936.
I last saw him alive on 6-8....., 1936.; death is said to have occurred on the date stated above, at 7 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure secondary to	1
Pneumonia.	10 yr
Other **contributory causes** of importance:	
Myocarditis	
Diffuse + Chr. Nephritis	6 mo

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not specific
(Signed) Edwin T. Hamilton M.D., M. D.
(Address) Cameron

JUN 16 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98659

PLACE OF DEATH

County of Adams
City of Indian Valley
Registration District No. 71
Primary Registration District No. ..... Local Registrar's No. 124
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert B Lemons

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) April 15 1866

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

13. NAME Wilbur B Lemons
14. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

15. MAIDEN NAME Mary E Dunbar
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) J A Lemons

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley Date 5-11, 1936

19. UNDERTAKER (Address) J A Fredelund Cambridge Ida

20. FILED ....., 193... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 10, 1936.
I last saw him alive on April 24, 1936; death is said to have occurred on the date stated above, at 7:10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	6 mos ago
Other **contributory causes** of importance:	
Dropsy	3 mos
Senility	

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury 0
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Allen T Hunter MD, M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE
State File No. 98660

JUN 8 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 685

(No.) Saint Anthonys Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Galloway

(a) Residence. No. Nixon Tract, North of Pocatello City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Matilda Ann Kidd

6. DATE OF BIRTH (month, day, and year): August 20, 1886.

7. AGE — Years: 49 | Months: 9 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: O. S. L. R. R.
10. Date deceased last worked at this occupation (mo. and yr.): May 1936.
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Hull, England.

FATHER

13. NAME: Richard N. Galloway
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Mary Elizabeth Kay
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Richard Irvine Galloway, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Teton, Idaho. Date: June 4, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: June 3, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 30, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 30, 1936.
I last saw him alive on 5-30 1936; death is said to have occurred on the date stated above, at 6 10 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Chest	
automobile	
accident.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... D. C. Ray, M. D.
(Address) ..... Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98661

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 669

(No. 717 Downington Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Pettit
(a) Residence. No. 717 ~~East Lake~~ Downington Ave. St. Salt Lake City, Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Pettit.

6. DATE OF BIRTH (month, day, and year) April 28, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	—	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales manager Hi Heat Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Browey Pettit
14. BIRTHPLACE (city or town) (State or country) Long Island New York

MOTHER
15. MAIDEN NAME Lucinda Abrams
16. BIRTHPLACE (city or town) (State or country) New York New York

17. INFORMANT (Address) Mrs. Martha Pettit 717 Downington Ave. Salt Lake City

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Salt Lake City. Date May 6, 1936

19. UNDERTAKER (Address) McHan Funeral Home Pocatello, Idaho.

20. FILED 6/5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1936, to 5-5, 1936
I last saw him alive on 5-4, 1936: death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Basilar fracture of skull and cerebral hemorrhage	
Other contributory causes of importance: 2. Crushing injury both kidneys	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury May 5, 1936
Where did injury occur? Near Fort Hall Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Public Highway
Manner of injury Automobile accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham ~~Jammock~~
City of Fort Hall Res.
~~Pocatello~~

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98662

Registration District No. ~~121 R~~ 25
Primary Registration District No. ~~2104 R~~ 2161
Local Registrar's No. 99 690

JUN 5 1936 RECEIVED

(No. Fort Hall Indian Reservation)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie (Clover) Pat

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shsohone 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johnny Pat

6. DATE OF BIRTH (month, day, and year) ? 1880 ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50 ?			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) ?
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nevada
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Johnny Pat
(Address) Pocatello, Star Route

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Butte Cemetery Date 5-9-, 1936

19. UNDERTAKER Agency Carpenter,
(Address) Fort Hall, Idaho

20. FILED June 5 1936 Registrar.
6/3/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7-1936

22. I HEREBY CERTIFY, That I attended deceased from No M.D. attending., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Death attended by Johnny Pat.	
Other contributory causes of importance:	
(No Doctor attending)	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) E. E. Woodson, R.N.
(Address) Fort Hall, Idaho
Govt. Field Nurse

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Fort Hall Indian Reservation, E. on R.

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98663

Registration District No. ~~1-21-8~~ 28

Primary Registration District No. ~~21944~~ 2161 Local Registrar's No. 689

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Woodayogo

(a) Residence. No. Fort Hall, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Unknown) Woodayogo

6. DATE OF BIRTH (month, day, and year) 1870 ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glove Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home on Gov't restricted land

10. Date deceased last worked at this occupation (mo. and yr.) 4-1-36

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Unknown
(State or country) Montana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Tail Johnson & Jane Eagle
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall, Idaho Date 4- 29- 1936

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED June 5, 1936 6/3/36 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4- 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1936, to 4- 23- 36, 193..

I last saw her alive on 4- 23, 1936: death is said to have occurred on the date stated above, at 3: A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia- Lobar	4-1-36
Other contributory causes of importance:	
"Common Cold "	

Name of operation Date of

~~What test confirmed~~ diagnosis? Was there an autopsy?

23. ~~If death was due to external~~ causes (violence) fill in also the following:

~~Accident, suicide, or homicide?~~ Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

~~Specify whether injury occurred in industry~~, in home, or in public place.

~~Manner of injury~~ Death attended by Tail Johnson, Fort Hall Idaho

~~Nature of injury~~

24. ~~Was disease or injury in~~ any way related to occupation of deceased? If so, specify

(Signed) E. A. Wilson M. D.

(Address) Dr. E. A. Woodson R.N. Field Nurse, Fort Hall, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock.

City of Fort Hall
Indian Reservation
E on R.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98664

Registration District No. 12-14 28
Primary Registration District No. 21-94 D 2161 Local Registrar's No. 100 688

JUN 6 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Findley Calico

(a) Residence. No. Fort Hall Indian Reservation St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho-Ban.4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, and year) 2-19-30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	3	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Bannock Co Idaho

FATHER

13. NAME Leon Calico

14. BIRTHPLACE (city or town) (State or country) Lemhi Idaho

MOTHER

15. MAIDEN NAME Minnie Gun, Jr.

16. BIRTHPLACE (city or town) (State or country) Bannock Co., Idaho

17. INFORMANT Leon Calico
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Idaho Date 5-28, 1936

19. UNDERTAKER Brown & Eldredge
(Address) Blackfoot, Idaho

20. FILED June 3, 1936 [signature] Registrar.
6/13/36 [signature] Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25-36 193

22. I HEREBY CERTIFY, That I attended deceased from 5-I, 193 6, to 5- 22- 36, 193

I last saw him alive on 5-22, 1936: death is said to have occurred on the date stated above, at 12-Mid P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia- tubercular	3-I-36
Other contributory causes of importance:	
Malnutrition	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Death attended by Minnie & Leon Calico

Manner of injury Dr. O. F. Call, Pocatello Ida

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. A. Pearson R.N., M. D.

(Address) U. S. Indian Service, Ft. Hall Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98665

Registration District No. 28

JUN 16 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 687

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Escalier

(a) Residence. No. 525 E. Fremont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 12, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheepherder

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Joseph Escalier

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Elizabeth Espatalier

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Felix Escalier
(Address) 525 E. Fremont

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date June 1, 1936.

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 6/9, 193.6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 193.6, to May 30, 1936

I last saw him alive on May 29, 193.6; death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected prostate & stomach	One 1935
Uraemia with ptosis &	
Uraemia cystitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 8 1936 RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 663

DO NOT WRITE IN THIS SPACE

State File No. 98666

(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thorpe Morris

(a) Residence. No. Rockland, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29 1915

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	20	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** CCC

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Last Employment

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland

MOTHER

13. NAME David Morris

14. BIRTHPLACE (city or town) (State or country) Brigham City Utah

15. MAIDEN NAME Ruth Jagoe

16. BIRTHPLACE (city or town) (State or country) Rockland Idaho

17. INFORMANT Mrs Morris
(Address) Am Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Idg. Date May 9, 1936

19. UNDERTAKER
(Address) Am Falls Ida

20. FILED May 8..., 1936. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ...Apr. 27..., 1936.., to ..May. 7....., 1936..
I last saw him alive on ..May. 7..., 1936.: death is said to have occurred on the date stated above, at 7. P...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coma Uraemia	May 1st
Other **contributory causes** of importance:	
Acute Lupus meningitis	
Acute Mastoid disease	
	4-27-36 to 5-7-36

Name of operation. Mastoidectomy Date of Exemption

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.. If so, specify.....

(Signed) ..... M. D.

(Address) ...303 Carlson Bldg.....

Pocatello Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98667

Registration District No. .....

Primary Registration District No. ..... Local Registrar's No. 686

Residence

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Charles Edwin Kelly

(a) Residence. No. Cream Top Dairy, South of Pocatello St. City.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 9, 1934.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: Elmer J. Kelly

14. BIRTHPLACE (city or town) (State or country): Collingston, Utah.

MOTHER

15. MAIDEN NAME: Roberta Armstrong

16. BIRTHPLACE (city or town) (State or country): Robin, Idaho.

17. INFORMANT (Address): Elmer J. Kelly, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place: Pocatello, Idaho. Date: June 1, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: June 1, 1936. D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 30, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) D. C. Ray, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98668

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 683

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Memphis Gayle

(a) Residence. No. 730 West Benton St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day and year): December 12 1856

7. AGE: Years 79 | Months 6 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Frankfort Kentucky

FATHER

13. NAME: Robert Gayle

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Susan Bradley

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs C. T. Monahan Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Idaho Falls Date: May 30 1936

19. UNDERTAKER (Address): T. L. McClean Pocatello Idaho

20. FILED: May 28, 1936 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to May 28, 1936

I last saw him alive on May 28 1936: death is said to have occurred on the date stated above, at 2:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Other contributory causes of importance:	
Hypertension	
Chronic nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Lemmon, M. D.

(Address) Pocatello, Idaho

JUN 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98669

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 3 6 1 Local Registrar's No. 682
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate Robinson

(a) Residence. No. 245 North Third Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (Husband of (or) Wife of) Widow of James H. Robinson

6. DATE OF BIRTH (month, day, and year) March 5, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At - Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Pleasant, Utah.

FATHER

13. NAME Mads Andersen

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Caroline Jensen

16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Mrs. Vera Simpson
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Pleasant, Utah Date May 31, 193 6.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED May 28, 193 6. D. O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 25, 193 6, to May 27, 193 6.
I last saw h-- alive on May 27, 193 6.: death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Other **contributory causes** of importance:	
Chronic Nephritis	
Angina Pectoris	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98670

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 672

JUN 8 1936

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace G. Kellogg

(a) Residence. No. Oliver Hotel, Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Nellie Flemming

6. DATE OF BIRTH (month, day, and year): September 12, 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel-Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): May 1936.
11. Total time (years) spent in this occupation: Five

12. BIRTHPLACE (city or town) (State or country): Wisconsin.

FATHER
13. NAME: George H. Kellogg
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: -------- Peen
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: J. J. Kellogg
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: May 14, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho

20. FILED: May 13, 1936. D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 12, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1936, to May 12, 1936
I last saw h-- alive on May 12, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:
Myocarditis Chronic
Mitral Insufficiency

Name of operation: / Date of:
What test confirmed diagnosis? Was there an autopsy? Yes
Was there a coroner's inquest?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address): Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 8 1936 RECEIVED

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98671

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 671

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Robert Jensen

(a) Residence. No. 944 West Clark St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 1st
7. AGE: Years 6 | Months 11 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Willard R. Jensen
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Lillian Jessie
16. BIRTHPLACE (city or town) (State or country): Albion Oneida

17. INFORMANT (Address): Mrs. C. B. Hales Pocatello, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Burial Date: May 14, 1936
19. UNDERTAKER (Address): J. L. Day & Co. Pocatello Idaho
20. FILED: May 13 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 12, 1936.
I last saw him alive on May 12, 1936: death is said to have occurred on the date stated above, at 12:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Scarlet Fever~~	
Lobar Pneumonia	May 8
Other contributory causes of importance:	
Scarlet Fever	May 9

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. M. Dungell, M. D.
(Address) Pocatello Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98672

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 6 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 670

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine White McLain

(a) Residence. No. Bancroft St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 3, 1934
7. AGE: Years 1 Months 10 Days 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bancroft

FATHER
13. NAME: Willis L. McLain
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Margaret White
16. BIRTHPLACE (city or town) (State or country): Bancroft Idaho

17. INFORMANT (Address): Willis McLain Bancroft Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Soda Springs Date: May 8, 1936
19. UNDERTAKER (Address): L. L. McLain Pocatello Idaho
20. FILED May 7, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 7 1936
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 7, 1936
I last saw h.. alive on May 7, 1936: death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 2
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193..
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Dangell, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

D. McDougall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneck
City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98673

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 668

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Lustie Elayne Ropes

(a) Residence. No. South of Pocatello St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Walter M. Ropes.

6. DATE OF BIRTH (month, day, and year) July 3- 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Walnut Hill Illinois

FATHER

13. NAME Henry O'Brien

14. BIRTHPLACE (city or town) (State or country) Alberta Canada.

MOTHER

15. MAIDEN NAME Mary Kreferman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Walter M. Ropes 5 miles South of Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date May 7, 1936

19. UNDERTAKER (Address) McClain Funeral Home Pocatello Idaho

20. FILED 5-6, 1936 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 5, 1936
I last saw h[illegible] alive on 5-3, 1936: death is said to have occurred on the date stated above, at 4:07 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Apr 30-
Myocarditis	4 weeks
Other contributory causes of importance:	

Name of operation Appendectomy Date of May 3
What test confirmed diagnosis? [illegible] Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) D C Kay M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98674

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 667

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter M. Larsen

(a) Residence. No. 722 South Fourth Ave. Poca., Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Arletta Jenkins

6. DATE OF BIRTH (month, day, and year) Febuary 20, 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asessor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bannock-County
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER
13. NAME Lars Larsen
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Ingar Petersen
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Mrs. Peter M. Larsen
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date May 6, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED May 5, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to May 4, 1936.
I last saw him alive on May 4, 1936: death is said to have occurred on the date stated above, at 3:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage	4/27/36,
Other contributory causes of importance:	
Senility	Gradual,

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Knight, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98675

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 666

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sarah J. Stoneburner

(a) Residence. No. 1635 S. Third St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of John D

6. DATE OF BIRTH (month, day, and year) July 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME — Stoneburner
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME — Holland
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT J. Curt Stoneburner
(Address) 1635 S. Third

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date ....., 193

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED May 4, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct ~, 1934, to May 3, 1936
I last saw her alive on May 2, 1936; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset,
Valvular Heart Disease Chronic	
Decompensation	Feb 1936
Other contributory causes of importance:	
Uremia	May 1 '36
Nephritis	March 1936

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) William T. Howard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98676
State File No.

Registration District No. 28

1936 REGISTERED

Primary Registration District No. 2161 Local Registrar's No. 665

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Myrick Taylor

(a) Residence. No. 1141 North Taylor St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ John Taylor

6. DATE OF BIRTH (month, day, and year) March 22 - 1849.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with daughter

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princeton Indiana

FATHER

13. NAME Byron Merick

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Frances Dilday

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Mrs. J. T. Davidson Tennessee

18. BURIAL, CREMATION OR REMOVAL Place Pocatello Date May 12 1936

19. UNDERTAKER (Address) L. D. Nelson Pocatello Idaho

20. FILED May 12, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 9, 1936

I last saw h.er alive on May 8, 1936; death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	May 1935
Cerebral hemorrhage left temporal region	May 1933
Complicated	

Other contributory causes of importance: Chronic Cholecystitis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98677

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 664

JUN 8 1936 RECEIVED

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Walker Watlington

(a) Residence. No. 520 South Fourth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Philomon Watlington

6. DATE OF BIRTH (month, day, and year): August 9, 1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At - Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockland, Idaho.

FATHER
13. NAME: William Arthur Walker
14. BIRTHPLACE (city or town) (State or country): Florence, Nebraska.

MOTHER
15. MAIDEN NAME: Phoebe Ann Wight
16. BIRTHPLACE (city or town) (State or country): Brigham City, Utah.

17. INFORMANT (Address): Alvin Watlington, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date May 11, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED May 9, 1936. D. O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 8, 1936.
I last saw her alive on May 8, 1936: death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia following	
Post Operative	
(b) Pneumonia	
Other contributory causes of importance:	
Surgical operation	

Name of operation Cesarean Section, Date of 5/4/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9867 8

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 661

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME India Anna Taylor

(a) Residence. No. Three miles south of Pocatello City. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J. Green Taylor

6. DATE OF BIRTH (month, day, and year): October 5, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ganntown, Illinois.

FATHER

13. NAME: Joshua Simpson

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Berilla Howell

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Orpha Blackburn, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Laketown, Idaho. Date May 8, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED May 7, 1936. D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar., 1936, to May 5, 1936
I last saw her alive on May 5, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	Many years.

Other contributory causes of importance:

Senility
Endarteritis Obliterans

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98679

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 660

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

10000

2. FULL NAME Lydia Owens

(a) Residence. No. 337 North Hayes Ave. St. Poca., Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of John L. Owens

6. DATE OF BIRTH (month, day, and year): June 27, 1861.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lynn, Missouri.

FATHER

13. NAME: John Hood

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Patsy Moore

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): Mrs. C. E. Beats, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date May 6, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED May 5, 1936. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 2, 1936.
I last saw h.. alive on May 2, 1936; death is said to have occurred on the date stated above, at 2 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Acute	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Ray, M. D.
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98680

JUN 8 1936 RECEIVED

Registration District No. 29
Primary Registration District No. 2161 Local Registrar's No. 658

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. D. R. Ingersoll (Ingersoll)

(a) Residence. No. 654 So. 7th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 24, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lives with
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her Daughter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Illinois

FATHER
13. NAME Benjamin Thrasher
14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER
15. MAIDEN NAME Sarah Catch
16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Mrs. Frank Courtice
(Address) Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Pleasant Hill Mem. Park Date May 4, 1936

19. UNDERTAKER J. L. McHan
(Address) Pocatello, Idaho

20. FILED May 4 1936 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 4, 1936, to May 1, 1936

I last saw h-e alive on May 1, 1936; death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Mary M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98681

1936 Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 681
(No. H. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Billy) Pierre Karubayas
(a) Residence. No. Same 315 W. Buhl St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME George Karubayas
14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER
15. MAIDEN NAME Clemence Clerc
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) George Karubayas Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date May 29, 1936

19. UNDERTAKER (Address) Leonard's Funeral Home Pocatello, Idaho

20. FILED 5-26, 1936 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 26, 1936
I last saw him alive on May 25, 1936: death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	May 24
Other contributory causes of importance:	
Measles	May 23

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W C McGunagall, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98682

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 680

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Church Crowley

(a) Residence. No. 537 East Benton St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) August 31, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Ezekiel T. Church
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER
15. MAIDEN NAME Sarah C. Owen
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT E. T. Martin
(Address) Pocatello Idaho

18. BURIAL, CREMATION, OR REMOVAL May 25 1936
Place Imbaugh Arkansas

19. UNDERTAKER L. L. McKeon
(Address) Pocatello Ida

20. FILED May 25 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 24, 1936
I last saw her alive on 5-24, 1936; death is said to have occurred on the date stated above, at 12 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	1910

Other contributory causes of importance:
Operation, Cholecystectomy & Choledochostomy

Name of operation Cholecystectomy Date of 5-[illegible]-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury ....
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) W. W. Griffiths, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98683

JUN 8 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2166 Local Registrar's No. 678

(If death occurred in a hospital or institution, give its name instead of street and number) Lynn Bros. Hosp.

2. FULL NAME Mrs. Stella Bahan

(a) Residence. No. 1537 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, and year) Sept. 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Illinois

FATHER

13. NAME Thomas Cannon

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Ellen O'Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Bahan (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date May, 25, 1936

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED May 22, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May, 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 193 5, to May 21, 1936.
I last saw h[illegible] alive on May 21, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer & Uremia	

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. H. Lynn, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98684

1936 Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 676

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvin E. Scott

(a) Residence. No. 332 N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ridgeway (State or country) Missouri

FATHER
13. NAME Elzumer Scott
14. BIRTHPLACE (city or town) Harrison (State or country) Missouri

MOTHER
15. MAIDEN NAME Carrie Adlee
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mr. E. Scott (Address) 332 N. Lincoln

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date May 19 1936

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello, Idaho

20. FILED 5-21, 1936 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 19, 1936
I last saw h alive on May 19, 1936: death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Feb 1936
Other contributory causes of importance:	
Anurea	3 days
Myocarditis	10 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Howard, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98686

JUN 6 1936

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 673
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mozoni Price

(a) Residence. No. Mc Cammon St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary S. Price

6. DATE OF BIRTH (month, day, and year) November 17, 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	27.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Smithfield, Utah.
(State or country)

FATHER
13. NAME Mozoni Price
14. BIRTHPLACE (city or town) Unknown. Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Jane unknown
16. BIRTHPLACE (city or town) unknown. unknown
(State or country)

17. INFORMANT Mary S. Price.
(Address) Mc Cammon Idaho.

18. ~~BURIAL, CREMATION OR REMOVAL~~ removal
Place Mc Smithfield Utah Date May 18, 1936

19. UNDERTAKER Mc Han Funeral Home.
(Address) Pocatello Idaho.

20. FILED 5-16, 1936 D O'Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934, to May 13, 1936.
I last saw ~~him~~ alive on May 12, 1936.; death is said to have occurred on the date stated above, at 12:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal	Unknown.
Other contributory causes of importance:	
Bronchial Asthma	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~Was~~ Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Idaho

FORM V. S. No. 5-25 M.—10

JUN 4 1936 RECEIVED

CERTIFICATE OF DEATH

Registration District No. 84 — 98688

Primary Registration District No. 2161

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 25

Registered No. 26

1. PLACE OF DEATH

County of Bannock

City of Lava Hot Springs (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Beverley Jean Fife

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: ~~June~~ May (Month) 30 (Day) 36 (Year)

7. AGE: 2 Yrs. 7 Mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lava Hot Springs Idaho

10. NAME OF FATHER: Leon LeRoy Fife.

11. BIRTHPLACE OF FATHER (State or Country): Providence Utah.

12. MAIDEN NAME OF MOTHER: Stella Florence Bowen

13. BIRTHPLACE OF MOTHER (State or Country): Memphis Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leon Fife

(Address) Lava Hot Springs

15. Filed June 7 1936 Mrs G. J. Fife Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1936, to May 30 1936, that I last saw her alive on May 30 1936, and that death occurred on the date stated above, at 10:00 P.M.

The CAUSE OF DEATH* was as follows: Scarlet Fever & Whooping Cough at same time.

(Duration) ..... Yrs. ..... mos. 7 ds.

Contributory (Secondary) Encephalitis. Abscess of Lung. Followed by Hemorrhage

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) C. A. Rich M. D.

5-30 1936 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence None

19. PLACE OF BURIAL OR REMOVAL: Lava Hot Springs

DATE OF BURIAL: 6-2 — 1936

20. UNDERTAKER: A. W. Hall

ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98689

PLACE OF DEATH
County of Shoshone
City of St. Maries, Idaho Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 24
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1887

2. FULL NAME Lon Lewis

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Wood Cutting

10. Date deceased last worked at this occupation (month and year) 2-20-36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) St. Maries Hospital St. Maries Ida

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Ida Date May 19, 1936

19. UNDERTAKER (Address) Stapish Funeral Home St. Maries Ida

20. FILED June 8, 1936 Walter Ruberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-12-36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-5-36, 193, to 5-12-36, 193
I last saw him alive on 5-12-36, 193: death is said to have occurred on the date stated above, at 5:34 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	4-1-36
Other contributory causes of importance: Pneumonia following fracture rib and exposure when a log fell on him	2-20-36

Name of operation Closed drainage Date of 4/10/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/20/36 (193)
Where did injury occur? Near Emida, Ida (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry. Working in a wood camp
Manner of injury Piece of a log fell on him
Nature of injury Crushing injury. Fracture rib Puncture lung.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify As above

(Signed) C A Robins, M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98690

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 22
(No. Ranch)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Irene Sarah Golar

(a) Residence. No. Ranch 4 mi. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph A. Golar

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4/1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Potlatch Idaho

FATHER

13. NAME Richard A. Lancaster

14. BIRTHPLACE (city or town) (State or country) So. Sterling Pa.

MOTHER

15. MAIDEN NAME Ida McIntire

16. BIRTHPLACE (city or town) (State or country) Bradford Pa.

17. INFORMENT (Address) Joseph A. Golar St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Woodlawn
Place St. Maries Date 6/5/36, 193

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 1936 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 3 1936, 193

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1936, to 5-3, 1936

I last saw her alive on 4-29, 1936; death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	

Other contributory causes of importance: Chronic T.B. of Lungs & Pleura. Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. J. Platt, M. D.

(Address) St Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98691

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth Schugart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 22 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Schugart

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 mos ago

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Schandhol
(State or country) Samara Russia

FATHER

13. NAME George Litzenberger

14. BIRTHPLACE (city or town) Schandhol
(State or country) Samara Russia

MOTHER

15. MAIDEN NAME Mary Lautenslager

16. BIRTHPLACE (city or town) Schandhol
(State or country) Samara Russia

17. INFORMENT (Address) Conrad Schugart St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Date May 27, 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED June 8, 1936 Walter Coberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193 X, to May 24, 1936
I last saw h alive on May 14, 1936; death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
with Oedema	
Chr. Endocarditis.	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. D. Platt. M. D.
(Address) St Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98692
State File No.....

Registration District No. 32
Primary Registration District No. 2019 Local Registrar's No. 25
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Sills

(a) Residence. No. 1108 W. 4th St St. Spokane, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Etta Sills

6. DATE OF BIRTH (month, day and year): Jan 2 - 1874

7. AGE: Years 62 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Machinist & Engineer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Railroads
10. Date deceased last worked at this occupation (mo. and yr.): 1923
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Sidenham Ontario

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Etta Sills 1108 W. 4th Spokane Wn

18. BURIAL, CREMATION OR REMOVAL
Place: St. Maries Ida. Date: 5/24, 1936

19. UNDERTAKER (Address): Stapish Funeral Home St. Maries Ida

20. FILED June 8, 1936 Walter Coberly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1936, to 5-21, 1936
I last saw him alive on 5-21, 1936 death is said to have occurred on the date stated above, at 12.30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-36
Other **contributory causes** of importance:	

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? No Injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl Olsen M. D.
(Address) St. Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Lovell

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98693

Registration District No. 31
Primary Registration District No. ____ Local Registrar's No. 7

1. No. At Home (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christine Anasta

(a) Residence. No. Near Lovell Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	Indian	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of ##########

6. DATE OF BIRTH (month, day, and year) Jan 24 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year) ###

11. Total time (years) spent in this occupation ###

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Pierre Anasta

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Madaline Snockie

16. BIRTHPLACE (city or town) (State or country) Washington.

17. INFORMENT (Address) Mary Vallee De Smet, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date June 1, 1936

19. UNDERTAKER Kimball Funeral Home. (Address) Tekoa, Washington.

20. FILED May 30, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193.., to ____, 193..

I last saw h..... alive on ____, 193....: death is said to have occurred on the date stated above, at About 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from State Wound of Heart,	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury May 29 1936
Where did injury occur Lovell, Benwah Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Stab by Knife
Nature of injury Stab Wound

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify No.

(Signed) J. A. Kellam, M. D.
(Address) Tekoa, Washington.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98694

Registration District No. 31

JUN 1 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. 31

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Frederick Gilbert

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Theresa Joseph

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Cataldo Idaho

MOTHER FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) —
15. MAIDEN NAME Susan Mary
16. BIRTHPLACE (city or town) (State or country) Cataldo Idaho

17. INFORMANT Agatha Joseph
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Date Apr 6, 1936

19. UNDERTAKER Nunne
(Address)

20. FILED April 6, 1936 John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Apr 4, 1936
I last saw him alive on Apr 2, 1936: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Chronic Myocarditis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ____

(Signed) J. C. Nelson, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98695

PLACE OF DEATH

County of Benewah

City of Tensed

Registration District No. 37

Primary Registration District No. ____ Local Registrar's No. 5

1936

(No. Mary ToTo Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Lawrence

(a) Residence. No. De Smet, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Susan Lawrence

6. DATE OF BIRTH (month, day, and year) Sept/24/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	# 6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc General Farm Work

10. Date deceased last worked at this occupation (month and year) Apr/9/36

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) St. Peters Mission Montana

FATHER

13. NAME Ambrose Lawrence

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Katherine Nomee

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMENT (Address) Charles Lawrence De Smet, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place De Smet, Ida. Date Apr. 14 1936

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Washington

20. FILED April 13, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____, about 2, 193... : death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	4/10-36
Other contributory causes of importance: Gun Shot Wound Head	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury Apr./10/36, 193...

Where did injury occur? Tensed, Benewah, Ida
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At the Home of Mary ToTo

Manner of injury Gun Shot

Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98696

JUN 1 1936 RECEIVED

PLACE OF DEATH
County of Benewah
City of Tensed
Registration District No. 31
Primary Registration District No.
Local Registrar's No. 6

(No. At the home of Mary To To)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Rickman

(a) Residence. No. De Smet, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Rickman

6. DATE OF BIRTH (month, day, and year) Apr. 13, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Cutter

10. Date deceased last worked at this occupation (month and year) Apr. 8/36

11. Total time (years) spent in this occupation 35 Yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME T. J. Rickman

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Levina Bennet

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT T. J. Rickman
(Address) Sweetwater, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place De Smet, Ida. Date Apr. 14 1936

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Washington

20. FILED April 3, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr/10/36 193

22. I HEREBY CERTIFY, That I attended deceased from ... 193..., to ... 193...
I last saw ... alive on About ..., 193...: death is said to have occurred on the date stated above, at 2 P ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Homicide	4/10-36

Other contributory causes of importance:
Gun Shot Wound Through Chest severing Arch Aorta

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
~~Accident~~, ~~suicide~~, or homicide? ... Date of injury Apr/10/36 193...
Where did injury occur? Tensed, Benewah, Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At the Home of Mary ToTo.
Manner of injury Gun Shot Wound
Nature of injury Chest penetrated Aorta

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) J. L. Nelson, M. D.
(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Tensed

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98697

Registration District No. 31
Primary Registration District No.
Local Registrar's No. 4

(No. Mary ToTo Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Joseph Abell

(a) Residence. No. St Ignatius, Montana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Roslie Rickman Abell

6. DATE OF BIRTH (month, day, and year) June 3, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laborer

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 5 Yrs

12. BIRTHPLACE (city or town) (State or country) St Ignatius Montana

FATHER

13. NAME Louie Abell

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Agnes Pablo

16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMENT (Address) James Pichett St Ignatius, Montana

18. REMOVAL Place Tekoa, Wn Date Apr 13, 1936

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Washington.

20. FILED April 13, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from ..., 193 ..., to ..., 193 ...
I last saw h— alive on ..., 193 .. ; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Homicide	4/10/36
Other contributory causes of importance: Gun shot wound of head	

Name of operation ... Date of ...
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/10 193 6
Where did injury occur? Near Tensed Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At the Home of Mary ToTo
Manner of injury Gun shot wound of
Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. A. Nelson M. D.
(Address) Tekoa, Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98698

JUN 9 1936 RECEIVED

Registration District No. 116
Primary Registration District No. 2195 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Robert Hahn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day ~~if~~ hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pingree, Ida

MOTHER FATHER
13. NAME Herbert Hahn
14. BIRTHPLACE (city or town) (State or country) Fulton, Kansas
15. MAIDEN NAME Lucy Barnes
16. BIRTHPLACE (city or town) (State or country) Downey, Ogden
17. INFORMANT (Address) Herbert Hahn, Pingree, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Pleasant View Cem. Date May 20, 1936
19. UNDERTAKER Friends (Address)
20. FILED May 21, 1936 Fremont Kinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936
22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 19, 1936
I last saw him alive on May 19, 1936; death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	5-19-36

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Beck M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98699

JUN 3 1936 RECEIVED

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 96
(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie Williams

(a) Residence. No. Fort Hall Reservation St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shosh. Ind. F	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willie Williams

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	(No record)		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT S. Brittain.
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Butte Cemetery Date 5-31, 1936

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED June 3, 1936 Mrs Helen Eatzjie Registrar.
Head Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1936, to 5-27-36, 193..
I last saw her alive on May 27, 1936: death is said to have occurred on the date stated above, at 7: P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, parenchymatouis-	
acute	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —
(Signed) S. Brittain, R.N., M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham E on R
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98700

JUN 3 1936 RECEIVED

Registration District No. 12I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 95

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosalin Warjack (Also called Losaline)

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho- Ban. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) I- 8- 30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	4		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Reservation (State or country)

FATHER
13. NAME Herman Warjack
14. BIRTHPLACE (city or town) Fort Hall Idaho (State or country)

MOTHER
15. MAIDEN NAME Marhha P. ?
16. BIRTHPLACE (city or town) Fort Hall Idaho (State or country)

17. INFORMANT Chief Pannayvids (Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall, Idaho Date 5-27, 1936

19. UNDERTAKER None (Address)

20. FILED June 3, 1936 Mrs Helen E Talerico Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2I, 1936, to May 22, 1936
I last saw her alive on May 22, 1936: death is said to have occurred on the date stated above, at 6: A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, tubercular	5, IO- 36
Other contributory causes of importance:	
Urethral Stricture	5-2I-36

~~Name of operation~~ Date of
~~What test confirmed diagnosis?~~ Was there an autopsy?

23. ~~If death was due to external causes (violence) fill in also the following:~~
~~Accident, suicide, or homicide?~~ Date of injury ~~, 193~~
~~Where did injury occur?~~ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Death attended by Martha P Warjack
Manner of injury
Nature of injury Death attended by Martha P. Warjack

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. E. Miller, M. D.
(Address) Blackfoot, Idaho.

U.S. Public Health Service Field Nurse.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham e on R

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98701

Registration District No. I2I- R

Primary Registration District No. 2I94-R

Local Registrar's No. 94

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 6 1926 RECEIVED

2. FULL NAME Frank Nephi

(a) Residence. No. Fort Hall Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4 Ind.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7- 4- 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I5	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Slim Nephi

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Flossie Use

16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMANT Slim Nephi,
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cedars Cem. Date 5-27, 1926

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED June 3, 1926. Mrs Helen E Farris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5- 24- 1926

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1926, to ....., 193..

I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at II: A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	
No. M. D. attending	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

Signed Sallie Bateman, R.N. Head Nurse, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham E on R
City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98703

Registration District No. I2I
Primary Registration District No. 2I94-R Local Registrar's No. 92

JUN 6 1936 RECEIVED

(No. Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Auck

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Auck

6. DATE OF BIRTH (month, day, and year) 5-3- I900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 5-I3,36

11. Total time (years) spent in this occupation I0

12. BIRTHPLACE (city or town) Wyoming
(State or country)

FATHER

13. NAME Charles Spillman

14. BIRTHPLACE (city or town) Wyoming
(State or country)

MOTHER

15. MAIDEN NAME Jane Hunt

16. BIRTHPLACE (city or town) Wyoming
(State or country)

17. INFORMANT Lewis Auck
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Butte Cemetery Date 5-I9, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED June 3, 1936 Mrs Hattie E. Faulkner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5- I7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-I4-, 1936, to 5-I7-, 1936
I last saw her alive on 5-I7-, 1936: death is said to have occurred on the date stated above, at I0:04 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-I0-36
Type Unknown	
Other contributory causes of importance:	
(Dr. L. A. Hutson attending now absent)	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) S. Bullain M.D., M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham E on R.
City of Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98704

JUN 8 1936 RECEIVED

Registration District No. I2I
Primary Registration District No. 2194
Local Registrar's No. 91
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Roseland Auck

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Bannock Ind.	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	I5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME Ray Auck
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER
15. MAIDEN NAME Mary Horn
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Mary Auck
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Butte Cem. Date 5-5-, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED June 3, 1936 Mrs Valeria Fawcett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 36, 193..., to 5-I- 36, 193...
I last saw her alive on 5-I-36, 193...: death is said to have occurred on the date stated above, at I2: A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Hereditary Syphilis	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) S Brittain, M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98705

JUN 3 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 90

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mary Cleveland

(a) Residence. No. Fort Hall, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Bannock 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grover Cleveland

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	(no record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown Ext. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT S. Brittain, Registered Nurse (Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Butte Cemetery Date 5-5-, 1936

19. UNDERTAKER Agency Carpenter, (Address) Fort Hall, Idaho.

20. FILED June 3, 1936 Mrs Roland Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5- 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 4- 25- 36, 193..., to 5-2- 36, 193...

I last saw her alive on 5- 2- 36, 193...: death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Starvation	4-25-36
Other contributory causes of importance:	
F.A.Nelson, M.D. Attending. (now absent)	

Name of operation None Date of

What test confirmed diagnosis? Clinical Were there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 193...

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) S. Brittain R. N.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98706

JUN 5 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldred Vinson Knight

(a) Residence. No. Rt #2 St. 90
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie M. Knight

6. DATE OF BIRTH (month, day, and year) Jan 3 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goshen, Idaho
10. Date deceased last worked at this occupation (mo. and yr.) May 22/36
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Fielding Utah

FATHER
13. NAME Vinson P. Knight
14. BIRTHPLACE (city or town) (State or country) Hooper Utah

MOTHER
15. MAIDEN NAME Mary Jane Hess
16. BIRTHPLACE (city or town) (State or country) Farmington Utah

17. INFORMANT (Address) Mrs E. V. Knight Rt #2 Blackfoot, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Thomas-Beresik Date June 1, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Ida

20. FILED June 1, 1936 Mrs Helen C Paterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to May 29, 1936
I last saw him alive on May 29, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	5-29-36

Other contributory causes of importance:

Hemorrhage (mild)	
Shock	

Name of operation Tonsillectomy Date of May 29, 1936
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A E Miller M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Blackfoot

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98707

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 88

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronaldo Mendoza

(a) Residence. No. .... Shelley St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Mal	Mexican	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Mexico
(State or country)

FATHER

13. NAME Atanacio Mendoza

14. BIRTHPLACE (city or town) Mexico
(State or country)

MOTHER

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) ....
(State or country)

17. INFORMANT Guadalupe M. Mendoza
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley Date May 27 193 6

19. UNDERTAKER E. E. Fox
(Address) Blackfoot Idaho

20. FILED May 26, 1936 Mo Hansen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-26 193 6

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 193 6, to 5-26, 193 6

I last saw h[illegible] alive on 5-25, 193 6: death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 days

Other contributory causes of importance:

Intestinal Nemasis - 1 wk
Cirrhosis

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) J. O. Hunsaker M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98708

JUN 9 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 86

(No. State Hospital, South)
(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME G. D. Hobbs

(a) Residence. No. ... St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No Data

6. DATE OF BIRTH (month, day, and year) November 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (mo. and yr.) No Data

11. Total time (years) spent in this occupation No Data

12. BIRTHPLACE (city or town) No Data
(State or country) Missouri

FATHER

13. NAME James Hobbs

14. BIRTHPLACE (city or town) No Data
(State or country) No Data

MOTHER

15. MAIDEN NAME Rebecca Lenard

16. BIRTHPLACE (city or town) No Data
(State or country) No Data

17. INFORMANT Records of State Hospital, South
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place State Hospital So. Cem. Date May 25, 193 6

19. UNDERTAKER C. W. Stanger
(Address) Blackfoot, Idaho

20. FILED May 25 193 6 Mrs. Helen Foster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to May 24, 1936, 193..
I last saw him alive on May 24, 1936: death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Heomrrhage	May 24, 1936
(Coronor was called but could not be reached. Deputy Sheriff Falk viewed the remains.)	

Other contributory causes of importance:

He had some organic Brain Condition, could not talk or protrude his tongue, Positive Babinski

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No injury
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify None

(Signed) Chas. R. Howe, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Moreland

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98709

Registration District No. 121
Primary Registration District No. 2191 Local Registrar's No. 85

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Elizabeth England 88 b

(a) Residence. No. St. Moreland
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John V. England

6. DATE OF BIRTH (month, day, and year) July 22 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Plain City (State or country) Utah

FATHER
13. NAME John Stewart
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Emma Hope
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Al Benson Moreland.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moreland, Ida. Date May 26 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot, Ida.

20. FILED May 29 1936 Mrs. Ethel Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to May 22, 1936
I last saw h[illegible] alive on May 15, 1936: death is said to have occurred on the date stated above, at 10:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Jan 1, 1936

Other contributory causes of importance:

Myocarditis	
Chronic diffuse nephritis	

Name of operation ~~~ Date of ~~~
What test confirmed diagnosis? ~~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~~ Date of injury ~~~, 193...
Where did injury occur? ~~~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~~~
Manner of injury ~~~
Nature of injury ~~~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~~~

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
STATE FILE 8710
State File No.

JUN 9 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 54

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM PETERSON

(a) Residence. No. St. OAKLEY, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data (Ora Peterson)

6. DATE OF BIRTH (month, day, and year): December 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ----------

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: ----

12. BIRTHPLACE (city or town) (State or country): Oakley, Idaho.

FATHER

13. NAME: F.O. Peterson

14. BIRTHPLACE (city or town) (State or country): ---------- Sweden

MOTHER

15. MAIDEN NAME: Hilma Hjstrand

16. BIRTHPLACE (city or town) (State or country): ---------- Sweden

17. INFORMANT (Address): RECORDS State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: May 23 1936

19. UNDERTAKER (Address): Burley Idaho

20. FILED May 24 1936 Mrs. Adelle Fannie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6th, 1936, to May 21st, 1936

I last saw h IE alive on May 21st, 1936: death is said to have occurred on the date stated above, at 2:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	36 hour duration
Other contributory causes of importance:	
Progressive Spinal Muscular Atrophy	1928

Name of operation None Date of ------

What test confirmed diagnosis? Clinical Symptoms. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. R. Lowe, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98711

JUN 9 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 83

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ALBERT ANDREGG

(a) Residence. No. St. POISE, IDAHO

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Andregg

6. DATE OF BIRTH (month, day, and year) ----------1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---Ke-data--- (State or country) Iowa

FATHER

13. NAME John H. Andregg

14. BIRTHPLACE (city or town) ---------- (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Wickman,

16. BIRTHPLACE (city or town) ---------- (State or country) Germany

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Basin Cem Date ....., 193...

19. UNDERTAKER E. J. Funk (Address)

20. FILED May 20 1936 Wm. Hatch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, ..., 1934, to May 19th, 1936

I last saw him alive on May 19th, 1936; death is said to have occurred on the date stated above, at 6:12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	1930
Other contributory causes of importance:	
Four strokes	

Name of operation None Date of -----

What test confirmed diagnosis Clinical Symptoms Autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury....., 193...

Where did injury occur? ----------
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. H. Lowe, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98712

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 82

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Margurite Malabeta Hooper

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Hooper

6. DATE OF BIRTH (month, day, and year) May 14 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paragonah Utah

MOTHER FATHER

13. NAME Alfred S Hadden

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Carter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Reid (Address) South Broadway

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Cemetery Date May 16, 1936

19. UNDERTAKER E T Rudy (Address) Blackfoot Idaho

20. FILED May 18 1936 Thos Galen Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 16, 1936
I last saw her alive on May 15, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, what?
(Signed) H. W. Mackey M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98713

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 80

JUN 6 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Maria Christiansen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Niels Christiansen

6. DATE OF BIRTH (month, day, and year) Aug 30, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME James McBride
14. BIRTHPLACE (city or town) (State or country) Villonova New York.

MOTHER
15. MAIDEN NAME Ruth Ann Miller
16. BIRTHPLACE (city or town) (State or country) Adams Co. Illinois.

17. INFORMANT (Address) Niels Christiansen Moreland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Date May 14, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Idaho

20. FILED May 13, 1936 Mrs Valeine Paterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 11, 1936
I last saw her alive on May 7, 1936: death is said to have occurred on the date stated above, at 11:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Jan 1, 1936
Other contributory causes of importance:	
Carcinoma of Breast	July 1, 1935

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193~
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98714

JUN 9 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2191 Local Registrar's No. 79
(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. A. PETERSON

(a) Residence. No. ____ St. Boise County, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): ----------1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	no data	no data	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Defiance County, (State or country) Ohio

FATHER
13. NAME James Peterson
14. BIRTHPLACE (city or town) ---------- (State or country) Ohio

MOTHER
15. MAIDEN NAME Angeline Bennett
16. BIRTHPLACE (city or town) ---------- (State or country) Ohio

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place State Hospital Cem. Date May 9, 1936

19. UNDERTAKER C. W. Stanger (Address)

20. FILED May 9, 1936 Mrs. Nola Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from ----------, 193..., to ----------, 193...
I last saw him alive on never, 193...: death is said to have occurred on the date stated above, at 3:8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSION	1928
Other contributory causes of importance: ARTERIOSCLEROSIS	
CORONARY OCCLUSION	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------
(Signed) W. E. Peters, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98715

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 78

JUN 6 1936 RECEIVED

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GEORGE FIALO

(a) Residence. No. St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) October 4th, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ---- min.
51	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Corpus County (State or country) Nebraska

FATHER
13. NAME Frank P. Fialo
14. BIRTHPLACE (city or town) ------- No data (State or country) no data (Europe)

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) no data (State or country) no data (Europe)

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. So. Cem. Date May 4, 1936

19. UNDERTAKER S. W. Stanger
(Address) Blackfoot, Idaho

20. FILED May 6, 1936 Mrs. Valeen Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from ----------, 193..., to ----------, 193...
I last saw him alive on never, 193...; death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
EPILEPTIC CONVULSION	
(Epilepsy)	Childhood

Other contributory causes of importance:

Indigestion; vomiting; strangulation; abdominal complications; obesity	

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) W. E. Jamie, M. D.
(Address) Blackfoot, Idaho

JUN 9 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98716

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 20

98 15

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME William Barrett

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Dec 10 - 1873

7. AGE: Years 62 | Months 5 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Oct 1935

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Provo City Utah

FATHER

13. NAME: Nathan Barrett

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Eliza Chesley

16. BIRTHPLACE (city or town) (State or country): Provo City Utah

17. INFORMANT (Address): S. R. Barrett

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Cem. Hailey Date May 21 1936

19. UNDERTAKER (Address): L. P. Hanson Hailey Idaho

20. FILED 5-28 1936 R. F. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18, 1936, to 5/18, 1936.

I last saw him alive on 5/18, 1936; death is said to have occurred on the date stated above, at 11:5 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Myocarditis	
Coronary Sclerosis	

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. W. Fox M. D.

(Address) Hailey, Idaho

JUN 9 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98717

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvail Berdell Beck Jr. Fox 8

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Sept 28 - 1932

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hailey Idaho

FATHER

13. NAME: Harvail G. Beck

14. BIRTHPLACE (city or town) (State or country): Mammoth Utah

MOTHER

15. MAIDEN NAME: Della Kelley

16. BIRTHPLACE (city or town) (State or country): Bellevue Idaho

17. INFORMANT (Address): Harvail G. Beck Hailey, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: City Plot Hailey Date: May 10 1936

19. UNDERTAKER: L.S. Hands (Address): Hailey Ida

20. FILED: 5-28-1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 1936, to 5/8, 1936.

I last saw him alive on 5/8, 1936; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic infection	
Bronchopneumonia	
Scarlet Fever with a Terminal Pneumonia	
Other **contributory causes** of importance: Scarlet Fever	4/15-36

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. W. Fox, M. D.

(Address) Hailey Ida

JUN 9 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98718
State File No.....

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 18

(No. ..... wright 66)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Ribet

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 7 - 1859

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Byrne County
(State or country) Switzerland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town).....
(State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town).....
(State or country)

17. INFORMANT Neal Peckard, Mtg. Reg. Office
(Address) Hailey Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Cemetery Date May 12 1936

19. UNDERTAKER .....
(Address) O. Harris Hailey Ida.

20. FILED 5-28-1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found dead -	
evidently heart lesion	

Other **contributory causes** of importance:

Chronic Alcoholism	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....

(Signed) Blaine County Coroner, M. D.
(Address) Hailey, Idaho

JUN 3 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98719

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) Fox V

2. FULL NAME Donald Lewis Sherman

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 21 1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buhl
(State or country) Idaho

MOTHER FATHER

13. NAME Lewis Sherman
14. BIRTHPLACE (city or town) Cairo
(State or country) Nebraska
15. MAIDEN NAME Bessie Bowcutt
16. BIRTHPLACE (city or town) Smithfield
(State or country) Utah

17. INFORMANT L. C. Sherman
(Address) Hailey Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Buhl, Ida. Date May 19 1936

19. UNDERTAKER L. L. Harris
(Address) Hailey Idaho

20. FILED 5-28, 1936 H. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1936, to 5-16, 1936.
I last saw him alive on 5/16, 1936.; death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage from punctured abdominal aorta due to accident	

Other **contributory causes** of importance:

Name of operation No Control Hemorrhage Date of 5-16-36
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury 5/16, 1936
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Caught on limb of tree
Nature of injury Punctured aorta

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Jost M. D.
(Address) Hailey, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of PRIEST RIVER
Blue Lake - Eastside

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

IDA

Registration District No. 85
Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE
State File No. 98720

JUN 12 1936 RECEIVED

Local Registrar's No. 12-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Newell Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. .. mos. .. ds. How long in U. S., if of foreign birth? yrs. 74 mos. .. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Libby M. Brown

6. DATE OF BIRTH (month, day, and year) Jan 1, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Merchant + Judge

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own store

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lincolnshire England

MOTHER/FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMANT (Address) Mrs. Sarah Watt Priest River, Idaho

18. BURIAL, CREMATION OR REMOVAL
PRIEST RIVER IDA Date June 1, 1936

19. UNDERTAKER (Address) E. E. Mason PRIEST RIVER IDA

20. FILED June 1, 1936 Bemis Watt Registrar.

PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to May 30, 1936.
I last saw him alive on May 26, 1936; death is said to have occurred on the date stated above, at 4 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Myocarditis	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold E. Doncey, M. D.
(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98721

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 11-36

JUN 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME SMITH F. MC KEE

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SARAH MC KEE

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1934

11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) (State or country) Rochester Iowa

FATHER

13. NAME Joseph Mc Kee

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rueben Mc Kee
(Address) Priest River, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Priest River, Ida Date May 21, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho

20. FILED May 14, 1936 Berle Rott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 18, 1936.
I last saw him alive on May 14, 1936: death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Myocarditis	
Other contributory causes of importance:	
Urethral Adhesions	
Causing Obstruction	

Name of operation ..... Date of .....
What test confirmed diagnosis? Findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold E. Doney, M. D.
(Address) Priest River, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Morton

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98723

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 246

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Hilda Peterson

(a) Residence. No. Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ander C. Peterson

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME ---Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Geraldine Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT James Peterson
(Address) Morton, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date May 27, 1936

19. UNDERTAKER Lawrence G. Moon
(Address) Sandpoint, Idaho

20. FILED 5-26, 1936 A. B. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1936, to May 23rd, 1936
I last saw her alive on May 22nd, 1936; death is said to have occurred on the date stated above, at 3.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1932
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. B. Evans M. D.
(Address) Sandpoint, Idaho

JUN 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98724

PLACE OF DEATH
County of Bonner
City of Granite

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 240

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William John Pentland

(a) Residence. No. Granite, Ida St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Pentland

6. DATE OF BIRTH (month, day and year) Oct. 20 - 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self.

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER Thomas Pentland
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ire.
12. MAIDEN NAME OF MOTHER Deborah Lyington
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ire.

14. Informant Mrs. Margaret Pentland
(Address) Granite, Ida.

15. Filed June 1, 1936. Dr. F. B. Evans M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20th 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to May 20, 1936
that I last saw him alive on Mar 15, 1936
and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:
Organic Heart disease
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) 4 yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical findings
(Signed) Ted Eskenson, M. D.
May 20, 1936 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Spokane, Wash — Date of Burial/Removal: 5/20 1936
20. Undertaker: Smith Funeral Home — Address: Spokane, Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98725

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 244

JUN 8 1936 RECEIVED

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Fister

(a) Residence. No. County Poor Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. ? 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, ~~as silk mill,~~ saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Charles Fister
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Cathrina -?-
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Parnell Hospital
(Address) Sandpoint Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Ida Date May 22, 1936

19. UNDERTAKER L.G Moon
(Address) Sandpoint Idaho.

20. FILED May 22, 1936 P.B. Erwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1935 to May 20 1936
I last saw h~~is~~ alive on May 15, 1936: death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P.B. Erwin, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9872S

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 243
(No. Pannell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME William Hackett

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lola Hackett

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz
10. Date deceased last worked at this occupation (mo. and yr.) Feb 1936
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Stratford Ontario Canada

FATHER
13. NAME Andrew Hackett
14. BIRTHPLACE (city or town) (State or country) Mitchell Ontario Canada

MOTHER
15. MAIDEN NAME Della F. Sutton
16. BIRTHPLACE (city or town) (State or country) Mesaina Springs N.Y.

17. INFORMANT Mrs. Lola Hackett
(Address) Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL Interment
Place Sandpoint Ida. Date May 14, 1936

19. UNDERTAKER L. G. Mann
(Address) Sandpoint Ida.

20. FILED June 1, 1936 Dr. F. B. Evans M. C.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 12, 1936.
I last saw him alive on May 12, 1936; death is said to have occurred on the date stated above, at 1.50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head injury	May 11 1936
Skull fracture	
Other contributory causes of importance:	
Acute Alcoholism	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? May 11 1936
Where did injury occur? Sandpoint Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. City Fire Dept Bldg
Manner of injury Fell down stairs
Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C C Wrolle, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98727

JUN 8 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 242

(No. 810 N. Boyer Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Charlotte Montague

(a) Residence. No. 810 N. Boyer Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rueben H. Montague

6. DATE OF BIRTH (month, day, and year) July 26, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1936
11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) Clearwater
(State or country) South Dakota

FATHER
13. NAME -- Landerdahl
14. BIRTHPLACE (city or town) Unknown
(State or country) Sweden

MOTHER
15. MAIDEN NAME Ella Lundstrum
16. BIRTHPLACE (city or town) Unknown
(State or country) Sweden

17. INFORMANT Kenneth R. Montague
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida. Date 5/10, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED June 8, 1936 W. F. P. Evans M/C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1936, to May 7, 1936
I last saw h[illegible] alive on May 7 1936: death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 30 1936
Other contributory causes of importance:	
Influenza	Apr. 1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Also, specify
(Signed) Wm F. Tyler, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98728

JUN 8 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 241

(No. Lantz Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Minnie E. Thomas

(a) Residence. No. 308 Pine Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Edwin Thomas

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1936
11. Total time (years) spent in this occupation Many Years

12. BIRTHPLACE (city or town) Elsworth
(State or country) Wisconsin

FATHER

13. NAME Warren O. Taber
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Adeline Wicks
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Leon T. King
(Address) Fargo, N. Dakota.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date 5/9, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED June 8, 1936 Wm. F. C. Evans M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1936 to May 6th 1936
I last saw her alive on May 4, 1936: death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	May 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. C. Evans, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville.
City of Coltman.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98729

JUN 6 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 92

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyman Amasa Taylor. 78C

(a) Residence. No..... St. Grant, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Maria Taylor.

6. DATE OF BIRTH (month, day, and year) May 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 4/34
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

FATHER
13. NAME Pleasant Green Taylor.
14. BIRTHPLACE (city or town) (State or country) Boolingreen, Ken.

MOTHER
15. MAIDEN NAME Clara Lake.
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Lyman Taylor Jr.
(Address) Idaho Falls, Ida. R. #5

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho. Date 5/24 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED May 27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 8:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown Myocardial Accident by Car.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place County road
Manner of injury Car accident
Nature of injury Shock

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible]
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98731

Registration District No. 13
Primary Registration District No. 2-N-D Local Registrar's No. 93

JUN 8 1936 RECEIVED

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy O'Phillips

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9-1936

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho L. D. S. Hospital

FATHER
13. NAME John O. Phillips
14. BIRTHPLACE (city or town) (State or country) Preston, Idaho

MOTHER
15. MAIDEN NAME Lovenia Minnie Andrus
16. BIRTHPLACE (city or town) (State or country) Ucon, Idaho

17. INFORMANT (Address) John O. Phillips Idaho Falls Ida Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Lava Date May 10, 1936

19. UNDERTAKER None
(Address)

20. FILED May 9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 9, 1936
I last saw h[illegible] alive on May 9, 1936: death is said to have occurred on the date stated above, at 10-10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Lesion caused by gestation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98732

JUN 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2 1 V - 0. Local Registrar's No. 90
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature.
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ✓
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 30 1936.
7. AGE: Years | Months: 20 min' | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** newborn.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Paul A. Staples
14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER
15. MAIDEN NAME Edith Jones
16. BIRTHPLACE (city or town) (State or country) Mass. Idaho

17. INFORMANT (Address) Father Paul A. Staples Idaho Falls Ida.
18. BURIAL, CREMATION OR REMOVAL Place Sunset Cemetery Date May ., 1936
19. UNDERTAKER (Address) Jack Mortuary Idaho Falls Ida
20. FILED May 21, 1936 L. Olsen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936, to May 30 1936
I last saw h... alive on May 6, 1936; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 6-7 months	
Prolonged Labor & Incarcerated Placenta	
Other **contributory causes** of importance:	

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) P. C. West, M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville.

City of Idaho Falls Ida. (If death occurred in a hospital or institution, give its name instead of street and number)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98733

Registration District No. 73

Primary Registration District No. 2120 Local Registrar's No. 88

(No. L. D. S. Hospital)

1936 REGISTERED

2. FULL NAME

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Boy	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or 23 min.
Infant

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Dean Emery Gneiting

14. BIRTHPLACE (city or town) (State or country) Bellevue Idaho

MOTHER

15. MAIDEN NAME Vera Taylor

16. BIRTHPLACE (city or town) (State or country) Grant Idaho

17. INFORMANT Dean Gneiting
(Address) #5

18. BURIAL, CREMATION OR REMOVAL
Place Grant Idaho Date May 16, 1936

19. UNDERTAKER none
(Address)

20. FILED May 16, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 15, 1936
I last saw him alive on May 15, 1936, death is said to have occurred on the date stated above, at 9:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6 months.	
premature rupture of membranes at 4 months	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

JUN 8 1936 RECD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98734

Registration District No. 13

Primary Registration District No. 21-D

Local Registrar's No. 98

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME James Vines Jr

(a) Residence. No. 488 10th St Idaho Falls St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Van Buren (State or country) Ark

FATHER

13. NAME Franklin Vines

14. BIRTHPLACE (city or town) Kalamazoo (State or country)

MOTHER

15. MAIDEN NAME Amanda Boyklin

16. BIRTHPLACE (city or town) Evansville (State or country) Tenn

17. INFORMANT N. H. Vines (Address) 625 Cedar Pocatello

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello, Idaho Date June 1936

19. UNDERTAKER Downard Funeral Home (Address) Pocatello Idaho

20. FILED June 8, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to June 2, 1936

I last saw him alive on June 2, 1936; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	
Arterio sclerosis	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott, M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98735

Registration District No. 13
Primary Registration District No. 2-1-D Local Registrar's No. 92
(No. L. D. S. Hosp. Idaho Falls)
(If death occurred in a hospital or institution, give its name instead of street and number)

100 a

2. FULL NAME Stanley Reed Sauer.

(a) Residence. No. St. Lewisville, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewisville, Idaho.

FATHER
13. NAME William Sauer.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Leone Walker.
16. BIRTHPLACE (city or town) (State or country) Lewisville, Idaho.

17. INFORMANT Leone Walker Sauer.
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Grant. Ida. Date 6/4, 1936

19. UNDERTAKER W. B. Eckersell
(Address) Rigby, Idaho

20. FILED June 4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to June 2, 1936
I last saw him alive on June 2, 1936.: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	D-K
Other contributory causes of importance:	
Acute Mastoiditis	
Staph. Throat	
Measles (Rash)	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Ericksen, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98736

JUN 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2170 Local Registrar's No. 95

(No. L D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lysander Christensen Pond

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Kimball Pond

6. DATE OF BIRTH (month, day, and year) December 31 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Utah

FATHER
13. NAME Millmore Pond
14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER
15. MAIDEN NAME Regina Stevenson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Nancie Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL Place Salt Lake Utah Date June 4 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED June 3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to May 30 1936
I last saw ... alive on May 30 1936; death is said to have occurred on the date stated above, at 4:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Pneumonia	
Other contributory causes of importance: Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....., If so, specify .....
(Signed) W. Lyman Hales, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98737

JUN 2 1936

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 94

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Micheal Bryan Bryant

(a) Residence. No. Prospect St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Seattle
(State or country) Washington

FATHER

13. NAME Emmett T. Bryant

14. BIRTHPLACE (city or town) Seattle
(State or country) Washington

MOTHER

15. MAIDEN NAME Martha Adams

16. BIRTHPLACE (city or town) Denver
(State or country) Colorado

17. INFORMANT Lola Wilson
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ida. Falls Date 6-4 1936

M. HARRIS FUNERAL HOME
MORTUARY

19. UNDERTAKER
(Address) 343 - E Street - Idaho Falls, Ida.

20. FILED June 3, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death Was due to accidental drowning	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Walnut Creek

Manner of injury .....

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98738

Registration District No. 73
Primary Registration District No. 210
Local Registrar's No. 91

JUN 6 1936

(No. ID)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Jane Newman

(a) Residence. No. Idaho Falls Rt #1 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

48a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malo
(State or country) Idaho

FATHER

13. NAME Frank H. Newman

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Ethel Crowley

16. BIRTHPLACE (city or town)
(State or country) Iona Idaho

17. INFORMANT Frank H. Newman
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date May 21, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls

20. FILED May 21, 1936 E. J. Sherrard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 15, 1936.

I last saw her alive on May 15, 1936.; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with myocardial decompensation	8 weeks
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Cahill M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98739

Registration District No. 3
Primary Registration District No. 9-1-D
Local Registrar's No. 89
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Elizabeth Scofield

(a) Residence. No. 284 - W 1st 14 St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Scofield

6. DATE OF BIRTH (month, day, and year) July 4, 1862

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
73	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springville Utah
(State or country)

FATHER
13. NAME William Hunting
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Martha Hale
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Jack Scofield
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date May 17, 1936

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED May 16, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to May 14, 1936
I last saw her alive on May 14, 1936: death is said to have occurred on the date stated above, at 4-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza &	
Bronchio-pneumonia	May 4-36

Other contributory causes of importance:

Fracture of Tibia & Fibula
Senility & obesity.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No (specify)
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98740

Registration District No. 73

JUN 8 1936 RECEIVED

Primary Registration District No. 2 1 7 1 Local Registrar's No. 87

No. 1 1 E. 1 Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clive Morgan Haroldsen

(a) Residence. No. Idaho Falls Rt # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country)

FATHER

13. NAME Morgan Haroldsen

14. BIRTHPLACE (city or town) Nephi Utah
(State or country)

MOTHER

15. MAIDEN NAME Elva Yates

16. BIRTHPLACE (city or town) Mellville Utah
(State or country)

17. INFORMANT Morgan Haroldsen
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date May 15, 1936

19. UNDERTAKER Jack T. Wood
(Address) Idaho Falls, Idaho

20. FILED May 17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to May 13, 1936.
I last saw him alive on May 6, 1936: death is said to have occurred on the date stated above, at 1-7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - pneumonia	April 7
Other contributory causes of importance:	
Empyaemia	April 14
Anaemia secondary	" "
Otitis Media	May 10

Name of operation Thoracotomy Date of April 17
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. B. Woolley, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98741

Registration District No. 13

Primary Registration District No. 2170 Local Registrar's No. 86

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cathryn M. Welker

(a) Residence. No. St. Anthony Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Leo A. Welker

6. DATE OF BIRTH (month, day, and year) October 19½ 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Springville Utah
(State or country)

MOTHER FATHER

13. NAME Thomas S. Morgan

14. BIRTHPLACE (city or town) Oakley Utah
(State or country)

15. MAIDEN NAME Isabella Clegg

16. BIRTHPLACE (city or town) Springville Utah
(State or country)

17. INFORMANT Leo A. Welker St. Anthony Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Welford Ida. Date 5/12, 1936

19. UNDERTAKER W. W. Hansen St. Anthony Idaho
(Address)

20. FILED May 14, 1936 C. J. Swanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5, 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5, 6, 1936, to 5, 8, 1936.
I last saw h... alive on 5, 8, 1936; death is said to have occurred on the date stated above, at 4:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) W. B. Hansen M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98742

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 85

JUN 8 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles S. Roberts

(a) Residence. No. 709 (Usual place of abode) Memorial Drive St. Idaho Falls, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sabra A. Fales
6. DATE OF BIRTH (month, day, and year): September 9, 1857
7. AGE — Years: 78 — Months: 7 — Days: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gardening
10. Date deceased last worked at this occupation (mo. and yr.): last fall
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Indianola, Iowa

FATHER
13. NAME: Ash. Roberts
14. BIRTHPLACE (city or town) (State or country): Tuckerton

MOTHER
15. MAIDEN NAME: Rose Reed
16. BIRTHPLACE (city or town) (State or country): Antwerp

17. INFORMANT (Address): Wife, Mrs. Sabra Roberts Ida. Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Ida. Falls Date: 5-10, 1936
19. UNDERTAKER (Address): A. Berg Ida. Falls, Ida.
20. FILED May 9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-8 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to May 8, 1936.
I last saw him alive on May 6, 1936: death is said to have occurred on the date stated above, at 2 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Mar. 28-36
Other **contributory causes** of importance:	
Myo-carditis and	April 25,
acute Nephritis	1936

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9843

JUN 8 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2179
Local Registrar's No. 84

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bobby Bertram Walker

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) March 29, 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) McCammon Idaho

FATHER

13. NAME Albert Walker

14. BIRTHPLACE (city or town) (State or country) Ucon Idaho

MOTHER

15. MAIDEN NAME Amy Lundberg

16. BIRTHPLACE (city or town) (State or country) Firth Idaho

17. INFORMANT Mrs. Amy Walker
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date May 10, 1936

19. UNDERTAKER O. S. Buck
(Address) Ida. Falls, Ida

20. FILED May 9, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 7, 1936.
I last saw him alive on May 7, 1936; death is said to have occurred on the date stated above, at 12 30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Second and third degree burns of the skin	May 5

Other contributory causes of importance:

Name of operation none Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 5, 1936
Where did injury occur? at home Idaho Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Gasoline of hot water tipped over
Nature of injury Burns of skin

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville.

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98744

JUN 8 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 3150 Local Registrar's No. 83

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Gregory Davis

(a) Residence. No. ..... St. Jackson Wyo.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos N. Davis

6. DATE OF BIRTH (month, day, and year) Mar. 23 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.) 4-23-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Muncie Indiana

FATHER

13. NAME Samuel Gregory

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. Lloyd McNeal
(Address) Jackson Wyo.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Jackson Wyo. Date May 9, 1936

19. UNDERTAKER O. Bruce
(Address) Ida. Falls Ida.

20. FILED May 8, 1936 Wm Kinnaird
by RM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 7, 1936.
I last saw her alive on May 7, 1936: death is said to have occurred on the date stated above, at 6:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Suppurative Myocarditis with Bronchitis	
Other contributory causes of importance:	

Name of operation Myocardial Drainage Date of 5/4/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. P. Bridgewater M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98745

Registration District No. 73

JUN 8 1936 RECEIVED

Registration District No. 2150 Local Registrar's No. 82

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Sloan Young Chandler

(a) Residence. No. 238 - East 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ted Chandler

6. DATE OF BIRTH (month, day, and year) March 19 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER
13. NAME Phineas Young
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Phebe Clark
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Kate Carnahell (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Idaho Date May 6, 1936

19. UNDERTAKER Jack P. Ward (Address) Idaho Falls, Idaho

20. FILED May 6, 1936 Wm Kinnaird per B. M. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 2, 1936.
I last saw alive on April 30, 1936: death is said to have occurred on the date stated above, at 3 P. M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Dilatation of Heart	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. P. Hart, M. D.
(Address) Idaho Falls Idaho

JUN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98746

PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco. Primary Registration District No. 2129 Local Registrar's No. 9
Corrales (No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Annabelle Merrill

(a) Residence. No. Arco St. Idaho
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 1 yrs. 4 mos. 3 ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 6 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Arco
(State or country) Idaho.

PARENTS

10. NAME OF FATHER Roy Merrill
11. BIRTHPLACE OF FATHER (city or town) Etoria
(State or Country) Idaho.
12. MAIDEN NAME OF MOTHER Nounda Clendenin
13. BIRTHPLACE OF MOTHER (city or town) Arco
(State or County) Idaho.

14. Informant Roy Merrill
(Address) Arco Idaho.

15. Filed May 11, 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 9 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 8, 1936,
that I last saw her alive on May 8, 1936
and that death occurred, on the date stated above, at 5 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Uremic poisoning

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Tonsillitis
(duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Surgical exam

(Signed) D. P. Egbert M. D.
May 11, 1936 (Address) Arco Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco Idaho.	5/11 1936
20. Undertaker W. A. Marvel	Address Arco.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98747

JUN 16 1936 RECEIVED

County of Butte Registration District No. .....

City of Arco Primary Registration District No. ..... Local Registrar's No. 11

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Delbert Martenus Christensen

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	White	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Oct 8-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	7	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Arco, Idaho

PARENTS

10. NAME OF FATHER Elwood M. Christensen
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Spanish Fork Utah
12. MAIDEN NAME OF MOTHER Margaret Carter
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Morgan Utah

14. Informant (Address) Elwood M. Christensen

15. Filed May 11 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 10 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 24 1936 to May 10 1936
that I last saw him alive on Apr. 28 1936
and that death occurred, on the date stated above, at 8 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? By Physical exam
(Signed) M. Calvert M. D.
May 11 1936 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco Idaho	May 12 1936
20. Undertaker W. S. Morrel	Address Arco.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98748

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 90
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Eugene Lindley Johnson
(a) Residence. No. R.F.D. # 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30, 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME Ambrose Wilford Johnson
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER
15. MAIDEN NAME Leta Dirkes
16. BIRTHPLACE (city or town) Ord
(State or country) Nebraska

17. INFORMANT Mr. Ambrose Johnson
(Address) R.F.D. 2 Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL Rohrbaugh
Place Nampa, Ida Date 5-13, 1936

19. UNDERTAKER Deitz & Galliher
(Address) Nampa Ida

20. FILED June 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

-9.00-

21. DATE OF DEATH (month, day and year) 5-11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936 to May 11, 1936
I last saw him alive on 5-11, 1936; death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Wolfe, M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98749

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 87

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME De Witt Elwyn Grimes

(a) Residence. No. 4½ miles SE. East St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19th 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME C. V. Grimes.

14. BIRTHPLACE (city or town) Athens
(State or country) Tenn.

MOTHER

15. MAIDEN NAME Ava Markham

16. BIRTHPLACE (city or town) Earl
(State or country) Neb.

17. INFORMANT Mrs. C. V. Grimes
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Kohlerson
Place Nampa, Ida. Date 5 17, 193 6

19. UNDERTAKER Keith Talley
(Address) Nampa Idaho

20. FILED June 1, 193 6 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 193 6, to 5-15, 193 6

I last saw h[illegible] alive on 5-14, 193 6; death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	5-10-36

Other contributory causes of importance:

Name of operation Appendectomy Date of 5-12-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Horton, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98750

JUN 9 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 86

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriett May Pence

(a) Residence. No. Kuna Idaho RFD #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. O Pence 1-

6. DATE OF BIRTH (month, day, and year) 8-22-80

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	#4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colton Kansas

FATHER

13. NAME Jesse Edward Elliott

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Mary J McEwen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT W. O Pence
(Address) Kuna RFD #1 Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 6-2-36, 193

19. UNDERTAKER F K Reluman
(Address) Nampa Ida

20. FILED June 1, 1936 Lydia Rodgers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-24-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1936, to 5-24-, 1936

I last saw her alive on 5-19, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Pancreas	about 1 year ago

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Gilliland M. D.

(Address) Nampa Ida

May 13, 1937

Mrs. C. A. Scheele, daughter of Harriett May Pence, states that the birthdate of the deceased was January 22, 1880 instead of February 22, 1880.

Mrs C. A. Scheele

Mrs. C. A. Scheele

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Nampa.

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98751

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 85
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Zella Belle Doner
(a) Residence. No. Nampa Idaho Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-21-1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	5		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kuna (State or country) Idaho

FATHER
13. NAME Ervin Doner
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Edna Young
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ervin Doner (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 5-22, 1936

19. UNDERTAKER F K Robinson (Address) Nampa Ida

20. FILED June 1, 1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1936, to 5-20, 1936
I last saw her alive on 5-20, 1936: death is said to have occurred on the date stated above, at 12 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	5-16-36 ?
Other contributory causes of importance:	
Acute Appendecitis	5-15-36

Name of operation Lap. for drainage Date of 5-20-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L Dodd, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98752

PLACE OF DEATH

County of Canyon
City of Nampa

JUN 9 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 83
(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Anderson

(a) Residence. No. State School & Colony St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-8-1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) French Ida Co

FATHER

13. NAME Hans Anderson

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Emilie Lobbing

16. BIRTHPLACE (city or town) (State or country) Wagelbury Germ

17. INFORMENT (Address) Don Poyner Nampa Ida

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Bancroft Ida Date May 17, 1936

19. UNDERTAKER Fred K. Robinson
(Address) Nampa Idaho

20. FILED June 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10- 1935, to 5-15- 1936

I last saw him alive on 5-15- 1936; death is said to have occurred on the date stated above, at 12 Lo P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Don Poyner, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98753

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 78
(No. 603 – 9th Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Reese

(a) Residence. No. 223 – 16th Ave So St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — Reese

6. DATE OF BIRTH (month, day, and year) Unknown about 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME James Scott.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Hannah Brown
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Roland Scott (Address) Nampa, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarinda, Iowa Date 5 – 18, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa Ida.

20. FILED June 1, 1936 Luda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to May 16th, 1936
I last saw h[illegible] alive on May 16th, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	
Old Age	

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98754

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 81

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Martha Ella Cornwell

(a) Residence. No. 1012-10 ave So St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-29-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Mc Kee
14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Henderson
16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Charles W. Cornwell
(Address) Mullan, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho, Date 5-28, 1936

19. UNDERTAKER G. K. Peterson
(Address) Nampa

20. FILED June 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 24, 1936
I last saw h.. alive on May 24, 1936. death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
following Pneumonia	May 5
Hypostatic Congestion	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) A. A. Walmsley M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98755

JUN 9 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville V. Jacobs

(a) Residence. No. Sugar Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/28/55

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME David Jacobs
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Thompson
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Verdon Jacobs
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 5-15-36

19. UNDERTAKER F. K. Robinson
(Address) Nampa

20. FILED June 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1935, to 5/12, 1936
I last saw him alive on 5/12, 1936; death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/12/36
Other contributory causes of importance:	
Right Cerebro-vascular accident	12/14/35
Hypertensive Heart Disease	years

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Floyd H. Ingalls M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98756

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard E King

(a) Residence. No. 303 - 9 Ave So, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia R. King

6. DATE OF BIRTH (month, day, and year) 12-21-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Elliott King

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Wells

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Cornelia King
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida Date 5-23, 1936

19. UNDERTAKER F K Robinson
(Address) Nampa Idaho

20. FILED June 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1936, to 5-20, 1936
I last saw him alive on 5-20, 1936 death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	
Diabetes Mellitus	1932
Uremic Poisoning	1933?

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L Rodgers, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Conejos
City of Manassa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98757
State File No.

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 80
(No Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn H Lindeman

(a) Residence. No. Fa Junta Colo St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
fem	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. M. Lindeman

6. DATE OF BIRTH (month, day, and year) 2-2-04

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas (State or country)

FATHER
13. NAME Geo M. Reed
14. BIRTHPLACE (city or town) Kas. (State or country)

MOTHER
15. MAIDEN NAME Ellsworth
16. BIRTHPLACE (city or town) Kans (State or country)

17. INFORMANT J. M. Lindeman (Address) Fa Junta Colo

18. BURIAL, CREMATION OR REMOVAL
Place La Junta Colo. Date 5/19, 1936

19. UNDERTAKER F K Robinson (Address) Manassa Colo

20. FILED June 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 18, 1936
I last saw her alive on May 18, 1936: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding as General Peritonitis	

Other contributory causes of importance:
Erysipelas - Pneumonia
Pelvic Cellulitis
Dilation & curettage
Removal of infected Fallopian

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ross E Mauzy, M. D.
(Address) Manassa Colo

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98758

PLACE OF DEATH
County of Canyon
City of Nampa
1936 RECEIVED
Registration District No. 7
Primary Registration District No. 2006, Local Registrar's No. 89
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emanuel Howard Voorhees

(a) Residence. No. Emmett St. Ida
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 14 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5-11-36

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Memphis Missouri

FATHER

13. NAME Emanuel S. Voorhees

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Lucy Peart

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) (Mrs) Georgia Shropshire Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 5/14, 1936

19. UNDERTAKER C.S. Buckmaster
(Address) Emmett Idaho

20. FILED June 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 11, 1936.
I last saw him alive on May 10, 1936; death is said to have occurred on the date stated above, at 10:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Concussion of Brain	May 7/36
Traumatic pneumonia	May 7/36
Other **contributory causes** of importance:	
Apoplexy of Lungs	May 7/36
Traumatic	
Emphysema	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 7 1936
Where did injury occur? Emmett Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Injured in fight
Nature of injury Concussion of brain & fractured ribs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.S. Buckmaster, M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 6 1936 REC'D

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98759

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 93

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine Shirley Sullivan 161a

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
fem	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
New Born			17 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME Russell Sullivan

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Ella Burke

16. BIRTHPLACE (city or town) (State or country) Wyoming

17. INFORMANT (Address) E. Russell Sullivan Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 5/31, 1936

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED June 5, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 3:00 Am 5/31, 1936., to 8:05 Pm 5/31, 1936.

I last saw h.e alive on ....5/31., 1936.; death is said to have occurred on the date stated above, at 8:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	5/31/36

Other **contributory causes** of importance:

Placenta Praevia	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Edward H. Jorgensen M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98762

Registration District No. /

Primary Registration District No. 2005

Local Registrar's No. 88

JUN 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katie Shannon Griffin

(a) Residence. No. Wilder Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) May 20 1936

7. AGE: Years | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wilder Idaho

FATHER

13. NAME B W Griffin

14. BIRTHPLACE (city or town) (State or country) York Co. Nebraska

MOTHER

15. MAIDEN NAME Pearl Cole

16. BIRTHPLACE (city or town) (State or country) Lawrence Co. Ohio

17. INFORMANT B W Griffin (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Place Wilder Cem. Date 5-29 1936

19. UNDERTAKER E V Packham (Address) Caldwell Ida

20. FILED 5/29, 1936 Mrs Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 20, 1936

I last saw her alive on May 20, 1936: death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Pregnancy 42 wks	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hobart [illegible] M. D.

(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98763

JUN 12 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 81

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Morehouse

(a) Residence. No. 1 Sh & Chicago St. Caldwell Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-24-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country) Ida

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Naomi Morehouse

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT George Morehouse (Address) Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Nid Date 5-26, 1936

19. UNDERTAKER Paul E. Page (Address) Caldwell Ida

20. FILED 6-13, 1936 Mrs. Morgan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 193.6., to 5-24, 193.6.

I last saw her alive on 5-24, 193.6.; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
due to birth trauma	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) W. J. Tibbles, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98764

Registration District No. 1

Primary Registration District No. 005 Local Registrar's No. 79

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cordelia Irene Foote

(a) Residence. No. Middleton Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec 30 1837

7. AGE: Years 79 | Months 0 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Syracuse Illinois

FATHER

13. NAME: James Wilson

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Judith Whitlock

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Georgia Gerhauser Middleton Ida

18. BURIAL, CREMATION, OR REMOVAL

Place: Middleton Date: May 17 1936

19. UNDERTAKER (Address): E. V. Pickthorn Caldwell Ida

20. FILED: 5/16, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov ..., 1935, to May 14, 1936

I last saw h-- alive on May 14, 1936: death is said to have occurred on the date stated above, at 5-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 days

Other contributory causes of importance:

Diabetes Gangrene	several months
Ford	

Name of operation: Amputation foot Date of: 5/13 36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) J. M. Cox M. D.

(Address) Caldwell Idaho

Mar 29

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98765

JUN 1 1936 RECEIVED

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 78

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Raymond Ballard. 10 6

(a) Residence. No. 1005 Freeman St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Ballard

6. DATE OF BIRTH (month, day, and year): Mar 18 1880

7. AGE: Years 56 | Months 1 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agt

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Ogdensburg Illinois

FATHER

13. NAME John Ballard

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Nellie Ballard (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Meridian Cem Date May 16 1936

19. UNDERTAKER E V Pence Mortuary (Address) Caldwell Ida

20. FILED 5/16, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to May 14, 1936

I last saw h[illegible] alive on May 14, 1936; death is said to have occurred on the date stated above, at 2-05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	May 12

Other contributory causes of importance:

Chronic endocarditis & nephritis	Several years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98766

Registration District No. /
Primary Registration District No. 1005 Local Registrar's No. 76
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 12 1936 RECEIVED

2. FULL NAME Daniel Hunt
(a) Residence. No. 14th St. Albany - Caldwell Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda M. Hunt

6. DATE OF BIRTH (month, day, and year) Nov - 2 - 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardening
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Hunt
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Julia
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT W. E. Hunt (Address) Roswell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date May 8, 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 5/11, 1936 M. Mundy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 6, 1936
I last saw him alive on ; 193 : death is said to have occurred on the date stated above, at 6:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Arteriosclerosis	1926
Coronary Thrombosis	1936

Other contributory causes of importance:
Age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) H. H. Haley, M D
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98767

Registration District No. 7

Primary Registration District No. 1106 Local Registrar's No. 88

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth ~~Bettie~~ Stanley

(a) Residence. No. 1016 - 11th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Donald R. Stanley

6. DATE OF BIRTH (month, day, and year) January 31st 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enadarko, Oklahoma

FATHER

13. NAME John Crew.

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Anna Vincent

16. BIRTHPLACE (city or town) (State or country) Lexington, Nebraska.

17. INFORMANT (Address) Mrs. John Crew. Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn

Place Nampa, Ida Date 5-24, 1936

19. UNDERTAKER (Address) Mrs Nina M. Talley Nampa, Ida.

20. FILED June 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-13-'36, 193..., to 5-21-, 193.6

I last saw her alive on 5-21-, 193.6: death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonitis (septic)	5-20-36.
Caused by septicaemia.	5-14-36
Pericarditis	5-16-36
Infarction of liver	5-17-36.
All from same cause.	
Other contributory causes of importance:	
Septic Ileo-colitis.	
Chronic appendicitis	

Name of operation Appendectomy & Lap. Date of 4-20-'36.

What test confirmed diagnosis? Ex. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. D. C. McClung, M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98768

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 91

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Gossener

(a) Residence. No. 724 - 6th ave. So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho

FATHER

13. NAME Geo Gossener

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Geo Gossener (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Cem. Date 5-27, 1936

19. UNDERTAKER F. K. DeLamar (Address) Nampa Idaho

20. FILED June 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1936, to May 25, 1936

I last saw him alive on 5-15, 1936; death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis and toxaemia (Uraemic Coma)	
Other contributory causes of importance:	
Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Bilbrey M. D.

(Address) Nampa Idaho

Plyberry

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38769

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 84

JUN 12 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Calloway mc Goldrick

(a) Residence. No. 501 S 5th St St. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frank mc Goldrick

6. DATE OF BIRTH (month, day, and year) Aug 7 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	25 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Calloway

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Burbidge

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Frank mc Goldrick Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 6-4-, 193 6

19. UNDERTAKER (Address) Paul E. Cares Caldwell Ida

20. FILED 6-3-, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 193 6, to 6/1, 193 6
I last saw h[illegible] alive on 6/1, 193 6; death is said to have occurred on the date stated above, at 5 [illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/25/36
Other contributory causes of importance: Chronic Valvular Heart Disease?	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) A. A. Neuwirth M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98770

JUN 3 1936 RECEIVED

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 83

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Cook

(a) Residence. No. 602 Arthur St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11-1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Executive

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Georgetown Maine

FATHER

13. NAME S. H. Cook

14. BIRTHPLACE (city or town) (State or country) Not known Maine

MOTHER

15. MAIDEN NAME Elizabeth Card

16. BIRTHPLACE (city or town) (State or country) Not known Maine

17. INFORMANT Mrs. Grace Wentz
(Address) Thermopolis Wyo.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cemetery Date 6/2, 1936

19. UNDERTAKER E. V. Seebohm
(Address) Caldwell Ida

20. FILED 6/6, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/31/1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to May 31, 1936

I last saw him alive on May 31, 1936; death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Facial Erysipelas	May 27-36

Other contributory causes of importance:

Age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. H. Cook M. D.

(Address) Caldwell Idaho

Ross

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98771

Registration District No. /

JUN 7 1936 RECEIVED

Primary Registration District No. 1005

Local Registrar's No. 85

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Jasper Conway Nichols

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Keturah Shields

6. DATE OF BIRTH (month, day, and year) Aug. 5- 1867

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
68	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cedar Co. (State or country) Mo.

FATHER

13. NAME James K. Nichols

14. BIRTHPLACE (city or town) Cedar Co. (State or country) Mo.

MOTHER

15. MAIDEN NAME Nancy L. Edsel

16. BIRTHPLACE (city or town) Cedar Co. (State or country) Mo.

17. INFORMANT (Address) Mrs. John Finch Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 6-3, 1936

19. UNDERTAKER (Address) Paul L. Cady Caldwell, Idaho

20. FILED 6-3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 - 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to June 1, 1936.

I last saw him alive on June 1, 1936; death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Hemi.	
Chr. Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Ross, M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98772

JUN 1° 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1005 Local Registrar's No. 86

(No. 1017 Dearborn)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert W. Stubblefield

(a) Residence. No. 1017 Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, and year) 12/3/1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Absalum Stubblefield
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Pearson
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W. A. Stubblefield (Address) Caldwell.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 6-6-36, 193

19. UNDERTAKER McDeaton Funeral Home (Address) Boise.

20. FILED 6/6, 193 Edmond Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 193 to 6-6, 193
I last saw him alive on 6-5, 193: death is said to have occurred on the date stated above, at 9:25 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) A. A. Newberry M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98773

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 77

JUN 1 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hardin Scandland Benning

(a) Residence. No. ..... Huston, Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nancy Jane Llewellyn

6. DATE OF BIRTH (month, day, and year)
June, 16, 1865

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
79	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Florida, Mo.
(State or country)

MOTHER FATHER

13. NAME Chas Benning

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Nannie Scandland

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT (Address) Mrs. M.E. Hamlin Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill ..... Date 5-8..., 1936.

19. UNDERTAKER Paul Case
(Address) Caldwell Ida

20. FILED 6/1..... 193 6 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-6-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 ....., 1934 to May 6 ....., 1936.

I last saw him alive on Sept 14 ....., 1935; death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 31, 1934

Other **contributory causes** of importance:

Cerebral Hemorrhage	
Cerebral Veins	

Name of operation None ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C.D. Whittenberger M.D.
(Address) Caldwell, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98775

County of Canyon
City of Caldwell
Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 73

JUN 5 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mary E. Sauer.

(a) Residence. No. Parma #3 St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Michael Sauer
6. DATE OF BIRTH (month, day, and year): Oct 1 1866
7. AGE: Years: 69 | Months: 7 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeping
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Strasburg Germany

FATHER
13. NAME: — Sauer.
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Mrs. J. W. Durell Visalia California.
18. BURIAL, CREMATION OR REMOVAL: Place Parma Date 6/9, 1936
19. UNDERTAKER (Address): L. V. Packham Caldwell Idaho
20. FILED 6-4, 1936 Ethel Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 7, 1936.
I last saw her alive on May 7 1936: death is said to have occurred on the date stated above, at 1-20 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other **contributory causes** of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. M. Mitchell, M. D.
(Address) Parma Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98776
State File No.....

County of Canyon
City of Parma
Registration District No. 1001
Primary Registration District No. 3
Local Registrar's No. 72

JUN 5 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Carol Lee Fields

(a) Residence. No. Wyssa Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov - 26 - 1934
7. AGE: Years: 1 Months: 5 Days: 2 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Nurse
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Parma Idaho

MOTHER FATHER
13. NAME: Ashford Fields
14. BIRTHPLACE (city or town) (State or country): Sunday Oregon
15. MAIDEN NAME: Willa Jane Newby
16. BIRTHPLACE (city or town) (State or country): Ontario Oregon

17. INFORMANT (Address): Ashford Fields Wyssa Ave
18. BURIAL, CREMATION OR REMOVAL
Place: Wyssa Cem. Date: 4/30 1936
19. UNDERTAKER (Address): E. V. Leach Caldwell Ida
20. FILED: 6 ..., 193. 6 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/28 1936
22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936, to 4/28, 1936
I last saw h[illegible] alive on 4-28, 1936.: death is said to have occurred on the date stated above, at 1-10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Measles and	
Ileo-Colitis	

Other **contributory causes** of importance:

Name of operation... none Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury.., 193.
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** no
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....
(Signed) W. W. Nicholl, M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 1 1936 RECEIVED

PLACE OF DEATH
County of Caribou.
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98777

Registration District No. 8
Primary Registration District No. 2154 Local Registrar's No. 22
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jas. (Jim) Dimas
(a) Residence No. Soda Springs St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

97

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greece
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Tony Patisso
(Address) Pocatello

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Pocatello Date May 14, 1936

19. UNDERTAKER Byron Pumphrey
(Address) Pocatello

20. FILED 5-14, 1936 D. Duke Lucas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/14/36 193

22. I HEREBY CERTIFY, That I attended deceased from 5/14/36, 193..., to 5/14/36, 193...
I last saw h... alive on 5/14/36, 193...: death is said to have occurred on the date stated above, at 10 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombosis of the Pulmonary Artery	
Other **contributory causes** of importance: 0	
Name of operation Tonsolectomy	Date of 5/14/36

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether ~~injury~~ occurred in **industry**, in **home**, or in **public place.** Hospital
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98778

JUN 1 1936 RECEIVED

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 23
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

143(47)

2. FULL NAME Mary Skinner

(a) Residence. No. Bedford, Wyo. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Skinner

6. DATE OF BIRTH (month, day, and year) September 9th, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Africa
(State or country) Fort Elizabeth.

FATHER
13. NAME William J. Peacock
14. BIRTHPLACE (city or town) Grahanston
(State or country) ~~Unknown~~ So Africa

MOTHER
15. MAIDEN NAME Delma F. O'Neil
16. BIRTHPLACE (city or town) GRAAFF REINET
(State or country) South Africa

17. INFORMANT George Skinner
(Address) Bedford, Wyo.

18. BURIAL, CREMATION OR REMOVAL
Place Thayne, Wyo. Date 5/20/36 193..

19. UNDERTAKER E S Whitmarsh
(Address) Soda Springs, Idaho.

20. FILED 5/17, 193.6 Dr Russell Tingey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10/36, 193.., to 5/17/36, 193.. I last saw her alive on 5/17/36, 193..: death is said to have occurred on the date stated above, at 10.15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonisis following	
ruptured Left Tubal Pragnancy	
Other contributory causes of importance: 0	

Name of operation Lap. Date of
What test confirmed diagnosis? Physical Ex. Was there an autopsy?

If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou.

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 2159

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 98779

Local Registrar's No. 24

JUN 1 1936 RECEIVED

46

2. FULL NAME John Baird

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24th, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho.

FATHER

13. NAME John Baird

14. BIRTHPLACE (city or town) (State or country) West Chester Penn.

MOTHER

15. MAIDEN NAME Mary Ann Heath

16. BIRTHPLACE (city or town) (State or country) WORRICKSHIRE ENGLAND

17. INFORMANT (Address) Mabel Monroe Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Soda Springs Idaho Date 5/22/36 193..

19. UNDERTAKER (Address) C. L. Whitman Soda Springs Ida

20. FILED 5/20/36 193.. Dr Russell Tyner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/19/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 193 5 to 5/19/36, 193..

I last saw him alive on 5/19/36, 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance: 0	

Name of operation Collostomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) Ellis Keckley M. D.
(Address) Soda Springs, Idaho.

This Certificate has been on Dr Deans desk 30 days unsigned.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

JUN 3 1936 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98780

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 50

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

1786

2. FULL NAME James J. DeDeans

(a) Residence, No. 214 - 1st West St. Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Kinney Deans.

6. DATE OF BIRTH (month, day, and year) May 12. 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Gilbertsville Kentucky

FATHER

13. NAME John DeDeans

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Wendi Dean

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Emma Kinney (Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date 3-27, 1936

19. UNDERTAKER J. A. Payne (Address) Burley

20. FILED May 30, 1936 Laura E Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur	
Other contributory causes of importance:	

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? Burley Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. House
Manner of injury Struck mule
Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh E. Dean M. D.
(Address) Burley Ida

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98781
State File No.....

PLACE OF DEATH

County of Cassia

City of Burley

Amended 10-25-74

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 46

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Charles Summerson

(a) Residence. No. Burley R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel S. Summerson

6. DATE OF BIRTH (month, day, and year) Dec. 27-1883

7. AGE — Years: 52 | Months: 4 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Self
10. Date deceased last worked at this occupation (mo. and yr.) 5/19/36
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Toronto-Ontario Canada

FATHER

13. NAME: Mathew Summerson
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Sarah Ann Reed
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. Ethel S. Summerson Burley Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 5/25/1936

19. UNDERTAKER (Address): H.E. Johnson Burley Idaho

20. FILED 5/24, 1936 Laura D. Sprague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 193.., to 5/22, 193.., I last saw h.. alive on 5/22, 193..; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Traumatic	5/17/36

Other **contributory causes** of importance:

Amputated Chest	
Internal injuries	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5-17-36 193..
Where did injury occur? Cassia Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. on highway
Manner of injury auto collision
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H.E. Tope, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 25 12 05 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 98781

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Thomas Charles Gummerson (Name on Original Certificate) who died (Was Born or Died) on May 22, 1936 (Date of Event)

in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Maiden name of mother	Ethel Swofford	Sarah Ann Reed

Subscribed and sworn to before me this 25th day of October, 1974

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Beulah M. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98782

Registration District No. 117

JUN 16 1936 RECEIVED

Primary Registration District No. 2196

Local Registrar's No. 42

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME S. Angeline Bates Towle (Louise) 90

(a) Residence. No. 101 - N. Cassia ave St. Burley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr John D Towle

6. DATE OF BIRTH (month, day, and year) Feb 18th 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Tooele Utah

FATHER

13. NAME A. H. Bates

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME La Berg Adams

16. BIRTHPLACE (city or town) (State or country) Tooele Utah

17. INFORMANT Dr John D Towle (Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 6-18, 1936

19. UNDERTAKER C. S. Lantz (Address) Burley Idaho

20. FILED 6-16, 1936 Laura E Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to May 6 1936

I last saw her alive on May 6 Dead May 6 Death occurred

to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic aneurism	
Ruptured Aorta	
Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... Specify

(Signed) Joseph Turnbow M.D.

(Address) Burley Idaho

- This has been Waiting for Dr Dean Signature 30 days

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98783

JUN 1 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 51
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Jane Whitehead

(a) Residence. No. 205 - So. Miller Ave St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, and year) Nov. 23 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Rupert Ida
(State or country)

FATHER
13. NAME Clarence E Whitehead
14. BIRTHPLACE (city or town) Richmond Ky
(State or country)

MOTHER
15. MAIDEN NAME Mary Bell Allen
16. BIRTHPLACE (city or town) Richmond Ky
(State or country)

17. INFORMANT Clarence Whitehead
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3-24 1936

19. UNDERTAKER Lee Rogers
(Address) Burley

20. FILED May 30, 1936 Laura D Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carditis	1932
Other contributory causes of importance:	
Scarlet Fever	

Name of operation None. Date of.....
What test confirmed diagnosis? None. Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh E. Dean M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98784

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 49

JUN 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse S Smith

(a) Residence. No. 230 - N - Oakley St. Burley Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie M. Smith

6. DATE OF BIRTH (month, day and year) April Mar 28 - 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Iowa Pottawattamie Co

FATHER
13. NAME Sebastian J. Smith
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Lunsy
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Jesse M. Smith 230 - N Oakley St

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 6-1, 1936

19. UNDERTAKER (Address) Geo. L. Lyon & Son Burley Ida

20. FILED 5-28, 1936 Lena G. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1936, to 5-27, 1936
I last saw him alive on 5-26, 1936: death is said to have occurred on the date stated above, at —m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1-20-36
Other contributory causes of importance: Arteriosclerosis	?
Senile Neurosis	12-15-36

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. M. Kelly, M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98785

[illegible] RECEIVED

Registration District No. 117

Registration District No. 2196

Local Registrar's No. 48

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neiley W. Quinn

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

Albion Idaho

10 1a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 23 1889

7. AGE: Years 46 | Months 6 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1/1/36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): albion Idaho

MOTHER FATHER

13. NAME: Wm Quinn

14. BIRTHPLACE (city or town) (State or country): Peterboro New Hampshire

15. MAIDEN NAME: Dora Moon

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Mrs. Eula Guthrie Burley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Albion Cedar Date: 5/27/1936

19. UNDERTAKER (Address): R. E. Johnson Burley Idaho

20. FILED 5/25/1936 Laura B. Sprachen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/23/1936

22. I HEREBY CERTIFY, That I attended deceased from 5-12-1936, to 5-23-1936

I last saw him alive on 5-23-1936 death is said to have occurred on the date stated above, at [illegible] p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Wound in Rectum Fall on Pitch Fork Handle 4-12-36 Gram Neg Bacilli

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Hay Barn 4-12-36

Manner of injury Penetration Barrel

Nature of injury Barrel Injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] (Specify)

(Signed) Joseph Bernstadt M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Burley.
City of Oakley

JUN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98786

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Meta Hansen Giles

(a) Residence. No. Emerson Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Giles

6. DATE OF BIRTH (month, day, and year) Feb 7 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Jesse H Hansen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Lung
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Giles (Address) Oakley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 6-24 1936

19. UNDERTAKER F. S. Thorne (Address) Burley

20. FILED May 22 1936 Laura D Preacher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to May 21, 1936
I last saw her alive on May 21, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma with Metastasis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. S. Thorne, M. D.
(Address) Burley, Idaho

49

JUN 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98787

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen Kennedy

(a) Residence. No. 206 N. Hansen St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Unknown Kennedy

6. DATE OF BIRTH (month, day, and year): March 8 1852

7. AGE: Years: 84 | Months: 2 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Peddler
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Household ect.
10. Date deceased last worked at this occupation (mo. and yr.): 11/35
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER FATHER

13. NAME: Unknown Kennedy
14. BIRTHPLACE (city or town) (State or country): U. S. A.
15. MAIDEN NAME: Unknown Kennedy
16. BIRTHPLACE (city or town) (State or country): U. S. A. Unknown
17. INFORMANT (Address): Rev. C. E. Arsa Burley Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Burley Cem. Date: 5/26, 1936
19. UNDERTAKER (Address): J. C. Johnson Burley Idaho
20. FILED: 5/27/1936 Laura D. Spraches Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/20/1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1936., to 5-20-, 1936.
I last saw h... alive on 5-2[illegible]6 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Inflammatory Rheumatism	
Other **contributory causes** of importance: Myocarditis.	

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**, ...
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased..... If so, specify.....
(Signed) Joseph Hunsaker M.D.
(Address) Burley Idaho

Jun 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98788

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 42

(No.) 188

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curtis L. Browning

(a) Residence. No. 921 Reservoir St. Hamilton, Ohio

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27 1918

7. AGE: Years 17 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter helper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C.C.C. Camp

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 7 months

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

FATHER

13. NAME Lincoln Browning

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Capt. C.C. Camp (Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Hamilton Ohio Date 5/26, 1936

19. UNDERTAKER O.E. Johnson (Address) Burley, Idaho

20. FILED 5/21/, 1936 Laura B. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1) Hemorrhage, traumatic severe into pleural Cavity 2) Rupture and Laceration of lung	
3) Shock	
Other **contributory causes** of importance: Multiple Compression fracture of ribs	

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/19 1936

Where did injury occur? Burley - Oakley Highway (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** On highway

Manner of injury Automobile accident

Nature of injury Crushing injury to lt. thorax

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

(Signed) Albert L. Evans M. D.

(Address) C.C.C. Camp F-402, Hansen, Idaho

JUN 1 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98789

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 43

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Velma Bynum

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 28-1920

7. AGE: Years 15 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) April
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

MOTHER / FATHER

13. NAME Emulouise L. Bynum
14. BIRTHPLACE (city or town) Oakley
(State or country) Idaho
15. MAIDEN NAME Bertha Mary Sides
16. BIRTHPLACE (city or town)
(State or country) Neb

17. INFORMANT Emulouise L. Bynum
(Address) Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Idg. Date 5/11/1936

19. UNDERTAKER D. S. Johnson
(Address) Burley Idaho

20. FILED 5/11/1936 Laura D. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/6/1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1936, to 5-6-1936.
I last saw her alive on 5-5-1936; death is said to have occurred on the date stated above, at 2:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Bilateral Lobar	4-22-36
Other **contributory causes** of importance: Toxic Myocarditis from Pneumonia	5-1-36

Name of operation N.O. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. P. Johnson M. D.
(Address) Burley Idaho

JUN 10 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98790

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 41

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Mary Eliza Littlefield

(a) Residence. No. 1 St. Oakley Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Littlefield

6. DATE OF BIRTH (month, day, and year): July 29 1861

7. AGE: Years 75 Months 8 Days 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arizona

FATHER

13. NAME: Joseph H. Lee

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Woolsey

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Veda Lee Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Oakley-Ida. Date: 4/30/, 1936

19. UNDERTAKER (Address): W. E. Johnson Burley Idaho

20. FILED 4/26/, 1936 Laura D. Sprouches Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22 1936.., to April 26 193.6

I last saw h alive on 4/26, 193.6.: death is said to have occurred on the date stated above, at 6 P....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
With Endocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) W. D. Sutton M. D.

(Address) Oakley, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

JUN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98791

PLACE OF DEATH

County of Cassia
City of Declo

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 40

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loren T. Hendricks

(a) Residence. No. Declo St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) March

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Declo Idaho

MOTHER'S MAIDEN

13. NAME Thomas Horatio Hendricks

14. BIRTHPLACE (city or town) (State or country) Richmond N.H.

15. MAIDEN NAME Gertrude Lenora Jacobs

16. BIRTHPLACE (city or town) (State or country) Wilford Utah

17. INFORMANT (Address) Thomas H. Hendricks Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Idaho Date 4/26, 1936

19. UNDERTAKER D. E. Johnson
(Address) Burley Idaho

20. FILED 4/23, 1936 Laura D. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/22/1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 4-22, 1936
I last saw him alive on 4-22, 1936; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	
Haematuria	

Name of operation None Date of....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....

(Signed) Joseph Brenstad M. D.
(Address) Paul Idaho

JUN 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9879 2

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 89

90

PLACE OF DEATH
County of Canyon
City of Nampa

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma M. Dr. Kidd

(a) Residence. No. Dent 6 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Kidd

6. DATE OF BIRTH (month, day, and year) July 3 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Carrollville (State or country) Wis

MOTHER FATHER

13. NAME Chester Blakey

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Harriet Mahoney

16. BIRTHPLACE (City or town) (State or country) England

17. INFORMANT (Address) Barney Banner Burley

18. BURIAL, CREMATION, REMOVAL
Place Burley Date 4-22, 1936

19. UNDERTAKER (Address) Jos. F. Laynes Burley

20. FILED 4-20, 1936 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1936, to 4-18, 1936.
I last saw her alive on 4-18, 1936.: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. M. Kelly, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Parkdale

JUN 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98793

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 88

(No. ; If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Otto Peterson

(a) Residence. No. Parkdale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peterson deceased

6. DATE OF BIRTH (month, day, and year) Nov. 13 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Peter Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Nels Peterson (Address) Parkdale

18. BURIAL, CREMATION OR REMOVAL

Place Parkdale Date 4-13, 1936

19. UNDERTAKER [illegible] & Thorne (Address) Parkdale

20. FILED 4-10, 1936 Laura M. Spraeher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3-, 1936, to 4-7-, 1936

I last saw him alive on 4-6-, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. Thorpe, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 10 1936 RECEIVED

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98794

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 39

(No. 88)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John P Benson

(a) Residence. No. 862 North Overland St. Burley Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmira Benson

6. DATE OF BIRTH (month, day, and year) July 30 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranching

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John P Benson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ann Kenard

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs John P Benson Burley Ida

18. BURIAL, CREMATION, OR REMOVAL

Place Burley Date 3-6, 193 6

19. UNDERTAKER (Address) [illegible] Burley Ida

20. FILED May, 193 6 Laura M Sprouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 193 6, to March 6, 193 6

I last saw her alive on March 2, 193 6 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Dropsy	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Thomas Jones M.D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98795

Registration District No.
Primary Registration District No. 2187 Orofino Hosp
Local Registrar's No. 73

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard A. Willoughby

(a) Residence. No. St. Orofino
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 25 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME E.A. Willoughby
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT T.F. Willoughby
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6/23, 1936

19. UNDERTAKER H.A. Shaw
(Address) Orofino

20. FILED 6/21, 1936 H.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1936, to 5-19, 1936
I last saw h[illegible] alive on 5-19, 1936; death is said to have occurred on the date stated above, at 2.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance: Coronary Thrombosis	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O.S. Pappenhagen, M. D.
(Address)

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98796

PLACE OF DEATH

County of Clearwater.

City of Headquarters

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 65

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1884

2. FULL NAME Louis Anderson

(a) Residence. No. ..... St. Orofino Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 17 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Chas Anderson Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6/6, 1936

19. UNDERTAKER (Address) H. A. Chase Orofino

20. FILED 6/5, 1936 H. A. Chase Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by falling tree	
Crushing Chest + Internal injury	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/4, 1936

Where did injury occur? Camp No 19.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Struck by falling tree

Nature of injury Crushing Chest + Internal injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Logger

(Signed) H. A. Chase M. D. 90

(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98799

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 76

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin O. Pehrson

(a) Residence. No. ..... St. Pocatello Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blister Rust
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Martin O. Pehrson
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER
15. MAIDEN NAME Ida Geisinger
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Arthur Hall
(Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date May 31, 193...

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 6/2 5, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to time of death, 5-27-36
I last saw him alive on 5-27, 1936: death is said to have occurred on the date stated above, at 1. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	5-27-36
Nephritis	

Other contributory causes of importance:
Hardships of travel by truck from Pocatello to Headquarters Idaho

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. B. Pappenheimer M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98800

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 75

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Kellumf

(a) Residence. No. ..... St. Nezperce Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hasp
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date May 2 1936

19. UNDERTAKER H. A. Shaw
(Address) Orofino

20. FILED 6/2 1936 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 26, 1936
I last saw him alive on May 25, 1936: death is said to have occurred on the date stated above, at 5 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Pulmonary Edema	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation — Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. B. Pappenheimer, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 98801

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 74

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Diedrich Kohncke

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 12-1851

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	85	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jim Kohncke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Plinke
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jim Kohncke
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Weasman Date May 26, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 5-27, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 25, 1936
I last saw him alive on 5/23, 1936: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Pulmonary Edema	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. B. Carpenter M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 98802

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 72

(No. Burns Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Humphrey

(a) Residence, No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Samson Snyder
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Date May 22, 1936

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 6/2/, 1936 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 19, 1936.
I last saw him alive on 5/19, 1936: death is said to have occurred on the date stated above, at 11.40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	Unknown
Stomach & Liver	

Other contributory causes of importance:

None	

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193..
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) W.H. Clayton M. D.
(Address) Orofino Idaho

JUN 5 1936 RECEIVED

PLACE OF DEATH

County of Clearwater

City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98803

Registration District No. 90

Primary Registration District No. 2107 Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Arvilla Mae Wisdom

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jesse Wisdom

6. DATE OF BIRTH (month, day, and year) Sept 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 4/1936

11. Total time (years) spent in this occupation Entire life

12. BIRTHPLACE (city or town) (State or country) Anatone Washington

FATHER

13. NAME Willis Benedict

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary L Bedortha Smith

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Jesse Wisdom Weippe Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kamiah Idaho Date 5/19, 193 6

19. UNDERTAKER (Address) W. A. Shaw Orofino Idaho

20. FILED 5/20, 1936. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to May 17, 1936

I last saw her alive on Feb 26, 1936: death is said to have occurred on the date stated above, at 6:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Breast Carcinoma Rt	1932
Other **contributory causes** of importance:	
Hypertension	?
Chronic Myocarditis	?

Name of operation Local Removal Date of 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harlan P. Kabler M. D.

(Address) Orofino

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 98804

JUN 5 1936 RECEIVED

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 70

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bess M[illegible] Swanteck

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S.R. Swanteck

6. DATE OF BIRTH (month, day, and year) Oct 11 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash

FATHER

13. NAME Jasper Jennings

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Eliza Jane Felton

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) S.R. Swanteck Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date May 19, 1936

19. UNDERTAKER (Address) W.A. Shaw Orofino

20. FILED 6/18, 1936 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 17, 1936
I last saw h[illegible] alive on May 17, 1936; death is said to have occurred on the date stated above, at 7.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 15—36
Other contributory causes of importance:	
Hypostatic Congestion	Long Standing
Nephritis	" "

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) S.R. Robinson M. D.
(Address) Orofino, Idaho

OFFICE HOURS:—
9 a. m. to 5 p. m.

Sundays & Holidays:—
9 a. m. to 12 a. m.

W. F. ROBERTSON, M. D.
ROOMS 18-19-20, BURNS BLOCK
Phone 4341 -:- Home 4431

Orofino, Idaho

August 26, 1936.

Pearl Dillingham, Registrar,
Dept. of Public Welfare,
Boise, Idaho.

Dear Madam:

Mr. Swantek has returned from his trip and we have questioned him concerning the spelling of Mrs. Swantek's name. The correct spelling is Bess M. Swantek. The whole name is Bess Minerva Swantek, but from your letter evidently the insurance papers are signed Bess M. Swantek. Sorry for the delay, but Mr. Swantek just returned a day or so ago and we just got this information yesterday.

Respectfully,

W. F. Robertson M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 5 1936 RECEIVED

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98665

Registration District No. 90
Primary Registration District No. 2107 Local Registrar's No. 69
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Anderson

(a) Residence. No. ..... St. Bonners Ferry, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of –
(or) WIFE of –

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino-Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cemetery Date 6/13, 1936

19. UNDERTAKER F. A. Bellberg Attendant
(Address) Orofino

20. FILED 6/12, 1936 W. A. Shaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to May 10, 1936
I last saw her alive on May 10, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Dementia praecox	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Howie McKelway M. D.
(Address) Orofino-Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98806

Registration District No. 90
Primary Registration District No. 2487 Local Registrar's No. 68

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Olson

(a) Residence. No. ..... St. Sandpoint - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth 23 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mill Worker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Lumber
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Andrew Olson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME K— Anderson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Idaho Date May 12, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho

20. FILED 6/12, 193 ..... W. A. Shearer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from December 20, 193 7, to May 11, 193 6
I last saw him alive on May 11, 193 6: death is said to have occurred on the date stated above, at 11:0 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other **contributory causes** of importance: Involution Melancholia	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in **also** the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Ironside McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater.
City of Orofino

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98807

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 67
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene P. Pfiffner 48 M

(a) Residence. No. Orofino Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) July 21 - 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cavendish Ida
(State or country)

FATHER
13. NAME Claude Pfiffner
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Lillian M. McFee
16. BIRTHPLACE (city or town) .....
(State or country) Oregon

17. INFORMANT Claude Pfiffner
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cavendish Ida Date May 8, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 6/5, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to May 6, 1936.
I last saw him alive on May 6, 1936 death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chorea, Hydrocarbons	1920
Rheumatic Endocarditis	1930
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harlan P. Fahlen, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98808

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 66

JUN 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alla Gavin

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H Gavin

6. DATE OF BIRTH (month, day, and year) April 23 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER
13. NAME D. Ostin
14. BIRTHPLACE (city or town) (State or country) Pen —

MOTHER
15. MAIDEN NAME Unknown —
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT H. Gavin
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date May 8, 1936

19. UNDERTAKER H A Shaw
(Address) Orofino

20. FILED 6/6, 1936 H A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from January 27 1936, to May 6, 1936
I last saw h[illegible] alive on May 4, 1936: death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of cervix	1932
Other contributory causes of importance: Chronic Myocarditis and Myocardial Degeneration	1936

Name of operation Radium & Cervix Date of 1933
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Harland P. Kahler M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98809

JUN 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 64
(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Eugene Helm

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 13 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orofino Idaho

FATHER
13. NAME George Helm
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Annabelle Carr
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Mrs. Gamble
(Address) Weippe Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Idaho Date May 3, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 6/4, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1936, to May 1st, 1936
I last saw him alive on May 1, 1936: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis (Whooping Cough)	about Apr. 8-1936
Other contributory causes of importance: Malnutrition	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) W. K. Johnston, M. D.
(Address) Orofino Idaho

JUN 24 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98810

PLACE OF DEATH
County of Custer
City of Mackay
Registration District No. 76
Primary Registration District No. 2153
Local Registrar's No. 207

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joe Rabido

(a) Residence. No. Mac Kay Idaho St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Rabido

6. DATE OF BIRTH (month, day, and year) 1/21/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Ranches

10. Date deceased last worked at this occupation (month and year) 4/36

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER

13. NAME Joe Rabido

14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Mary A McAndrews

16. BIRTHPLACE (city or town) (State or country) Virginia City Montana

17. INFORMENT (Address) F. P. Rabido Mackay Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Mackay Date 4/22, 1936

19. UNDERTAKER (Address) W. A. Morel Box 37 Arco, Idaho

20. FILED June 8, 1936 Rose M. Hindmarsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936, to 4/20, 1936

I last saw him alive on 4/20, 1936: death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Other contributory causes of importance:	
Arterio - Sclarosis	Several years

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F P Richards, M. D.

(Address) Mackay, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 98811

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Clayton

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 213
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William M Baker

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Shawyer

6. DATE OF BIRTH (month, day and year) Feb 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Payette Idaho / Georgia Idaho

PARENTS

10. NAME OF FATHER Elias Baker

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Georgia

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Virginia

14. Informant (Address) Fred Gassi Clayton Idaho

15. Filed May 29, 1936 Elsie M. Kenny Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 28 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936, to 5/25, 1936, that I last saw him alive on 5/25, 1936, and that death occurred, on the date stated above, at 9 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

(Signed) F. Phillips, M. D.
6/1/36, 19 (Address) Macleay Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Clayton Idaho	May 30 1936
20. Undertaker Relatives	Address Clayton Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98812

PLACE OF DEATH
County of Custer
City of Clayton.

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 212
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George J. Blakemore
(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 8 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	20.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or County)

14. Informant Fred Boggs (Address) Clayton Idaho.

15. Filed May 5, 1936 Elsa McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28, 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to April 24, 1936
that I last saw him alive on April 24, 1936
and that death occurred, on the date stated above, at 8:45 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis resulting in a dialated heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. L. Hurst M. D.
June 8, 1936 (Address) Hailey Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Clayton Idaho	April 29 1936
20. Undertaker Funeral	Address Clayton Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

JUN - 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98814

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 35
Primary Registration District No. 3021
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyris Palmer
(a) Residence. No. Hammett Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 1878

7. AGE: Years 57 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berry Indiana

FATHER
13. NAME Palmer
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Roy Palmer Hammett Ida
18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date May 22 1936
19. UNDERTAKER (Address) Locher Funeral Home
20. FILED May 22 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 22 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1936, to 5-22, 1936
I last saw him alive on May 22 1936 death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cut throat	5-21-36
Hemorrhage	5-21-36
Other contributory causes of importance:	
Infection	5-22-36
Myocardite	1934

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, Suicide or Homicide? Suicide Date of injury 5-21 1936
Where did injury occur? Hammett Idaho Elmore Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Cut throat
Nature of injury Lacerated wound of throat
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John W. Davis M.D.
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 10

DO NOT WRITE IN THIS SPACE
State File No. 98815

JUN 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans Groefsema

(a) Residence. No. Mountain Home St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia Groefsema

6. DATE OF BIRTH (month, day, and year): 8-23-1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 9-1935

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Netherlands

FATHER

13. NAME: Elmer Groefsema

14. BIRTHPLACE (city or town) (State or country): Netherlands

MOTHER

15. MAIDEN NAME: Jennie Deelen

16. BIRTHPLACE (city or town) (State or country): Netherlands

17. INFORMANT (Address): Gertrude Groefsema Mountain Home Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Mtn. Home Date: 6-13-, 1936

19. UNDERTAKER (Address): Zaches Funeral Home Mtn. Home Ida.

20. FILED: May 21, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4-, 1936, to 6-10-, 1936

I last saw h[illegible] alive on 6-10-, 1936: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2-5-36

Other contributory causes of importance:

Mitral Regurgitation with much Hypertrophy	many years

Name of operation: Date of:
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Evans M. D.
(Address) Mtn. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Mtn. Home.

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98816

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 9

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Anna Hoffman.

(a) Residence. No. Mountain Home Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Geo. Alex Hoffman

6. DATE OF BIRTH (month, day, and year) 1-10-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Little Louisa (State or country) Iowa.

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Sarah Conyers

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Jesse W. Wilson (Address) Boise Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mountain Home Date 5-6, 193.6

19. UNDERTAKER Gasher Funeral Home (Address) Mountain Home Ida.

20. FILED May 21, 193.6 M. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 193.5, to 5-3, 193.6.

I last saw her alive on 3-30, 193.6.; death is said to have occurred on the date stated above, at 11-43 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis	
Diabetes	1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Evans, M. D.

(Address) Mtn. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Hill City.

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34

Primary Registration District No. 2020

DO NOT WRITE IN THIS SPACE
State File No. 98817

Local Registrar's No. 8

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME James Marston

(a) Residence. No. Sec 30-T.1S.-R.10E.B.M. Street Hill City Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-31-[redacted]8

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Alvin Marston

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Gaylon.

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) Harry Marston Netawaka Kansas

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mountain Home Date 5-5-, 1936

19. UNDERTAKER Barker Funeral Home (Address) Mountain Home.

20. FILED May 21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-25-1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on..., 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193.

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Philip F. Green Coroner, M. D.

(Address) Glens Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore.
City of Mtn. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98818

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 11
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 12 1936 RECEIVED

49

2. FULL NAME Egbert Willis Johnson
(a) Residence. No. Caldwell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida M. Johnson.

6. DATE OF BIRTH (month, day, and year) 9-27-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1-15-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME Riley Johnson
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Ida M. Johnson.

18. ~~BURIAL~~, ~~CREMATION~~ ~~OR~~ REMOVAL
Place Caldwell. Date 6-8, 1936

19. UNDERTAKER (Address) Roscher Funeral Home. Mountain Home, Ida.

20. FILED 6/8/, 1936. A. M. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6 1936.

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 6-6, 1936
I last saw ~~him~~ alive on 6-6, 1936: death is said to have occurred on the date stated above, at 3.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of glands of neck, right side	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) ~~fill in~~ also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. E. Pierce, M. D.
(Address) Mtn. Home Ida

JUN 8 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98819

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gladys Stephenson

159C

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston

FATHER

13. NAME Archie Guy Stephenson

14. BIRTHPLACE (city or town) (State or country) Mapleton Idaho

MOTHER

15. MAIDEN NAME Beatrice A Kershaw

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMANT (Address) A. G. Stephenson Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date 5/7, 193 6

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 8, 1936 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 193 6, to May 6, 193 6.
I last saw h[illegible] alive on May 6 193 6. death as said to have occurred on the date stated above, at 9 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	at birth
	May 4 1936

Other **contributory causes** of importance:

Name of operation — Date of clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Orrow S. Warner M. D.
(Address) Preston Idaho

JUN 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98820

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Harriet Maughn Weaver

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sylvan Weaver

6. DATE OF BIRTH (month, day, and year)
April 26, 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
48		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan (State or country) Utah

FATHER

13. NAME Peter W. Maughn

14. BIRTHPLACE (city or town) Logan (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Ann Naef

16. BIRTHPLACE (city or town) Providence (State or country) Utah

17. INFORMANT Sylvan Weaver (Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Whitney Date May 13 1936.

19. UNDERTAKER M.W.Hendricks (Address) Preston, Idaho

20. FILED June 8, 1936. [illegible] State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to May 10 1936.
I last saw her alive on May 9, 1936. death is said to have occurred on the date stated above, at 4 p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fatty Degeneration	
of Heart	
Chronic Nephritis	
Edema	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Oswald Dance, M. D.
(Address) Preston Ida

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98821

PLACE OF DEATH
County of Franklin
City of Clifton

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 35

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Lucinda Henderson 90

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 25, 1855

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
80	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Ranson VanLuvan

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Lucinda Harvey

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Anna Howell Clifton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clifton Date May15, 1936

19. UNDERTAKER (Address) M.W. Hendricks Preston Idaho

20. FILED ....., 193... G.W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10., 1935., to ....., 1936.
I last saw her alive on May 10., 1936.: death is said to have occurred on the date stated above, at 1:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Senility	

Other **contributory causes** of importance:

Name of operation.... Date of....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased? ....(Specify)
(Signed) Eugene Worley M. D.
(Address) Preston, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 8 1936 RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98822

Registration District No. 27

Primary Registration District No. 3119 Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Ann Kent

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 27, 1867

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME Wm Millard

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME unkown

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs Cora Preece Provo Utah

18. BURIAL, CREMATION OR REMOVAL
Place Swan Lake Idaho Date May 16 193 6

19. UNDERTAKER (Address) M.W. Hendricks Preston Idaho

20. FILED June 8 1936 G. M. Sheets Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-12-36 93

22. I HEREBY CERTIFY, That I attended deceased from 5-5-36..., 193...., to 5-12-36..., 193....
I last saw her alive on 5-12-, 1936.: death is said to have occurred on the date stated above, at 6. A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Adenoma of Thyroid	1920

Other **contributory causes** of importance:

Thyroidectomy	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....
(Signed) A. R. Cutler, M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Minkcreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 27

DO NOT WRITE IN THIS SPACE
State File No. 98823

JUN 8 1936 RECEIVED

Primary Registration District No. 2119 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Bedford Loftus

(a) Residence. No. Minkcreek Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
19	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Bedford Loftus

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Did not Know Died many years ago

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Chris Eckelson
(Address) Minkcreek Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Id Date May 20, 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED June 8, 1936 G. W. Stalo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1936, to 5-18, 1936.
I last saw h. alive on 5-18, 1936.: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	5-11-36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) O. P. Pierce, M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98824

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 227

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

187

2. FULL NAME Edward Cyrial Rose

(a) Residence. No. Lewiston, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~XXXXX~~) Ruby Rose

6. DATE OF BIRTH (month, day, and year) February 2nd, 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
36	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlton Iowa.

FATHER

13. NAME Charles W. Rose

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Cathren A. Swett

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) Mrs. Cathren A. Rose Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Riverview Date 5/17, 193.6

19. UNDERTAKER .....
(Address) St. Anthony, Idaho

20. FILED 5/16, 193.6 Sarah B. Munk
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h~~im~~ alive on ....., 193...: death is said to have occurred on the date stated above, at 1:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidently Killed when truck went over embankment	
Other **contributory causes** of importance: Neck Broken, Back Broken Fractured Skull	

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury See Above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) W. M. Hauser Co. Coroner

(Address) St. Anthony Idaho

APR 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98825

Registration District No. 99

Primary Registration District No. 277

Local Registrar's No. 225

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Helen M. Roueche

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas F. Roueche

6. DATE OF BIRTH (month, day, and year) Jan. 14 - 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME John B. Meredith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Grace Reed

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) John Roueche Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kiefer Date 4/14, 1936

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED April 14 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to April, 1936.

I last saw her alive on April 11, 1936.; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis Diabetes Mellitus	

Other **contributory causes** of importance:

age.

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. L. Russell M. D.

(Address) St. Anthony Idaho

M. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98826

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 226

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlene Blanchard

(a) Residence. No. Chesley Idaho St. 100 00
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 2-1935

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesley Idaho

MOTHER FATHER

13. NAME W. Arthur Blanchard

14. BIRTHPLACE (city or town) (State or country) Chesley Idaho

15. MAIDEN NAME Clara Marie Hansen

16. BIRTHPLACE (city or town) (State or country) Ashton Idaho

17. INFORMANT (Address) W. Arthur Blanchard Chesley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fineview Ashton Date 4/13, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED April 20, 1936. Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 193.6., to 4/10, 193.6.
I last saw her alive on 4/10, 1936.: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
with Bronchitis &	
Bronchial pneumonia	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98827
State File No.

Registration District No. 6

JUN 4 1936 RECEIVED

County Registration District No. ..... Local Registrar's No. .....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Allen

(a) Residence. No. Emmett Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Allen

6. DATE OF BIRTH (month, day, and year) Dec 4 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Samuel Allen

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Naomi Allen (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 5/10, 1936

19. UNDERTAKER R. D. Buckner (Address) Emmett Idaho

20. FILED 5/9, 1936 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 193..., to May 8, 193...
I last saw him alive on 4-28-, 1936; death is to have occurred on the date stated above, at ....
The **principal cause of death** and related causes of tance were as follows:

	Date of
Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of
What test confirmed diagnosis? none Was there an auto

23. If death was due to exter'l causes **(violence)** fill in the following:
Accident, suicide, or homicide? ..... Date of injury
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Buckner
(Address) Emmett

FORM V. S. No. 5-A—25 M. 1-36

JUN 5 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 2-7

Primary Registration District No. ~~2-8~~ 2-6

File No. 98828

County of Gooding

City of Wagenman

(No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Berrington

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: April (Month) 17 (Day) 1936 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or 40 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wagenman, Idaho

10. NAME OF FATHER Everett Berrington

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Florence A. Wishley

13. BIRTHPLACE OF MOTHER (State or Country) Florida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everett Berrington

(Address) Wagenman, Idaho

15. Filed 4-18 1936 E. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 17 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1936, to April 17 1936 that I last saw her alive on April 17 1936, and that death occurred on the date stated above, at 4 Lo AM.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Simonton M. D.

April 19 36 (Address) Wendell, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wagenman, Idaho

DATE OF BURIAL ..... 19.....

20. UNDERTAKER

ADDRESS

A PERMANENT RECORD

... supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH ... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ... of inform...

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

FORM V. S. No. 5-A—25 M. JUN 5 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 27

Primary Registration District No. ~~2048~~ 136

File No.

Registered No. 9882J

County of Gooding

City of Wagerman

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Bevington

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: April (Month) 17 (Day) 1936 (Year)

7. AGE: ..... Yrs. ..... Mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or 30 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wagerman, Ida.

10. NAME OF FATHER Everett Bevington

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Florence A. Wishley

13. BIRTHPLACE OF MOTHER (State or Country) Florida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everett Bevington

(Address) Wagerman Ida

15. Filed 4-18 1936

E. L. Lamont M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 17 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1936, to April 17 1936, that I last saw her alive on April 17 1936, and that death occurred on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Lamont M. D.

April 17 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wagerman Ida

DATE OF BURIAL ..... 19.....

20. UNDERTAKER .....

ADDRESS .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

JUN 2 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98830

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 666

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME John Phillip Hoodenpyle

(a) Residence No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily E. Hoodenpyle

6. DATE OF BIRTH (month, day, and year) November 30 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem (State or country) Mo.

FATHER

13. NAME Julius Hoodenpyle

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Emma Mealy

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT E. A. Hoodenpyle (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Gooding Date ....., 193..

19. UNDERTAKER B. E. Thompson (Address)

20. FILED 5-31, 1936. Jos Cramwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 8, 1936.

I last saw him alive on May 7, 1936: death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Arterio sclerosis	

Other **contributory causes** of importance:

Secondary anemia	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) ..... Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Lucile

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98831

JUN 6 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 21

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Lee Clarke

(a) Residence. No. Lucile, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lucile
(State or country) Idaho

FATHER

13. NAME Edward H. Clark
14. BIRTHPLACE (city or town) Sturgis
(State or country) South Dakota

MOTHER

15. MAIDEN NAME Laura Swilegan
16. BIRTHPLACE (city or town) Heron Lake
(State or country) Minn.

17. INFORMANT Edward H. Clark
(Address) Lucile, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place John Day Cemetery Date May 3, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 6-6-, 1936 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 2, 1936.
I last saw him alive on May 2, 1936: death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Pneumonia	Birth.
Other contributory causes of importance:	
Prolonged labor.	
Prematurity. A.L.A.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J D Hancock M. D.
(Address) Grangeville Ida

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98832

PLACE OF DEATH
County of Shoshone
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 405

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Jay Denton

133

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Ferguson Denton

6. DATE OF BIRTH (month, day, and year): Oct-16-1860

7. AGE — Years: 75 | Months: 7 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Detroit Mich

FATHER
13. NAME: Wm - Oblamble
14. BIRTHPLACE (city or town) (State or country): Wm - Oblamble

MOTHER
15. MAIDEN NAME: Wm - Oblamble
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Gladys Kuhl, Burns - Oregon

18. BURIAL, CREMATION OR REMOVAL
Place: Holy Cross Date: May 29 1936

19. UNDERTAKER (Address): Geo. Freyary, Kooskia Idaho

20. FILED: June 1, 1936 — J. M. Verbeke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to May 28, 1936
I last saw h. alive on May 28 1936 death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Cystitis and pyelitis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Verbeke M. D.
(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

JUN 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98833

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Squibb

(a) Residence. No. Grangeville St. Idaho
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 24-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 4 yrs ago
11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Pa.

FATHER
13. NAME Caleb Squibb
14. BIRTHPLACE (city or town) (State or country) not obt

MOTHER
15. MAIDEN NAME Mary J. Bumbro
16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Pa.

17. INFORMANT (Address) Mrs J. A. Powell Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date May 27 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 6-6-, 1936 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1936, to 5-25, 1936.
I last saw ~~him~~ alive on 5-15, 1936. death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. D. Weeks M. D.
(Address) Grangeville

JUN 16 1936 RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF [redacted]
DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 9883[illegible]

Registration District No. [redacted]

Primary Registration District No. [redacted]

(No. St. L. G. C. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Fred Painter

(a) Residence. No. Lucile - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Painter

6. DATE OF BIRTH (month, day, and year) July 27 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34 35	10	26 to	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) May 1936

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) Grangeville
(State or country) Ida.

MOTHER/FATHER

13. NAME Ed Hager

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Hattie Vanberge

16. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

17. INFORMANT Mr. Fred Painter
(Address) Lucile, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Grangeville, Ida. Date 5-25 1936

19. UNDERTAKER Hadcock Funeral Home
(Address) Grangeville Ida.

20. FILED 6/15, 1936. W. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 23, 1936.

I last saw he alive on May 23 1936.: death is said to have occurred on the date stated above, at 5:4[illegible] Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Pneumonia Pneumococcic Acute Mania	May 15-36
Other **contributory causes** of importance:	

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wesley F. Orr M. D.

(Address) Cottonwood, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC W
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 10835

PLACE OF DEATH

County of Idaho
City of Ferdinand

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Mary Grief

(a) Residence. No. Ferdinand, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Alfred Grief

6. DATE OF BIRTH (month, day, and year) March 3- 1914

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
22	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewistown
(State or country) Idaho

FATHER

13. NAME Michael Madden

14. BIRTHPLACE (city or town) .....
(State or country) California

MOTHER

15. MAIDEN NAME Katherine Hansen

16. BIRTHPLACE (city or town) .....
(State or country) Minnesota

17. INFORMANT Mrs. Mike Kinzer
(Address) Ferdinand, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Ida Date 6-1, 1936

19. UNDERTAKER Glenn Allox
(Address) Grangeville, Ida

20. FILED 5/30, 1936 W. F. Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to May 29..., 1936
I last saw her alive on 5/29..., 1936: death is said to have occurred on the date stated above, at 4:20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Secondary Meningitis	5-26-36
Other **contributory causes** of importance:	
Autumn Infection from infected tooth	3-15-36

Name of operation None Date of.....
What test confirmed diagnosis? Clinical only Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood, Idaho.

JUN 16 1936 RECEIVED

PLACE OF DEATH

STATE OF I[redacted]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho
City of Ferdinand

CERTIFICATE OF DEATH

State File No. 98837

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph H. Bicker

(a) Residence. No. ..... Ferdinand St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10 Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Indiana

MOTHER FATHER

13. NAME Francis Bicker

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

15. MAIDEN NAME Sophia Schaeffer

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Mrs. Joe Bicker
(Address) Ferdinand, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ferdinand, Ida Date 5/16, 1936

19. UNDERTAKER Glenn Arlon
(Address) Grangeville, Ida

20. FILED 5-5, 1936. H. F. Orr
per D.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936, to May 4, 1936.

I last saw h[illegible] alive on May 4, 1936; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Secondary Pneumonia	4-26-36
Other contributory causes of importance:	
Otitis Media	2-20-36

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Harley F. Orr, M. D.
(Address) Cottonwood Idah[illegible]

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 98835

PLACE OF DEATH

County of Idaho

City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 12

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Barber

(a) Residence. No. Cottonwood, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William Barber

6. DATE OF BIRTH (month, day, and year) June 20 - 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pine City Minn.

FATHER

13. NAME Nelson C. Ballard

14. BIRTHPLACE (city or town) (State or country) Hartford Conn.

MOTHER

15. MAIDEN NAME Katherine McCrea

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT (Address) Wm. Barber Cottonwood

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wn. Date May 12 1936

19. UNDERTAKER Glenn Auld
(Address) Grangeville, Idaho

20. FILED May 9, 1936 W. F. Orr
per J B Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1928, 193..., to May 9, 1936.
I last saw her alive on May 9, 1936; death is said to have occurred on the date stated above, at 11:45 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with valvular Insufficiency 10 years	

Other **contributory causes** of importance:

Arthritis Deformans 18 years	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wesley F. Orr M. D.
(Address) Cottonwood, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF [redacted]
DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 98839

Registration District No. 105

JUN 16 1936 RECEIVED

Primary Registration District No. 2183 Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Our Lady of Consolation)

2. FULL NAME Mrs. (Birdie) Andrew Hulbert

(a) Residence. No. Bales, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Hulbert

6. DATE OF BIRTH (month, day, and year) September 15 1863

7. AGE: Years 73 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Mr. Clem Buckley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Lake

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Mr. Andrew Hulbert Bales, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Mcmannamins Date 5/31, 1936

19. UNDERTAKER (Address) Kleiner Mortuary Genesee, Ida.

20. FILED 5/29, 1936. W. F. Orr per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to May 27, 1936.

I last saw her alive on May 27 1936: death is said to have occurred on the date stated above, at 9:40 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	2 yrs.
Other **contributory causes** of importance:	
Influenza	1 mo.

Name of operation None Date of ....

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henley F. Orr ....., M. D.

(Address) Cottonwood, Idaho

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98840

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 404

(No. 704)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James McPherson

(a) Residence No. ..... St. Kooskia Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cline H McPherson

6. DATE OF BIRTH (month, day, and year) Jan 3 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** General work

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) May 6-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Henry Co. Mo.

FATHER

13. NAME Stephen McPherson

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know Dont know

17. INFORMANT (Address) Shelton McPherson Kooskia Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date May 8 1936

19. UNDERTAKER (Address) Geo Jennary Kooskia

20. FILED June 1, 1936. J M Verbeck Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 1:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart failure -	
Dropped dead starting	
afternoon work	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify .....

(Signed) H. W. Wentworth M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 15 1936 RECEIVED

FORM V. S. No. 5-288 — CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Jefferson — Registration District No. 98

City of Ashton — Primary Registration District No. 7176

(No. ..... St.) — File No. 98841

Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret Larsen

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	white	Sing'l

6. DATE OF BIRTH — J (Month) 2 (Day) 1936 (Year)

7. AGE — 0 Yrs. 0 Mos. 0 ds. — IF LESS than 1 day how many ..... hrs. or 40 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Nevada Mo

10. NAME OF FATHER Orville Jesse Larsen

11. BIRTHPLACE OF FATHER (State or Country) Gridley Calif

12. MAIDEN NAME OF MOTHER Margaret Viola Martin

13. BIRTHPLACE OF MOTHER (State or Country) Mercer Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orville Jesse Larsen
(Address) Ashton Idaho

15. Filed June 5 1936 A B Echard Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH — J (Month) 2 (Day) 36 (Year)

17. I HEREBY CERTIFY, That I attended deceased from J/2 1936 to J/2 1936 that I last saw her alive on J/2/36 1936, and that death occurred on the date stated above, at 6P M.

The CAUSE OF DEATH* was as follows:
Placenta Previa
Precalcarely
about 3 mo. Fetal Loss

(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earl Dyer M. D.

1936 (Address) Rexburg Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL — Sunnes Ida — DATE OF BURIAL J/3 1936

20. UNDERTAKER — None — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Grant

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9884 2

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vonnie Tomblison.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Ermal Marvin Tomblison.

6. DATE OF BIRTH (month, day, and year) May 6, 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 8/35
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Grant, Idaho.

FATHER
13. NAME Pleasant W. Dabell.
14. BIRTHPLACE (city or town) (State or country) Harrisville, Utah

MOTHER
15. MAIDEN NAME Alice May Scott.
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

17. INFORMANT E. M. Tomblison
(Address) Idaho Falls, Idaho. R. 5

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 6/10, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6-9, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to June 8, 1936.
I last saw h.. alive on June 5, 1936: death is said to have occurred on the date stated above, at 12:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bacterial endocarditis	Aug. 1935
Rheumatic myocarditis	1914
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. Harper Emily M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson

City of Rigby

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98843

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 27

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Rhodes.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of John Franklin Rhodes.

6. DATE OF BIRTH (month, day, and year) April 9 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 3/29

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Lehi. Utah.

FATHER

13. NAME Joseph Ashton.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Matthews.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT O. P. Rhodes
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 6/11, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6-9, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to June 7, 1936

I last saw h.e.r alive on June 7, 1936: death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	June 6, 1936
Arteriosclerotic heart disease	1927

Other contributory causes of importance:

Coronary thrombosis	April 1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wallace Bailey M. D.

(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9884

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Elizabeth Mc Dermott

(a) Residence. No. R.F.D. #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence H. Mc Dermott

6. DATE OF BIRTH (month, day, and year) Dec. 14 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Bockhold
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Hakarity
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Mc Dermott
(Address) Roberts Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Idaho Falls Date 6-5 193 6
McHANS FUNERAL HOME

19. UNDERTAKER
(Address) 343 - E Street - Idaho Falls, Idaho

20. FILED 6/8, 1936 A. B. Eckerell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193 6, to June 5, 193 6
I last saw her alive on June 3, 193 6: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Allen Rees M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98845

JUN 16 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Pierce Raymond

Price 1000

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rigby Idaho

FATHER

13. NAME John Raymond
14. BIRTHPLACE (city or town) (State or country) Annis Idaho

MOTHER

15. MAIDEN NAME Doris Young
16. BIRTHPLACE (city or town) (State or country) Ririie Idaho

17. INFORMANT (Address) John Raymond Lorenzo Rural

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho Date June 1 1936

19. UNDERTAKER (Address) A. B. Eckersell Rigby Idaho

20. FILED 6-3, 1936 A. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to May 31, 1936
I last saw h.. alive on May 30, 1936; death is said to have occurred on the date stated above, at 2:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	
Other contributory causes of importance:	
Dr. Jelinger	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. A. Peterson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Lewisville

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98846

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enid Sauer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

MOTHER FATHER
13. NAME Wm. Sauer
14. BIRTHPLACE (city or town) .....
(State or country) Germany
15. MAIDEN NAME Leone Walker
16. BIRTHPLACE (city or town) Lewisville
(State or country) Idaho

17. INFORMANT Mrs. Leone Sauer
(Address) Lewisville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date May 31, 1936

19. UNDERTAKER C. E. Eckersell
(Address) Rigby, Idaho

20. FILED 5-30, 1936 C. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 28, 1936
I last saw h.er alive on May 28, 1936: death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	D-H
Bronchopneumonia	
Other contributory causes of importance:	
Measles	D-H

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Eckersell, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby
JUN 16 1936 REGD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 98847
Local Registrar's No. 23

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosetta Harmon.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Ammon Harmon.

6. DATE OF BIRTH (month, day, and year) Dec. 4, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 5/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Montpelier, Ida.

FATHER
13. NAME Grant Campbell.
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Caroline E. Hubbard.
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Susan E. Michaelsen
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville, Ida. Date 5/25, 1936

19. UNDERTAKER A. E. Campbell
(Address) Rigby, Idaho.

20. FILED 5-24 1936 A. E. Campbell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 21, 1936
I last saw her alive on May 21, 1936. death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/16/36
arteriosclerosis with	
Lung pulmonary and	
Hypostasis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. H. Smiley M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

DO NOT WRITE IN THIS SPACE
State File No. 98848

JUN 16 1936 RECEIVED

City Registration District No. 2176 Local Registrar's No. 21
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Ansel Hatch.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Hannah Call Hatch.

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER FATHER

13. NAME Ransom Hatch.
14. BIRTHPLACE (city or town) ~~New~~ York.
(State or country)
15. MAIDEN NAME Fannie Atkinson.
16. BIRTHPLACE (city or town) Canada.
(State or country)

17. INFORMANT Mrs. Hannah Hatch.
(Address) Rigby, Idaho. R. #3

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 5/20, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho

20. FILED 5-20-1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 12, 1936 to ~, 193~
I last saw him alive on May 12, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unk
Other contributory causes of importance: None discovered	

Name of operation ~ Date of
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) E. J. Anderson M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of 4½ Mi N E Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98849

JUN 12 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Oleta McNiel

(a) Residence. No. 4½ Mi N.E. Jerome St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	—	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Forest Ark

FATHER
13. NAME J M McNiel
14. BIRTHPLACE (city or town) (State or country) Green Forest Ark

MOTHER
15. MAIDEN NAME Nannie Anderson
16. BIRTHPLACE (city or town) (State or country) Ark

17. INFORMANT (Address) J M McNiel Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date June 10, 1936

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 6/9, 1936 C. T. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 8, 1936
I last saw her alive on June 8, 1936: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Diphtheria Nasal	
2 Pharyngeal	
Other contributory causes of importance:	
Cardiac Degeneration	
from Toxin.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. T. Zeller M. D.
(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome Ida

City of Jerome, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98850

JUN 12 1936 RECEIVED

Registration District No.....

Primary Registration District No..... Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas M. Whaley

(a) Residence. No..... Jerome, Ida. St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

171

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
(or) ~~HUSBAND~~ of Lois Whaley

6. DATE OF BIRTH (month, day, and year) June 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
52	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rural Mail Carrier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus, Missouri

FATHER

13. NAME A. B. Whaley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Lucinda Henderson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. Lois Whaley

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date 5-29, 1936

19. UNDERTAKER (Address) D. L. Harrigan

20. FILED 5/26, 1936. C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar., 1935, to 5/26, 1936.

I last saw h~~e~~r alive on 5/23, 1936; death is said to have occurred on the date stated above, at 10:30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Severance Jugular Vein (Left Inflicted) with Hemorrage	

Other **contributory causes** of importance:

Melancholia Following Acute Encephalitis in Nov. 1935	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) Chas. F. Zeller, M. D.

(Address) Jerome, Ida

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98851

PLACE OF DEATH
County of Jerome
City of Jerome

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Jane Spurgeon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Spurgeon

6. DATE OF BIRTH (month, day, and year) Dec 29 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Leo Applegate
14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER
15. MAIDEN NAME Ellen Cummins
16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Frank Spurgeon
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Mar 12, 1936

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED 3/10, 1936 Chas D Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193.., to March 8, 1936
I last saw her alive on March 8, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardeten	
with Heart Failure	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Chas. D. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A—25 M.

JUN 11 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23

Primary Registration District No. 2017

File No. 9885?

Registered No.

1. PLACE OF DEATH

County of Jerome

City of Hazelton

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lucile Pearl Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
FM	W	single (Write the word.)

6. DATE OF BIRTH

May (Month) 15 (Day) 1929 (Year)

7. AGE

..... Yrs. ..... Mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Hazelton Ida

10. NAME OF FATHER Marvin Wright

11. BIRTHPLACE OF FATHER (State or Country) Okla

12. MAIDEN NAME OF MOTHER Clara Kleaw

13. BIRTHPLACE OF MOTHER (State or Country) Okla

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marvin Wright

(Address) Hazelton Ida

15.

Filed June 1 1936 S Hoffner Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May (Month) 22 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1936 to May 22 1936 that I last saw h.. alive on May 22 1936 and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Hemorrhage at base of umbilical cord

..... (Duration) ..... Yrs. ..... mos. 1 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Hoffner M. D.

19..... (Address) Hazelton

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	May 23 1936

20. UNDERTAKER	ADDRESS
None	—

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-A—25 M. 1-19

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

JUN 2 1936

Registration District No. 1133

Primary Registration District No. 2017

File No. 98853

Registered No.

1. PLACE OF DEATH

County of Jerome

City of Hazelton

If death occurs away from usual residence, give facts called for under special information.

(No. , St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ronald Lee Saunders

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: May 25 (Month) (Day) 1936 (Year)

7. AGE: ....Yrs. ....Mos. 7 ds.

IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hazelton Ida

10. NAME OF FATHER: Winfield Saunders

11. BIRTHPLACE OF FATHER (State or Country): Wash

12. MAIDEN NAME OF MOTHER: Vivian B Ingram

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vee Ingram

(Address)

15. Filed 6-1 1936

S Hopper
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 27 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1936 to May 26 1936 that I last saw her alive on May 26 1936 and that death occurred on the date stated above, at 11:45 M.

The CAUSE OF DEATH* was as follows:

Premature

(Duration) ....Yrs. ....mos. ....ds.

Contributory (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S Hopper M. D.

19.... (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs. ....mos. ....days. In the State ....yrs. ....mos. ....days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hazelton — DATE OF BURIAL: May 28 1936

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Cd'A

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98854

JUN 2 1936 RECEIVED

Registration District No. 1050
Primary Registration District No. 1050
Local Registrar's No. 102

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah M. Kiefer

(a) Residence. No. Hayden Lake St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced (or) WIFE of G D Kiefer

6. DATE OF BIRTH (month, day and year) Sept. 20 - 1856

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME John Elder
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Nancy McMunn
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) G D Kiefer

18. BURIAL, CREMATION OR REMOVAL
Place Forest Date 9/28, 1936

19. UNDERTAKER (Address) Casey's Coeur d'Alene

20. FILED May 29, 1936 E. G. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to May 26, 1936
I last saw h[illegible] alive on May, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 16/36.

Other contributory causes of importance:

Hypertension	past 15 yrs
old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lee Leeske, M. D.
(Address) Coeur d'Alene Idaho

74a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98855

1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1030
Local Registrar's No. 100

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cassie Alban

(a) Residence. No. 813 - Montana St.
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1858-8-

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934 - Dec.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Martin Alban
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Cora Flint
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Edah Newton
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Cœur d'Alene Ida Date 5-24, 1936

19. UNDERTAKER Casady Funeral Home
(Address) Cœur d'Alene, Ida.

20. FILED May 23, 1936 E. I. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 22, 1936
I last saw her alive on May, 1936, death is said to have occurred on the date stated above, at 6 05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	10 yrs.
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) F. F. Hoffman, M. D.
(Address) Coeur d'Alene

Dr. Husted.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98856

JUN 2 1936 RECEIVED

Registration District No. 30

Primary Registration District No. 103 0 Local Registrar's No. 98

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Gullickson

(a) Residence. No. 1005 - A ST. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-27-1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Cook

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C.D.A. Hospital

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME Gullick Myre

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Elsie —

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Lisa Krosby C.D.A.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Forest Place Coeur d'Alene Date 5-17-, 1936

19. UNDERTAKER Mooney Mortuary C.D.A.
(Address)

20. Filed May 20, 1936. E. A. Sparks M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-15 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to May 15, 1936:
I last saw her alive on May 14, 1936: death is said to have occurred on the date stated above, at 2:00 A.m.—
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/14/36

Other **contributory causes** of importance:

Arteria Sclerosis	Gradual
Hypertension	Gradual

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. M. Mustard M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED 1936

DO NOT WRITE IN THIS SPACE
State File No. 98857

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 88

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Constance Morbeck

(a) Residence. No. 910 - Garden Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. T. Morbeck

6. DATE OF BIRTH (month, day, and year) 1852-10-8

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) 4-23-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Peter Anderson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Helen
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT J. G. Morbeck
(Address) Coeur d'Alene Ida.

18. BURIAL, CREMATION, OR REMOVAL Fower
Place Coeur d'Alene Date May 2, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. Filed May 5, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935, to April 28, 1936
I last saw he alive on April 28, 1936: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 24 '36
Other contributory causes of importance: Arterio Sclerosis	Gradual

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) O. W. Dysart M. D.
(Address) Coeur d'Alene Ida

74a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98858

JUN 2 1936 RECEIVED

Registration District No. 52
Primary Registration District No. 1252 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irma Blumberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Ferris Blumberg

6. DATE OF BIRTH (month, day, and year) 1894-4-4

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 4-5-1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER
13. NAME Fred Kirkpatrick
14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER
15. MAIDEN NAME Carrie Bauder
16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT Ferris Blumberg (Address) R 4 Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida Date 6-5-, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida

20. FILED ....., 193.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936, to May 3, 1936
I last saw her alive on April 30, 1936; death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Occlusion	Very Sudden
Other contributory causes of importance:	
angina Pectoris	Sept. 1935

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. M. Pruett, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98859

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 91

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Ann Boviall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Boviall
6. DATE OF BIRTH (month, day, and year): March 6 - 1869
7. AGE: Years 67 | Months 2 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ireland England.

MOTHER FATHER
13. NAME: Charles McKeown
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Martha McKeester
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Joseph Boviall Athol Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Cem. Athol Date 6/10.., 1936.

19. UNDERTAKER (Address): Casey Funeral Home Athol Idaho

20. FILED May 8.., 1936 E. L. Speake Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3.., 1936., to May 6.., 1936.
I last saw her alive on May 3 1936: death is said to have occurred on the date stated above, at 2:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	2

Other **contributory causes** of importance:

Arteriosclerosis	
Hypertension	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E M Schmidt M. D.
(Address) Spirit Lake, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98869

JUN 2 1936 RECEIVED

Registration District No. 3 0

Primary Registration District No. 1050 Local Registrar's No. 87

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Ruth Leiske

(a) Residence. No. 714 - 8th St. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10 - 2 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)

FATHER

13. NAME Samuel W. Leiske

14. BIRTHPLACE (city or town) N. Dakota
(State or country)

MOTHER

15. MAIDEN NAME Marie Miller

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Mrs. S. W. Leiske Wife
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place Coeur d'Alene Date May 2 1936

19. UNDERTAKER Mooney Mortuary
(Address) CDA

20. FILED May 4, 1936 E. L. Lyons M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 29, 1936, to 4 - 30, 1936

I last saw her alive on 4 - 30 1936: death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute glomerular nephritis	
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold L. Lyons, M. D.

(Address) CDA Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98861

JUN 2 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 84

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Fowler

(a) Residence. No. 1604 - Lakeside Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Fowler

6. DATE OF BIRTH (month, day, and year) 1898-8-13

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4-22-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash.

FATHER
13. NAME Frank Lamb
14. BIRTHPLACE (city or town) (State or country) Kan.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Kans.

17. INFORMANT Frank Fowler
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St. John. Wash Date 4-29 193 6

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. Filed May 1, 193 6 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-25 193 6

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 193 6, to 4/25, 193 6
I last saw her alive on 4/25, 193 6; death is said to have occurred on the date stated above, at 2:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/24/36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Hoffman, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 98862

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 101

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 740 Best Ave)

2. FULL NAME Charles Melvyn Best

(a) Residence. No. 740 Best Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cora May Best

6. DATE OF BIRTH (month, day, and year) 1857 1 21

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Alex. Best

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Ellen King

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs. Don Best
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 5/27, 1936

19. UNDERTAKER Cassedy
(Address)

20. FILED May 25, 1936 E. L. Hahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to May 23, 1936
did not see
I last saw him alive on May 23, 1936; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 23-36
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Kircher, M. D.
(Address) Coeur d'Alene

Dr. Harold S. Sturgis

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 98863

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 99

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Warren Stoddard

74 W

(a) Residence. No. Elite Hotel, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary A. Stoddard

6. DATE OF BIRTH (month, day, and year): 2-13-1873

7. AGE — Years: 63 | Months: 3 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 5/1935

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER FATHER

13. NAME: Edwin Stoddard

14. BIRTHPLACE (city or town) (State or country): U.S.

15. MAIDEN NAME: Helen Smith

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Mary A. Stoddard Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Place. Coeur d'Alene Date. 5/19..., 1936

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene

20. FILED May 20, 1936. C. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June ..., 1936, to May ..., 1936.

I last saw him alive on May 17, 1936: death is said to have occurred on the date stated above, at 9 am m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other **contributory causes** of importance:	
Chronic Nephritis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold S. Sturgis M. D.
(Address) Coeur d'Alene Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 2 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Worley (Coeur d'Alene)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98864

Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 96

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Austin Addington

(a) Residence. No. Lakeside Hospital St. R. 1, Worley, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1900 - 11 - 6

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Forest Service

10. Date deceased last worked at this occupation (mo. and yr.) 5-13-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkatty Co. Kentucky

FATHER

13. NAME Wiley M. Addington

14. BIRTHPLACE (city or town) (State or country) Scott Co. Va.

MOTHER

15. MAIDEN NAME Cynthia E. Pitman

16. BIRTHPLACE (city or town) (State or country) Elkatty Co. Kentucky.

17. INFORMANT Eight Addington (Address) Worley, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Worley Ida. Date 5-17, 1936

19. UNDERTAKER C. Casey Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Jun 2, 1936. E. L. Hopkins M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to May 14, 1936
I last saw him alive on May 14, 1936: death is said to have occurred on the date stated above, at 5-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot gun wound of head - at Kamford region - Homicide	May 13, 1936
Other contributory causes of importance:	

Name of operation Autopsy Date of 5/13/36
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5/13 1936
Where did injury occur? Near Worley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Shot gun wound (Homicide)
Nature of injury Blow off R. side of nose head.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. F. Fleming, M. D.
(Address) Coeur d'Alene.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of McQuires Crossing

JUN 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 95

DO NOT WRITE IN THIS SPACE

State File No. 98865

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. P. Graham

(a) Residence. No. McQuires Crossing. R.F.D. Post Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy P.

6. DATE OF BIRTH (month, day, and year) 9-27-1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 10/1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) McDonald Co. Missouri

MOTHER FATHER

13. NAME Benjamin Graham

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Nancy Harris

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) B. Vivian Graham McQuires

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Cem. Date 6/1/1936

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida

20. FILED May 11, 1936 E. L. Hanlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to May 1, 1936

I last saw h... alive on May 1, 1936 death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
" Arteriosclerosis	
Senility	

Other **contributory causes** of importance:

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, **and state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Harold Stringer M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98866

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 94

JUN 2 1936 RECEIVED

(No.) 184C

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Jones

(a) Residence. No. 619 - N 16th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-2-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Foreman - Forestry

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Work - P.W.A.

10. Date deceased last worked at this occupation (mo. and yr.) 5 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Wise

MOTHER FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Wise

15. MAIDEN NAME Phoebe Snyder

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) George Jones Reading, Wn.

18. BURIAL, CREMATION OR REMOVAL
Forest Lawn Cem. Place Coeur d'Alene Date 5 , 1936

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene, Ida.

20. FILED May 10, 1936 Ext. Spohn Registrar. by LK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 10, 1936.

I last saw him alive on May 10, 1936.: death is said to have occurred on the date stated above, at 4:... p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage following Skull fracture	May 9-36

Other **contributory causes** of importance:

Shock, severe	

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, ~~suicide~~, ~~or homicide~~? accid Date of injury May 9 1936

Where did injury occur? Coeur d'Alene, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Sherman Street

Manner of injury Hit by auto, unable

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?... If so, specify

(Signed) L.C. Fratcher, M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98867

JUN 2 1936 RECEIVED

Registration District No. 3
Primary Registration District No. 1350
Local Registrar's No. 89

105

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans Christopherson

(a) Residence. No. 1212 - Sherman Ave St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Lottie Christopherson

6. DATE OF BIRTH (month, day, and year) 1884 - 3 - 21

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Autos.
10. Date deceased last worked at this occupation (mo. and yr.) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baxter
(State or country) S. D.

FATHER
13. NAME Mike Christopherson
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Mrs Lottie Christopherson.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Ida Date June 3 - 3, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. Filed June 5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1936, to 4/30, 1936
I last saw him alive on 4/29, 1936; death is said to have occurred on the date stated above, at 2.23 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	1920
chronic senility	10-12 yrs.
asthma	20 years
Malnutrition	2 years

Other contributory causes of importance:
weakness from above combinations of diseases

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature] M. D.
(Address) Coeur d'alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98868

JUN 2 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick H. Harper

(a) Residence. No. 1043 - N. 11th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Harper

6. DATE OF BIRTH (month, day, and year) 1857 - 1 - 24

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (mo. and yr.) 1935 Left
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Albert Harper
14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER
15. MAIDEN NAME Mary Keezer
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Irene H. Veasey
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Coeur d'Alene Date 5 - 3, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED May 1, 1936 E. L. Sperbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1935, to April 29, 1936
I last saw him alive on 29, 1936; death is said to have occurred on the date stated above, at 2 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 1935
failing	
Other contributory causes of importance:	
acute Dilatation of	Dec 1935

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lee Leavitt, M. D.
(Address) 4th & Lakeside
Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1056

DO NOT WRITE IN THIS SPACE

State File No. 98869

Local Registrar's No. 92

RECEIVED 1936

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Meyer

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Meyer

6. DATE OF BIRTH (month, day and year) Dec 5 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Gineviler Germany

FATHER

13. NAME John Meyer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Augusta Meyer
(Address) Rathdrum Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove Rathdrum Date 4/7, 1936

19. UNDERTAKER Cassels Funeral Home
(Address) Rathdrum Ida

20. February 8, 1936 E. L. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1932, to April 4, 1936
I last saw him alive on April 1 1936; death is said to have occurred on the date stated above, at 3:00 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of lip with metastasis to brain	5 years ago
Other **contributory causes of importance:**	

Name of operation Resection of Lip & Date of 1931
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) F. F. Henning, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur de Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98870

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 93

1936 RECEIVED JUN 2

(No.) Home Hospital - Coeur de Alene Idaho.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. James Joshua Herrington

(a) Residence. No. Wallace Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs.— mos.— ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Eva Luella Riley

6. DATE OF BIRTH (month, day, and year): March 1, 1869

7. AGE — Years: 67 | Months: 2 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: →

10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1936

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Houston Missouri

FATHER

13. NAME: Green Herrington

14. BIRTHPLACE (city or town) (State or country): Hillsboro Missouri

MOTHER

15. MAIDEN NAME: Abigail Lewis

16. BIRTHPLACE (city or town) (State or country): Jefferson Co. Missouri

17. INFORMANT (Address): Henry L. S. Herrington (Bro.) Wallace Idaho.

18. BURIAL, CREMATION OR REMOVAL — Place: Forest Coeur d'Alene Date: 5/9/1936

19. UNDERTAKER (Address): Jaeger Funeral Home Kellogg Wash.

20. FILED May 8, 1936 E. L. S. John Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. ..., 1936 to May 7 ..., 1936.

I last saw him alive on May 7., 1936.: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	May 6. 36.

Other **contributory causes** of importance:

Carcinoma of Left Lung.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. E. Wood M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98871

JUN 2 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 86
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Kate Grimm

(a) Residence. No. 114 Coeur d'Alene Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Chas. F. Grimm.

6. DATE OF BIRTH (month, day, and year) 1869-7-18

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1928-6
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamsnel Denmark

FATHER
13. NAME — — — — Norup
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Lester I Grimm

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida Date May 5-1, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED May 1, 1936 E L Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935, to April 28, 1936.
I last saw her alive on Apr. 28, 1936; death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular failure	
Cerebral Hemorrhage with Complete	5 yrs ago.
Gangrene of foot due to	
obliterating endarteritis &	
thrombus.	
Other contributory causes of importance:	
Scarlet Fever 40 yrs ago	
marked beginning of infirmity	

Name of operation None. Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. Hubert Sturges M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Coeur d'Alene

MAY 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98872

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Gwendolyn Carpenter

(a) Residence. No. Mrs Rasor's Maternity Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1936-4-12

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or 5 min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene Ida.
(State or country)

FATHER
13. NAME Albert R. Carpenter
14. BIRTHPLACE (city or town) Neb.
(State or country)

MOTHER
15. MAIDEN NAME Mildred I. Johnson
16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Albert R Carpenter
(Address) Post Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pine Lake. Ida Co. Date 4-12, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene, Ida.

20. April 14, 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-11 1936.

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1936, to 4-11, 1936
I last saw her alive on 4-11, 1936; death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died immediately after birth probably due to Circumscribed Cord Prolapse not established.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E H Sweet M. D.
(Address) Coeur d'Alene Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

MAY 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98873

PLACE OF DEATH

County of Latah

City of Genesee

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels A. Gertlar

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds How long in U. S., if of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fay Gertlar

6. DATE OF BIRTH (month, day, and year): Apr. 20, 1876

7. AGE: Years 60 | Months | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Musician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Bedsted, Denmark

FATHER

13. NAME: Peter Gertlar

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Johanason

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT: Mrs. Marie Michelsen
(Address): Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Genesee Valley Date....., 193..

19. UNDERTAKER: H.R. Short
(Address): Moscow, Idaho

20. FILED: 4-16....., 1936. J.C. Bedell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 4/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-15....., 1936, to 4-23....., 1936.

I last saw him alive on 4-23..., 1936; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial failure	4-15-36.
Mitral Stenosis	1/5/31.
Rheumatic Fever Acute	childhood

Other **contributory causes** of importance:

None	

Name of operation: None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... No Date of injury.., 193.
Where did injury occur?..... None .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No if so, specify.....

(Signed) Joseph E. Baldock, M. D.
(Address) Coroner Billy Lunston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 9887

MAY 21 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Anshutz

(a) Residence. No. St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Anshutz

6. DATE OF BIRTH (month, day, and year) 3- 26-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) April, 1936

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) Altona (State or country) Penn,

FATHER

13. NAME Carl

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT William Anshutz (Address) Potlatch Ida,

18. BURIAL, CREMATION OR REMOVAL Place Palouse Wash, Date Apr, 16 1936

19. UNDERTAKER D.D.Kimball (Address) Palouse Wash,

20. FILED April 15 1936. J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr, 14 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1936, to April 14th, 1936.

I last saw her alive on April 13th, 1936. death is said to have occurred on the date stated above, at 8. p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	April 2nd 1936

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Thompson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

DO NOT WRITE IN THIS SPACE
State File No. 98875

MAY 21 1936 RECEIVED

Primary Registration District No. 2145 Local Registrar's No.
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Timothy M. Murphy

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Belle Murphy

6. DATE OF BIRTH (month, day, and year)
Nov, 12- 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Town Marshall

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Town of Potlatch

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Derwick
(State or country) Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs Edgar Stevens
(Address) Rt 1 Box 1 Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash. Date 4-17-1936

19. UNDERTAKER D.D. Kimball
(Address) Palouse Wash,

20. FILED April 16 1936. J. M. Thompson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr, 15 36

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936., to April 15, 1936.
I last saw him alive on April 15, 1936.; death is said to have occurred on the date stated above, at 7.45a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933.
Other **contributory causes** of importance:	
Hypertrophy of Prostate gland.	1930

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No If so, specify.....
(Signed) J. M. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 21 1936 RECEIVED

PLACE OF DEATH

County of Latah

City of Potlath

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98876

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luther Depee

(a) Residence. No. Princeton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sue Depee

6. DATE OF BIRTH (month, day, and year)
July 2 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Saw mill

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** owner of saw mill

10. Date deceased last worked at this occupation (mo. and yr.) April 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Stockton Missouri

MOTHER FATHER

13. NAME E. Depee

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Delela Jane Stocton

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs Sue Depee Princeton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash. Date 4-19-36

19. UNDERTAKER (Address) D D Kimball Palouse Wash

20. FILED April 16th 1936. T. Jn. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1936., to April 15th 1936.

I last saw him alive on April 15th 1936.; death is said to have occurred on the date stated above, at 8 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza -	April 11th
Acute dilatation of heart -	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....

(Signed) T. C. Gibson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98877

MAY 21 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everd W. Cookson

(a) Residence. No. St. Moscow, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Harry Roach
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 5/16, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED May 15, 1936. J. Jor. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 13, 1936
I last saw him alive on May 12, 1936: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98878

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 126

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Emma Keeney

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

FATHER

13. NAME William Keeney
14. BIRTHPLACE (city or town) Munice, (State or country) Ind.

MOTHER

15. MAIDEN NAME Catherine Spitler
16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Walter Keeney
(Address) Troy, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date May 29, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 5/27, 1936 Fanny Engstrand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to May 26, 1936
I last saw her alive on May 26, 1936 death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ca. of the breast with metastasis to the right lung	7
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Doyle M. Locke M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98879

JUN 11 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 121

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha C. Fuller

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. L. Fuller

6. DATE OF BIRTH (month, day, and year) July 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bethalahem, Iowa

FATHER

13. NAME James Cardwell

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. A. F. Carson

(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Moscow Date 6/15, 1936

19. UNDERTAKER H.R. Short

(Address) Moscow, Idaho

20. FILED 5/14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1936, to 5-14, 1936

I last saw h[illegible] alive on 5-13, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5-10-36
I b did Eruption	3 months ago.

Other contributory causes of importance:

Senility	
I b did Eruption	
Tuberculosis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98886
State File No.

Registration District No. 6-1

1936 RECEIVED

Primary Registration District No. 1-11 Local Registrar's No. 12

(No. 618 S. Wash.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry C. Barker

(a) Residence. No. 618 S. Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Barker

6. DATE OF BIRTH (month, day, and year) July 7, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME Jessie Barker

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Knowlin

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Guy Wolfe
(Address) Moscow

18. ##########ON OR REMOVAL
Place Saltese, Ida. Date 5/11, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 5/11, 1936 Lacy Tenhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936, to 5/9, 1936
I last saw h[illegible] alive on 5/3, 1936: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Apoplexy.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Hamilton, M. D.
(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98881

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 127

JUN 11 1936 RECEIVED

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Thomas Silvey

92

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hattie Silvey

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Indianapolis,
(State or country) Ind.

FATHER

13. NAME Presley Silvey

14. BIRTHPLACE (city or town)
(State or country) Ind.

MOTHER

15. MAIDEN NAME Dianne White

16. BIRTHPLACE (city or town)
(State or country) Ind.

17. INFORMANT Mrs. Samuel T. Silvey
(Address) Moscow, Idaho

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Spokane, Wash. Date June 1., 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 5/29/36 193... Mary Erbsmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-15-, 1933, to May 28, 1936

I last saw him alive on May 28, 1936: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
	May 22 1936

Other contributory causes of importance:

Coronary arteriosclerosis
with Angina Pectoris
Hypertensive Cardiovascular
Renal disease

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Joseph C. Wilson, M. D.

(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98882
State File No.

Registration District No. 6 1
Primary Registration District No. 1011 Local Registrar's No. 125

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma T. Stewart

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Stewart

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logansport, (State or country) Ind.

FATHER
13. NAME Henry J. Fry
14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER
15. MAIDEN NAME Mary Wetel
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Mrs. Ava Smith
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 5/24, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 5/22, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 193 6

22. I HEREBY CERTIFY, That I attended deceased from December, 193 3, to May 21, 193 6
I last saw her alive on May 21, 193 6: death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure following laporatomy	5/21/36
Other contributory causes of importance: ca. of the body of the uterus with tumor mass producing obstruction	

Name of operation Laporatomy Date of 5/21/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M. Fuchs, M. D.
(Address) Moscow, Idaho

#6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah.

City of Moscow (rural)

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98883

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 124

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Goetz

(a) Residence. No. Viola, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Goetz

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	69	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME Wm. Bauseher

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Fred Goetz
(Address) Viola, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Viola, Idaho Date 5/24, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 5/22, 1936 Harry Cushman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935, to May 21, 1936
I last saw her alive on May 17, 1936: death is said to have occurred on the date stated above, at 7 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending portion of Large intestine	
Other contributory causes of importance: None.	

Name of operation Exploratory Operation Date of 5/19/35
What test confirmed diagnosis? X. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None.
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Hamilton, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98884
State File No.

JUN 11 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 123

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME John H. Botten

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Botten

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware store.
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1934
11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Hans Botten
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. J. H. Botten
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 6/23, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED 5/21, 1936 Mary Cochrane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to May 20, 1936
I last saw h[illegible] alive on May 20, 1936: death is said to have occurred on the date stated above, at 9:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	about 1 year ago
Other contributory causes of importance: Grey degenerating debility.	

Name of operation — Date of
What test confirmed diagnosis? May Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. X X
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. Lacy Cochrane M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow(rural)

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98885

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 122
(No. R.F.D. No. 3)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Eugene E. Hawley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lila M. Hawley

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) May 8, '36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Moscow. (State or country) Idaho

FATHER

13. NAME Niram Hawley
14. BIRTHPLACE (city or town) Knoxville. (State or country) Ill.

MOTHER

15. MAIDEN NAME Martha Estes
16. BIRTHPLACE (city or town) ..... (State or country) Ill.

17. INFORMANT Mrs. Lila M. Hawley (Address) Moscow, Ida. Rt. 3.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. m Date May 19, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED 6/18, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936 to May 17, 1936
I last saw h.. alive on May 17, 1936. death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia.	
Other contributory causes of importance:	
Influenza.	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. E. Cumbow M. D.
(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9888C

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

JUN 11 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucinda Ross. Rose Hospital. 1016

(a) Residence. No. Salmon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dan Ross

6. DATE OF BIRTH (month, day, and year): January 17 1869

7. AGE — Years: 67 — Months: 5 — Days: — If LESS than 1 day, ... hrs. or ... min.: 69

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Widow
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER FATHER

13. NAME: James Stevens.
14. BIRTHPLACE (city or town) (State or country): Virginia.
15. MAIDEN NAME: Mary C. Clark
16. BIRTHPLACE (city or town) (State or country): Clarksville, Mo.

17. INFORMANT (Address): Virgil Williams Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: May 15, 1936

19. UNDERTAKER (Address): W. C. Towler

20. FILED: June 1936. Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13/36, 193..., to 5/13/36, 193...
I last saw her alive on 5/13/36 193...: death is said to have occurred on the date stated above, at 3.45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumania	5/8/36
Other **contributory causes** of importance:	
Cardio-renal disease	Unknown
Chronic Bronchitis	Unknown.

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. H. Boynton M.D.
(Address) Salmon Ida

10/5/67

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9888?

JUN 11 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina R. Lamoreaux

(a) Residence. No. Northfork Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — No

6. DATE OF BIRTH (month, day, and year) September 2 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining

10. Date deceased last worked at this occupation (mo. and yr.) May 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Luzerne Co. Pa.

FATHER

13. NAME Darius Lamoreaux

14. BIRTHPLACE (city or town) (State or country) Luzerne Co. Pa.

MOTHER

15. MAIDEN NAME Louisa Darling

16. BIRTHPLACE (city or town) (State or country) Luzerne Co Pa

17. INFORMANT John C. Garm
(Address) 2142 S. State Springfield, Ill.

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cemetery Date 5/2, 1936

19. UNDERTAKER Wm C. Hoobler
(Address) Salmon Idaho

20. FILED June 10, 1936 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936, to April 30 1936
I last saw him alive on 4/29/36, 193...: death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis and	
myocarditis.	Mar./36
Acute nephritis	4/20/36
Uremia	4/28/36
Thrombosis femoral vessels	4/29/36

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Stockton M. D.
(Address) Salmon, Idaho

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98888
State File No.....

PLACE OF DEATH

County of Lewis

City of Kamiah

Registration District No. 49

Primary Registration District No. 2127 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Franklin Laub

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Elizabeth Laub

6. DATE OF BIRTH (month, day, and year) 1-26-96

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Labor

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John M. Laub

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Willetta Wolfetter

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Roland G. Laub Spokane Wn

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date 5-8-, 1936

19. UNDERTAKER Kamiah Funeral Home
(Address)

20. FILED 6-1-, 1936 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to 5-8, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
Other **contributory causes** of importance:	
Myocarditis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) A. L. Duncan M. D.

(Address) Kamiah Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98889

PLACE OF DEATH

County of Lincoln
City of Shoshone

Registration District No. 16-17
Primary Registration District No. ..... Local Registrar's No. 65
(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby (Infant) 161a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Leo L. Dugger~~

6. DATE OF BIRTH (month, day, and year) April 5 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shoshone (State or country)

FATHER

13. NAME Leo [illegible] Dugger

14. BIRTHPLACE (city or town) ..... Mo (State or country)

MOTHER

15. MAIDEN NAME Cleo Campbell

16. BIRTHPLACE (city or town) ..... Mo (State or country)

17. INFORMANT ..... (Address) Liv Dugger

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 5-7-36

19. UNDERTAKER Bert Terry, Sexton
(Address) Shoshone Cemetery

20. FILED 5-7-36 J O Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 1936, to April 6, 1936.
I last saw him alive on April 6 1936: death is said to have occurred on the date stated above, at 1.00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
6½ Lbs.	4/5/36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. E. Barnett, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98890

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No.....
Primary Registration District No..... Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Calvin Smith Allen 44

(a) Residence. No. Shoshone St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Elizabeth Allen

6. DATE OF BIRTH (month, day, and year): July 29 - 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Florence Iowa

MOTHER'S FATHER

13. NAME: Jacob Max Allen
14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: Davis
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Fred Allen

18. BURIAL, CREMATION OR REMOVAL
Place: Shoshone Date....., 193..

19. UNDERTAKER (Address): Myrtle C. Burdick

20. FILED: June 4, 1936 J. O. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193 6, to April 12 193 6
I last saw him alive April 11 193 6: death is said to have occurred on the date stated above, at 11:25 PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1935
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) T. E. D. Barrett, M. D.
(Address) Shoshone Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9889 1

PLACE OF DEATH
County of Lincoln
City of Shoshone

Registration District No. 16-17
Primary Registration District No. ..... Local Registrar's No. 63
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Fromm

(a) Residence. No. ..... Shoshone ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced (or) WIFE of: Paul Fromm

6. DATE OF BIRTH (month, day, and year): Apr 9 - 1871

7. AGE: Years: 65 | Months: | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: not known
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charles Fromm

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Shoshone Date June, 193 6

19. UNDERTAKER (Address): Myrtle C. Burdett

20. FILED 4-15, 193 6 J. O. Barker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 193 5, to April 12 193 6.
I last saw her alive on April 12 1936.: death is said to have occurred on the date stated above, at 11 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
"	

Other **contributory causes** of importance:

Chronic Interstitial Nephritis	unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. E. Burdett, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98892

Registration District No. 16
Primary Registration District No. ____ Local Registrar's No. 61

JUN 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. ____)

2. FULL NAME Wilford Woodruff Eden

(a) Residence. No. 0 Shoshone St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr - 18 - 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Mar 3
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Castlesburg Kentucky

FATHER
13. NAME Nelson Eden
14. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

MOTHER
15. MAIDEN NAME Sarah Payton
16. BIRTHPLACE (city or town) (State or country) Hamblin W. Va.

17. INFORMANT Mrs. Fred Bacon (Address)

18. BURIAL, CREMATION OR REMOVAL Mar 24 — 1936
Place Shoshone Date

19. UNDERTAKER Burrow Funeral Home (Address) Shoshone Idaho

20. FILED 3/25/36 Joe Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec not attend, 193... to ... 193... I last saw ... alive on ..., 193... death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1918
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) T. Ed. D. Burrito, M. D.
(Address) Shoshone Ida.

Certified Copy of Certificate issued 5-18-36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98893

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judd. Lower.

(a) Residence. No. Rexburg Idaho St. .....
(Usual place of abode) " " (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower. N.K.

6. DATE OF BIRTH (month, day, and year) Sept 3-1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87-	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marion Oregon.

FATHER

13. NAME N. K.

14. BIRTHPLACE (city or town) (State or country) N.K.

MOTHER

15. MAIDEN NAME N.K.

16. BIRTHPLACE (city or town) (State or country) N.K.

17. INFORMANT Mrs. Jack Lowe (Address) Rexburg, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Ida. Date May 28, 1936

19. UNDERTAKER Wm C. Kelly (Address) Rexburg Idaho

20. FILED 6-8-, 1936 Mrs. H. Espenscheid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1936 to May 26, 1936

I last saw him alive on May 26, 1936: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Apr. 1936
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation none Date of /

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Lowell Lowell M. D.

(Address) Rexburg Idaho

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9889½

PLACE OF DEATH
County of Madison
City of Idaho

Registration District No. 100
Primary Registration District No. 3178
Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary T. Savage Wilcox

(a) Residence. No. Archer, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of John B. Wilcox

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Davis County,
(State or country) Iowa

MOTHER FATHER

13. NAME David Savage

14. BIRTHPLACE (city or town) Canada.
(State or country)

15. MAIDEN NAME Mary A. White

16. BIRTHPLACE (city or town) Canada.
(State or country)

17. INFORMANT D.O. Wilcox
(Address) Thornton Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Archer Date 6/1, 1936

19. UNDERTAKER Russel Klamm
(Address) Rexburg, Idaho.

20. FILED 6-8, 1936 Mrs. A. Esplin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to May 28, 1936.
I last saw her alive on May 28, 1936; death is said to have occurred on the date stated above, at 1.01 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
General debility due to age	

Name of operation. None Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. W. Lundquist M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison.
City of Rexburg #3.

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98895

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Lee.

(a) Residence. No. Rexburg #3. St.
(Usual place of abode) " "
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Elizabeth Gale Lee

6. DATE OF BIRTH (month, day, and year) June 18-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rancher.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life time.

12. BIRTHPLACE (city or town) (State or country) Holliday Salt Lake, Utah.

FATHER
13. NAME Ezekiel Lee.
14. BIRTHPLACE (city or town) (State or country) Kalamazoo. Michigan.

MOTHER
15. MAIDEN NAME Hannah Fisher.
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Mrs. John F. Lee Rexburg Ida. #3.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Idaho. Date May 19, 1936

19. UNDERTAKER (Address) Thos. L. Keller. Rexburg Idaho.

20. FILED 6-8-, 1936. Thos. N. Eyoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to May 17, 1936.
I last saw him alive on May 7, 1936: death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	May 6 1936
Other contributory causes of importance: Paralytic ileus	May 6 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Lee M. D.
(Address) Rexburg Idaho
6/18/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 27

DO NOT WRITE IN THIS SPACE
State File No. 98896

JUN 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leanora Row

(a) Residence. No. Sunset Ada St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben A. Row

6. DATE OF BIRTH (month, day, and year) Sept 11-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utt.

FATHER

13. NAME Thomas E. Webster
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ellen Blake
16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT William R. Row
(Address) 328 East Bannock Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Teton Idaho Date May 19-1936

19. UNDERTAKER Nyon & Keller
(Address) Rexburg Ida.

20. FILED 6-8, 1936 Mrs. N. Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 16, 1936
I last saw her alive on May 16, 1936: death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with gall stones	1933 (?)

Other contributory causes of importance:

Cardiac decompensation.	

Name of operation Gall Bladder Removal Date of May 14
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. H. Beck Jr., M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

E

DO NOT WRITE IN THIS SPACE
State File No. 98897

Registration District No. 19
Primary Registration District No. 2016
Local Registrar's No. 29
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

4

2. FULL NAME Mildred Violet Barnes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	10	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Herbert Barnes
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Estella Simmons
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Herbert Barnes
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date May 23, 1936

19. UNDERTAKER W. G. Goodman
(Address) Rupert Idaho

20. FILED 6-3, 1936 E. E. Lemmon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 21 1936 193

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 21, 1936
I last saw her alive on May 21, 1936: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	5-7-36
Other contributory causes of importance:	
none	

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Lemmon, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98898

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 28
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel Wilkins
(a) Residence. No. Rupert Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 31 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Rupert Ida

FATHER
13. NAME Arlan B. Wilkins
14. BIRTHPLACE (city or town) (State or country) Ala Bama

MOTHER
15. MAIDEN NAME Sarah Reading
16. BIRTHPLACE (city or town) (State or country) Lloyd Ky

17. INFORMANT (Address) A B Wilkins Rupert
18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 5-10, 1936
19. UNDERTAKER (Address) Rupert Mort. Co. Rupert Ida
20. FILED 6/3, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1936, to 5-4, 1936.
I last saw h alive on 5-4, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	1935
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E C Jones, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98899

JUN 5 1936 RECEIVED

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 27

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred L Parker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas (State or country)

FATHER
13. NAME Frank L Parker
14. BIRTHPLACE (city or town) Michigan (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Fred Parker (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem Date 6/23, 1936

19. UNDERTAKER W. F. Goodman (Address) Rupert Idaho

20. FILED 6/3, 1936. W. E. Elsmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26 -, 1935, to 5-23, 1936
I last saw h[illegible] alive on May 21, 1936; death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Dis	1930
Other contributory causes of importance:	

Name of operation none Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E C Jensen, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98900

JUN 5 1936 RECEIVED

Registration District No. 19
Registration District No. 2015
Local Registrar's No. 26
(No. 1002)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma May Shy

(a) Residence. No. ..... St. Rupert Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-29-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert Idaho.
(State or country)

FATHER
13. NAME Wesley Neal Shy
14. BIRTHPLACE (city or town) Myndon Nebraska
(State or country)

MOTHER
15. MAIDEN NAME Clara Wynn
16. BIRTHPLACE (city or town) Paramore Minn.
(State or country)

17. INFORMANT Wesley Neal Shy
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Idaho Date 5-22, 1936

19. UNDERTAKER W A Goodman
(Address)

20. FILED 6/3, 1936 W R Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-29-, 1936, to 5-21, 1936
I last saw h[illegible] alive on 5-21, 1936: death is said to have occurred on the date stated above, at 10:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchial	5-20-36
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E C Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9890

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

JUN 1 1936 RECEIVED

(No. Fort Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard Iron Star.

(a) Residence. No. Brockton, Montana. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *

6. DATE OF BIRTH (month, day, and year) 11/27/20

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient Ft Lapwai Sanatorium Not gainfully employed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Montana.

FATHER
13. NAME Herbert Iron Star
14. BIRTHPLACE (city or town)
(State or country) Montana

MOTHER
15. MAIDEN NAME Dorothy Ratting Thunder
16. BIRTHPLACE (city or town)
(State or country) Montana

17. INFORMANT Sanatorium records.
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Brockton, Montana Date May 23, 1936

19. UNDERTAKER Brower-Wann.
(Address) Lewiston, Idaho.

20. FILED May 23rd, 1936 J. M. Lyle Registrar.
By M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1935, to May 22, 1936
I last saw him alive on May 21, 1936: death is said to have occurred on the date stated above, at 3:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, far advanced	????
Other contributory causes of importance: Septic Sore throat	9/15/35

Name of operation none Date of
What test confirmed diagnosis? Lab&X-Ray Was there an autopsy? no

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98902

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 219 Lincoln)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank B. Houlette

(a) Residence. No. 219 Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

RECEIVED 1936

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Hilda I Wisner Houlette

6. DATE OF BIRTH (month, day, and year) March 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Pittsburg, Pennsylvania
(State or country)

FATHER

13. NAME Francis D. Houlette
14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Hannah Willetts
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Mrs Hilda Houlette
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date May 21 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED May 22 1936 J M Lyle Registrar.
by MK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936, to 5-19, 1936
I last saw him alive on 5/19, 1936: death is said to have occurred on the date stated above, at 12 15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastatic growths in Sigmoid	Unknown
Other contributory causes of importance:	
Rheumatic heart disease	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? - Date of injury....., 193...
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. H. Muckas, M. D.
(Address) Lewiston, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

[redacted] OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98903

Registration District No. 7009

Primary Registration District No. 96 Local Registrar's No.

(No. Whites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 12 1936 RECEIVED

2. FULL NAME Gary Carl Silvers

(a) Residence. No. Asotin, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, and year) March 11, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

FATHER

13. NAME Carl Silvers

14. BIRTHPLACE (city or town) Grouse (State or country) Oregon

MOTHER

15. MAIDEN NAME Grenda Tate

16. BIRTHPLACE (city or town) Asotin (State or country) Washington

17. INFORMANT Carl Silvers (Address) Asotin, Washington

18. BURIAL, CREMATION OR REMOVAL

Place Clarkston Wash Date 5/2..., 1936.

19. UNDERTAKER H. R. Merchant (Address) Clarkston, Washington

20. FILED May 5, 1936. J. M. Lyle Registrar.

J by M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/2 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11..., 1936, to ...May 2..., 1936.

I last saw him alive on May 2, 1936 death is said to have occurred on the date stated above, at 11:00AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth /	
Malnutrition	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) J. M. Elvan, M. D.

(Address) Asotin, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of .....

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9890

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Lemley

(a) Residence. No. ..... Colton St. Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Laura Lemley

6. DATE OF BIRTH (month, day, and year) 4/8/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 4/1936

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Lemley

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Victoria

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT (Address) Laura Lemley Colton Wn.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Colton Date 5/20, 1936

19. UNDERTAKER Dale E. Kimball
(Address) Pullman, Wn.

20. FILED May 21 1936 J. M. Leyde
by M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to May 18, 1936.

I last saw him alive on May 18, 1936. death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	May 7-36
Bronchial Pneumonia	May 10 36
Myocardial Failure	May 16-36

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph E. Bedell, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98905

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. 115-Jefferson St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John A. Cowgill

(a) Residence. No. L 115-Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Cowgill

6. DATE OF BIRTH (month, day, and year) Jan 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	7	000	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Illinois

FATHER
13. NAME William B. Cowgill
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Margaret G. Sprigg
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Margaret Cowgill
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date May 17, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 19, 1936 J. M. Lyle
By M. K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to May 17, 1936
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate with self Catheterization	July 1934
Carcinoma of Prostate	Nov 1935
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. H. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98906

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Snow, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

IN 19 1936 RECEIVED

2. FULL NAME Mary Valentine Eakin

(a) Residence. No. st. Webb Ridge, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Eakin

6. DATE OF BIRTH (month, day, and year) May 20, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkhart
(State or country) Indiana

FATHER
13. NAME Ben Valentine
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Minervia Salsberry
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT L. A. Cole
(Address) Sweetwater, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date May 16, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 16, 1936 J. McLeyler
by MC. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1936, to May 14, 1936
I last saw her alive on May 1st, 1936: death is said to have occurred on the date stated above, at 1:20 p/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Jan 1935
Diabetic Gangreen	Jan 1st 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Expiration pending Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98907

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 12 1936 RECEIVED

90

2. FULL NAME Frank Smith

(a) Residence. No. St. Winchester, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood mill
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, New York

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date May 17, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 16 1936 J. M. Lyle
by M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12t, 1936, to May 14, 1936
I last saw him alive on May 14, 1936: death is said to have occurred on the date stated above, at 9:00 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	May 14 36
Carcinoma of pylorus of stomach	Nov - 1935

Other contributory causes of importance:

Name of operation Exploratory + gastro jejunostomy Date of May 12-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. J. White, M. D.
(Address) Lewiston Ida

Carrow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

JUN 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9890[illegible]

Registration District No. 1009

Primary Registration District No. 26 Local Registrar's No.

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

191

2. FULL NAME John M Madison

(a) Residence. No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Proper

6. DATE OF BIRTH (month, day, and year) April 22 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ice Mfg.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 4/16/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Centerville South Dakota

MOTHER FATHER

13. NAME Lars F Madison

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Anna D (Not Known)

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs Leona Madison Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 4/19 193 6

19. UNDERTAKER (Address) H.R. Merchant Clarkston, Washington

20. FILED June 6 193 6 J.M. Doyle by MC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 15th 36, 193.., to Apr 16th 36, 193..

I last saw him alive on Apr 16th 36, 193.. death is said to have occurred on the date stated above, at 2:30AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary	Apr 15th 36
Edema	

Other **contributory causes** of importance:

Ammonia Inhalation	Apr 15th 36
due to Ammonia	
Tank explosion	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury Explosion of Gasoline Tank

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) O. G. Carrow M. D.

(Address) Lewiston Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98909

JUN 14 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Paul Kramer

(a) Residence. No. Clarkston Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ***** **********

6. DATE OF BIRTH (month, day, and year) October 12, 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

FATHER
13. NAME William Kramer
14. BIRTHPLACE (city or town) Colton
(State or country) Washington

MOTHER
15. MAIDEN NAME Mary Bush
16. BIRTHPLACE (city or town) Colton
(State or country) Washington

17. INFORMANT William Kramer
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Colton Wash. Date 4/20, 1936

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Wash

20. FILED June 6 1936 J. M. Lyle Registrar.
by MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 18, 1936.
I last saw h[illegible] alive on April 18, 1936; death is said to have occurred on the date stated above, at 6 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	
Other **contributory causes** of importance: glandular fever	

Name of operation None Date of
What test confirmed diagnosis? Clinical was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Gehrung, M. D.
(Address) Pendleton Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98910

Registration District No. 1009

JUN 14 1936 RECEIVED Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Marion Florence Harvey

(a) Residence. No. Clarkston, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
19	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fargo N D

FATHER

13. NAME Thomas L Harvey

14. BIRTHPLACE (city or town) (State or country) Millner N D

MOTHER

15. MAIDEN NAME Florence De Scher

16. BIRTHPLACE (city or town) (State or country) Quebec Canada

17. INFORMANT (Address) Thomas Harvey Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 4/29, 1936

19. UNDERTAKER (Address) H. R. Merchant Clarkston, Washington

20. FILED June 6 1936 J. M. Lyle Registrar. by M.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1936, to Apr 26, 1936.

I last saw h[illegible] alive on Apr 26 1936: death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Post operation	Apr 25/36
Shock	
Other **contributory causes** of importance:	
General Peritonitis	Apr 24/36
Acute appendix	

Name of operation Appendectomy Date of 4/25/36

What test confirmed diagnosis Laparotomy Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury.., 193.

Where did injury occur? ----------
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. G. Carrson, M. D.

(Address) Lewiston Idaho

Carsons

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98911

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No.

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 12 1936 RECEIVED

2. FULL NAME Ernest A Anderson

(a) Residence. No. Clarkston, Washington St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lona Cleveland

6. DATE OF BIRTH (month, day, and year). June 19, 1897

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	38	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Gardner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) to Death

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Moscow Idaho

MOTHER FATHER

13. NAME L L Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Lottie Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ed Anderson

(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL

Place Clarkston, Wn Date 5/15, 1936

19. UNDERTAKER H R Merchant

(Address) Clarkston, Washington

20. FILED May 15, 1936. O. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 12 36

22. I HEREBY CERTIFY, That I attended deceased from May. 1 V., 1936., to May. 1 V., 1936.

I last saw h alive on May. 1 V 1936: death is said to have occurred on the date stated above, at 9:30 A M

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemmorrhage	May 12th 36
Other **contributory causes** of importance:	
Gun shot	May 12 36

Name of operation Repair Date of May 12 36

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 12 1936

Where did injury occur? Clarkston Wn (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. at home

Manner of injury Gunshot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Carson M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98912

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Lee Beck

(a) Residence. No. 714 - 8th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr R. W. Beck

6. DATE OF BIRTH (month, day, and year) Aug 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon
(State or country) Illinois

FATHER
13. NAME Richard Henry Lee
14. BIRTHPLACE (city or town) Hartford
(State or country) Conn

MOTHER
15. MAIDEN NAME Phoebe Petty
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Dr R W Beck
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 15 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED May 16, 1936. J. M. Lyle
By M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 13, 1936
I last saw her alive on 5/13, 1936; death is said to have occurred on the date stated above, at 9:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Wm. A. Habel, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98913

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis C. Geiseker

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1. 1866

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Orchardist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw Illinois

FATHER

13. NAME Chretian Geiseker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. C. Geiseker
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 6/3/36 193..

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston Idaho

20. FILED June 3 1936. O. M. Leyde
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/31/36

22. I HEREBY CERTIFY, That I attended deceased from May 21 193.6., to May 31 193.6.
I last saw him alive on May 31 193.6. death is said to have occurred on the date stated above, at 8. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 20. 1936
L. Lower	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ed Broadbeck, M. D.
(Address) Lewiston Idaho

Dr Lyle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98914

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Schnee

(a) Residence. No. Sommerville Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town)
(State or country) Not Known
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Supt Sommerville Home
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 6/3/36 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED June 1, 1936 J. M. Lyle Registrar.
July M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30/36 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to May 30, 193..
I last saw him alive on 5-24-36, 193.., death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Cholecystitis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9891 5

JUN 1 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 1016

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert Harrison Whitney

(a) Residence. No. ..... St. Culdesac, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emma Lena Whitney

6. DATE OF BIRTH (month, day, and year): December 5, 1889

7. AGE: Years: 46 | Months: 5 | Days: 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Trackman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Railroad

10. Date deceased last worked at this occupation (mo. and yr.): May, 1936

11. Total time (years) spent in this occupation: 10 years

12. BIRTHPLACE (city or town) (State or country): Mapleton, Iowa

FATHER

13. NAME: Reuben Henry Whitney

14. BIRTHPLACE (city or town) (State or country): Eaton Rapids, Michigan

MOTHER

15. MAIDEN NAME: Esther Annetta Holiday

16. BIRTHPLACE (city or town) (State or country): Winona, Minnesota

17. INFORMANT (Address): Mrs. Emma Whitney, Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston, Idaho Date: May 29 1936

19. UNDERTAKER (Address): Brower Wann Company, Lewiston, Idaho

20. FILED May 29 1936. J. M. Lyle Registrar.
J. M. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to May 26, 1936.
I last saw ... alive on May 26, 1936; death is said to have occurred on the date stated above, at 10:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 22nd 36

Other **contributory causes** of importance:

None

Name of operation: None Date of: ~~Injury~~

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) O. C. Carossa, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98916

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. North Lewiston)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Roberts Imthurn

(a) Residence. No. North Lewiston St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Imthurn

6. DATE OF BIRTH (month, day and year) August 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known
(State or country)

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT John Imthurn
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wash. Date May 27, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 29 1936 J. M. Leslie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to May 26, 1936
I last saw her alive on May 26, 1936: death is said to have occurred on the date stated above, at 4:30 P/ m.
The principal cause of death and related causes of importance were as follows:

Heart prostration — Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 1 1936 RECEIVED

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9891

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

1. (If death occurred in a hospital or institution, give its name instead of street and number) No. St. Joseph's Hospital

2. FULL NAME Elzora Gordon Tweedy

(a) Residence. No. 313 - 2nd Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Ben F. Tweedy

6. DATE OF BIRTH (month, day, and year): April 21, 1859

7. AGE — Years: 77 — Months: 1 — Days: 4 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Vernon Indiana

FATHER

13. NAME: Joseph Gordon

14. BIRTHPLACE (city or town) (State or country): Not on record

MOTHER

15. MAIDEN NAME: Almina

16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT: Leta Tweedy
(Address): Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Lewiston, Idaho Date. May 27 193.6

19. UNDERTAKER: Brower-Wann Co.
(Address): Lewiston, Idaho

20. FILED. May 28 193.6 J. M. Leyde
By M. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936., to ~~May 25~~ May 25., 193.6
I last saw her alive on May 25 193.6 death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Hypertension & arteriosclerosis	

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify. —

(Signed) O. F. Tenney, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of NezPerce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9891[illegible]

JUN 1 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. White'S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mollie Estill Stevens

(a) Residence. No. 1019 -9th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Deer Lodge
(State or country) Montana

FATHER
13. NAME R.B.Stevens
14. BIRTHPLACE (city or town) Joilet
(State or country) Illinois

MOTHER
15. MAIDEN NAME Myrtle Estill
16. BIRTHPLACE (city or town) Deer Lodge
(State or country) Montana

17. INFORMANT R.B.Stevens
(Address) Red Lodge Montana

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Lewiston Idaho Date 5/27/36, 193..

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED May 28 1936 J M Taylor Registrar.
by M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/25/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 25, 1936
I last saw her alive on 5/25, 1936: death is said to have occurred on the date stated above, at 9 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Uremia & Coma	
Due	
Other contributory causes of importance:	
Toxemia	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul J Heaney M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98919

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.

JUN 12 1936 RECEIVED

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Gilbertson

(a) Residence. No. St. Genesee, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Gilbertson

6. DATE OF BIRTH (month, day, and year) May 16, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME John Gilbertson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Mary Olson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Alfred Gilbertson
(Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 5/28, 1936

19. UNDERTAKER H.R.Short
(Address) Moscow, Ida.

20. FILED May 27, 1936 J. M. Leyde Ely M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935, to May 24, 1936
I last saw h/M alive on May 24, 1936: death is said to have occurred on the date stated above, at 7:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	11/24/35
Other contributory causes of importance:	

Name of operation Transurethral Resection Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

R. T. Scott

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ryle

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98921

JUN 12 1936 RECEIVED

Registration District No. 1004

Primary Registration District No. 96 Local Registrar's No.

(No. Stl Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Lee Dirks

(a) Residence. No. Clarkston Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) May 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho

MOTHER/FATHER

13. NAME Eldon Dirks

14. BIRTHPLACE (city or town) (State or country) Colfax, Washington

15. MAIDEN NAME Louise Wilson

16. BIRTHPLACE (city or town) (State or country) Onalaska Idaho

17. INFORMANT (Address) Eldon Dirks Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn. Date 5/13, 193.6

19. UNDERTAKER (Address) H. A. Merchant Clarkston, Washington

20. FILED May 13, 1936. J. M. Ryle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193.6., to May 1, 1936.

I last saw h....alive on ....., 193... death is said to have occurred on the date stated above, at 3:? p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Still born	
Prematurity	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...

(Signed) H. A. Merchant M. D.

(Address) Lewiston Idaho

Dr Carssow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98922

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mrs Gertrude C. Paul
(a) Residence. No. Opportunity Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. C. Paul

6. DATE OF BIRTH (month, day, and year) Sept 20 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shawano (State or country) Wisconsin

FATHER
13. NAME Charles Wenzel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Behenhousen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. C. Paul
(Address) Opportunity Washington

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 5/5/36 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED 5/4 1936 J. M. Lyle by MC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/1/36 193

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 193 6, to May 1, 193 6
I last saw her alive on May 1, 193 6: death is said to have occurred on the date stated above, at 12. Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Apr 25
Coma	36

Other contributory causes of importance:

Cardiovascular / Renal Disease	4 yrs

Name of operation None Date of
What test confirmed diagnosis? Lab test Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. C. Pearson, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98923

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No.

JUN 14 1936 KELLY CO. (No. at White's)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond York

(a) Residence. No. St. Maries, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) June 10, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Paducah Ky.

FATHER

13. NAME Joseph L. York

14. BIRTHPLACE (city or town) (State or country) Paducah Ky.

MOTHER

15. MAIDEN NAME Lillie Chandler

16. BIRTHPLACE (city or town) (State or country) Mayfield Ky.

17. INFORMENT (Address) Joseph L. York St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place St. Maries, Idaho Date 5/3/36, 193

19. UNDERTAKER Vassar-Shaughnessy-Rand (Address) Lewiston Idaho.

20. FILED May 6 1936 J. M. Kyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/3-36 193

22. I HEREBY CERTIFY, That I attended deceased from 5/2-1936, 193..., to 5-3-1936, 193...
I last saw him alive on 5/3-1936, 193...: death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

Fracture of skull and pelvis.

Date of onset

Other contributory causes of importance:

severe shock.

Name of operation — Date of —
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193
Where did injury occur? Lewiston, Idaho.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Main St. Lewiston, Idaho
Manner of injury Automobile collision
Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. H. Pence M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98921

JUN 15 1936 RECEIVED

Registration District No. 1609
Primary Registration District No. 96 Local Registrar's No.

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Calvin Stockwell

(a) Residence. No. St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude, Stockwell

6. DATE OF BIRTH (month, day, and year) May 4, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potlach Forests
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stone Co.
(State or country) Missouri

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) Not obtainable
(State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Gertrude Stockwell
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Big Bear Ridge Date May 10, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 11, 1936 J. M. Leyde
By M. A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 7, 1936
I last saw him alive on May 7, 1936: death is said to have occurred on the date stated above, at 2:45 P/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma Pectoris	May 1st-36
Acute Coronary occlusion.	May 1st-36
Myocardial failure.	May 1st-36

Other contributory causes of importance:
None.

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Baldwin, M. D.
(Address) Corner Bldg Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9892

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

(No. 408 - 15th Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

MAY 12 1936 RECEIVED

179

2. FULL NAME Nancy Emily Allison

(a) Residence. No. 408 - 15th Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. R. Allison

6. DATE OF BIRTH (month, day, and year) May 25, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Timothy Walton

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Elvira Herron

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT W. H. Allison (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho Date May 12 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston Idaho

20. FILED May 12, 1936. J. McGehee Registrar. By M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/4-1936, 193..., to 5/4-1936, 193...

I last saw h[illegible] alive on 5/4-1936, 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic intestinal nephritis — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Forman, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9892

JUN 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No.
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sealey Blachly

(a) Residence. No. St. Pomeroy, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Female~~ M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Blachly

6. DATE OF BIRTH (month, day, and year) May 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Joseph Blachly
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Nellie Blachly
(Address) Pomeroy, Washington

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place May View, Wash. Date May 13, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 13, 1936. J. McLyle
By M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 10, 1936
I last saw him alive on May 10, 1936: death is said to have occurred on the date stated above, at 5:30 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Sclerosis	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. T. Scott, M. D.
(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98927

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

JUN 12 1936 RECEIVED

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson F. Brenner

(a) Residence. No. Navada, Ohio St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 19, 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
20	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Civilian

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Conservation Corps

10. Date deceased last worked at this occupation (mo. and yr.) May, 1936

11. Total time (years) spent in this occupation 1/2 year

12. BIRTHPLACE (city or town) (State or country) Navada, Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Official Records, CCC, Lewiston, Idaho.

18. ~~XXXXXXXXXXXXXXXX~~ REMOVAL
Place Navada, Ohio Date May 11, 1936

19. UNDERTAKER Brower-Wann and Company
(Address) Lewiston, Idaho.

20. FILED May 12 1936 J. M. Lyle
By M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1936, to May 10, 1936.

I last saw him alive on 5/10, 1936; death is said to have occurred on the date stated above, at 5:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia, Bilateral	5/6/36
Other **contributory causes** of importance:	
Tonsillitis, follicular, acute, bilateral.	4/28/36

Name of operation None Date of -

What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wallace S. Douglas, M. D.

(Address) Headquarters, CCC.

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98928

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Henry Millward Jr.

(a) Residence. No. Malad Idaho R. F. D. # 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 4 1926

7. AGE — Years: 9 | Months: 7 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): May 1936

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Bancroft Idaho

FATHER

13. NAME: Albert H Millward

14. BIRTHPLACE (city or town) (State or country): Chesterfield Idaho

MOTHER

15. MAIDEN NAME: Hazel E Reese

16. BIRTHPLACE (city or town) (State or country): Cherrycreek Idaho

17. INFORMANT (Address): A H Millward Malad Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place Malad Idaho Date May 13 193 6

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED May 31 193 6 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 193 6

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ May 11, 1936 193 to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 2:00 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pt. dead on arrival	
Coroner's Probable	
bad heart.	
(Not diphtheria)	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. O. Grant M. D.
(Address) Malad, Idaho

IMPORTANT. Information should be carefully supplied. Full names should be stated correctly. Residence must be given. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98929

PLACE OF DEATH

County of Oneida

City of Malad

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 14

(No. 204)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Jones Davis

(a) Residence. No. Malad Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Hurd

6. DATE OF BIRTH (month, day, and year) Feb 25 1885

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
51	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sheepherding

10. Date deceased last worked at this occupation (mo. and yr.) Nov 1935

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME John W Davis

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Lewis J Davis
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date May 6 193 6

19. UNDERTAKER J Ben Keeler
(Address) Malad Idaho

20. FILED May 31, 1936 M J Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 193 6

22. I HEREBY CERTIFY, That I attended deceased from Not treated, 193..., to ..., 193...
I last saw h...alive on ..., 193... death is said to have occurred on the date stated above, at about 12 Noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Had sat down to rest and apparently died back dead. Death probably due to heart failure	
Other **contributory causes** of importance: Previous health apparently good	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury.., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... V P Hart ..., M. D.
(Address) ... Malad, Ida. ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement or OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bayette.
City of Payette R2d.

JUN 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98930

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 36

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara B. Lyles

(a) Residence. No. Payette, Ida R2d. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fm	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Lyles

6. DATE OF BIRTH (month, day, and year) Dec 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waverly Ill.

FATHER

13. NAME Anton Eble

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Steinhaus

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Edith Shoemaker Juntura, Oregon.

18. BURIAL, CREMATION, OR REMOVAL Place Ontario Ore. Date March 23 1936

19. UNDERTAKER H L Peterson
(Address) Ontario Ore.

20. FILED 4/8/36 1936 J C Woodward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Mar 20, 1936

I last saw her alive on Mar 1, 1936: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Fundus of uterus	Oct-1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98931

PLACE OF DEATH

County of Payette

City of New Plymouth

1936 REGISTERED

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 35

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME George Palmer Ransom

(a) Residence. No. New Plymouth, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Ransom

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Plymouth, Penn.

FATHER

13. NAME Miner Ransom

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Shank

16. BIRTHPLACE (city or town) (State or country)

17. INFORMENT (Address) Mrs M. R. Sharp New Plymouth, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Boise Idaho Date April 5, 1936

19. UNDERTAKER Peterson-Freeman Co
(Address)

20. FILED 4/2/36, 193 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 2, 1936,

I last saw him alive on April 1, 1936; death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 29 1936
Left Lung	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Patton, M. D.

(Address) Payette, Idaho

JUN 6 1936

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98932

Registration District No. 4

Primary Registration District No. 1006

Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin A Smith 90

(a) Residence. No. New Plymouth St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice Smith

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Rancher

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Illinois
(State or country)

FATHER

13. NAME [illegible] Smith

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Sarah Dennis

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMANT Elbert R. Smith
(Address) New Plymouth

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 5-12 1936

19. UNDERTAKER Peterson Furniture Co
(Address)

20. FILED 5/10/36 193... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Feb., 193 6, to May 9, 193 6

I last saw him alive on May 9, 193 6; death is said to have occurred on the date stated above, at 8:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1927
Gangrene of right foot	[illegible]

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. O'Dea M. D.
(Address) New Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette
City of Gayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98933

JUN 8 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 40
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. John Williams Sun. 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Jacobsen Sun.

6. DATE OF BIRTH (month, day, and year) Jan 6 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe repair
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. man.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Effingham Co Ill.

FATHER
13. NAME Joseph Sun.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Sophie Weber.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. Belle Sun (Address) Gayette. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho Date 5-27-, 1936

19. UNDERTAKER Glenn C. Landon (Address) Gayette Idaho.

20. FILED 5/30/36, 193... J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to May 25, 1936
I last saw him alive on May 25, 1936; death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	
Arterio-Sclerosis	
Chronic Nephritis	
Pulebitis	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Woodward, M. D.
(Address) Payette, Idaho

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98934

PLACE OF DEATH
County of Payette
City of Fruitland
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 38

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Elizabeth McClure

(a) Residence. No. Fruitland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fm.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John McClure

6. DATE OF BIRTH (month, day, and year) August 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Ohio

FATHER

13. NAME David Williams

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Amelia Stoner

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) John McClure Fruitland, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Payette, Idaho Date May 19, 1936

19. UNDERTAKER Wilson Funeral Home
(Address) Ontario, Oregon

20. FILED 5/20/36, 193... J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 16, 1936

I last saw him alive on May 16, 1936; death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Apr 2/36
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Reese, M. D.

(Address) Ontario, Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9893

PLACE OF DEATH

County of Power

City of Am. Falls

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Robert E Rutger

1612

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10 - 36

7. AGE: Years | Months | Days: 1/2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Am. Falls (State or country) Ida.

FATHER

13. NAME Eldon Rutger

14. BIRTHPLACE (city or town) Ill (State or country)

MOTHER

15. MAIDEN NAME Neva Howes

16. BIRTHPLACE (city or town) Swan Lake (State or country) Mo.

17. INFORMANT (Address) Eldon E. Rutger Aberdeen Ida

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Ida Date May 13 1936

19. UNDERTAKER (Address) H. L. Dils Am. Falls Ida

20. FILED May 13, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 193.6., to 5/11, 193.6.
I last saw him alive on 5/11, 193.6. death is said to have occurred on the date stated above, at 5-P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.. Was there an autopsy?..

23. If death was due to [redacted] uses **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) W. E. Powell M. D.
(Address) Am. Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9893G

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha E. Beach

(a) Residence. No. American Falls, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	F W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, and year): April 9th 1857

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	79	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bethany Ills

FATHER

13. NAME: Milton Baker

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Senith Mathison

16. BIRTHPLACE (city or town) (State or country): N. Carolina

17. INFORMANT (Address): Eva B. Smith. American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Date 6/6/9., 193.6.

19. UNDERTAKER (Address): Anderson American Falls, Idaho

20. FILED June 9., 1936. Gertrude Rumbill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/6/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 193.6, to June 6, 193.6.
I last saw her alive on June 6, 193.6: death is said to have occurred on the date stated above, at 9:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other **contributory causes** of importance:	

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) Oscar L. Jensen M. D.
(Address) American Falls, Idaho

JUL 1936 RECEIVED American Falls, Idaho

July I4,I936

Mr. Lewis Williams,

Boise Idaho.

Dear Friend:- Please Correct The Date of My Mothers Birth For Me My Sister Made a mistake Martha E. Beach was born April 9, I857. I got This record out of an old family bible. and this is the date Given on her Insurance Papers and I know she would not give it in wrong. She signed t Those papers herselfe . and she was very strict about dates. and I Hope You will change this on your records.for me.

You will no doubt remember me as I was out campaigning with you for Ben Ross. and hope to do some good work again for the cause.

Plese correct this mistake my sister made so we can get this insurance fixed up O.K.

Yor friend

Eva B. Smith

P.S. I was surprised Mrs. Thornhill would take my sisters word for My Mothers age instid of mine She has it I Informed her of the facts in The case, and I gave the dates in correctly to the undertaker.and can send you a copy of her home paper in lll . written up about her funeral and it gives her birth I857. and that is The Date I gave the undertaker and I am sorry he changed it

JUN 11 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Rockland, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 9893?

Local Registrar's No. 62

740

2. FULL NAME Edgar Earnest Taylor

(a) Residence. No. Rockland, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva A. Taylor

6. DATE OF BIRTH (month, day, and year) Sept 23 1888

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
47	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station Owner

10. Date deceased last worked at this occupation (mo. and yr.) 5/26/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payson, Utah

FATHER

13. NAME Henery E. Taylor

14. BIRTHPLACE (city or town) (State or country) Ills

MOTHER

15. MAIDEN NAME Esmaralda Clark

16. BIRTHPLACE (city or town) (State or country) Payson Utah

17. INFORMANT (Address) Eva A. Taylor Rockland, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Rockland Ida Date 5/31..., 1936

19. UNDERTAKER (Address) Auda American Falls Ida

20. FILED May 31..., 1936 Gertrude Thornbill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26-36..., 193..., to 5-26-36, 193....
I last saw him alive on May 15, 1936, death is said to have occurred on the date stated above, at 8P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy, cerebral	
hemorrhage	5-26-36
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Oscar L. Jenkins M. D.
(Address) American Falls, Idaho

JUN 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98928

PLACE OF DEATH
County of Power
City of Am Falls, Idaho

Registration District No. 25
Primary Registration District No. 2072
Local Registrar's No. 61

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Thomas William Duffy

(a) Residence. No. 28 Miles South of Am Falls, Idho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? 86 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3rd 1850

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	85	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** retired

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Quboc Quebeck
(State or country)

MOTHER FATHER

13. NAME Mike Duffy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Mary Armstrong

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. E. I. Hutton
(Address) Rockland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Ida Date 5/27 ..., 1936

19. UNDERTAKER H. L. Davis
(Address) American Falls, Idaho

20. FILED May 27 ..., 1936 Gertrude Trumbull ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age dysentary.	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... Coroner.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

May 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98939

PLACE OF DEATH

County of Power
City of American Falls

Registration District No. 25
Primary Registration District No. 2072 Local Registrar's No. 60
(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Walker

(a) Residence. No. 1010 Rockland Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 6 1852
7. AGE: Years 84 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.) 2 months
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa (State or country)

FATHER
13. NAME Wm Clark
14. BIRTHPLACE (city or town) Iowa (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Cook
16. BIRTHPLACE (city or town) Penn (State or country)

17. INFORMANT M E Walker (Address) Rockland Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Date 5-21, 1936

19. UNDERTAKER Swadonis (Address) American Falls Ida

20. FILED May 21, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 18, 1936
I last saw her alive on May 18, 1936: death is said to have occurred on the date stated above, at 9:00pm
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left lung.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) Oscar L. Zuchm M. D.
(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98940

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 59

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

#7

2. FULL NAME Eliza Josephine King

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert King

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1877

7. AGE: Years ~~58~~ 59 | Months 6 | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fountain Green Utah.

MOTHER, FATHER

13. NAME Wm. H. Johnson

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Eliza Snyder

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT C. L. Johnson (Address) 247 W 5 N Provo Utah

18. BURIAL, CREMATION OR REMOVAL
Place Ft. Green, Utah. Date May 23 1936

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED May 23, 1936. Gertrude Thornhill. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) V-18 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1935, to May 18, 1936

I last saw her alive on May 18, 1936: death is said to have occurred on the date stated above, at 5-41 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma, left breast.	
Other **contributory causes** of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Oscar L. Zeuchner M. D.
(Address) American Falls, Idaho

JUN 6 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98941

County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 45
(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Simsehy Walters 49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Walters.

6. DATE OF BIRTH (month, day, and year) Feb 6 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Frank Walters

14. BIRTHPLACE (city or town) (State or country) Kenosha Mich.

MOTHER

15. MAIDEN NAME Margaret Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Margaret Walters

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Kellogg Ida. Date June 1, 1936.

19. UNDERTAKER (Address) H A Bowers Wallace Ida

20. FILED June 1, 1936 John Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23 1936 to May 29 1936
I last saw him alive on May 25 1936; death is said to have occurred on the date stated above, at 6:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	4 dys
Acute Lobar pneumonia	
Contributory causes of importance:	
Cardiac decompensation	several dys
Septicemia	2 dys

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. M. Walker M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9894?

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 44
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Attilo Marcon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Victoria Marcon
6. DATE OF BIRTH (month, day and year): Sept 7 1887
7. AGE: Years 48 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address):
18. BURIAL, CREMATION OR REMOVAL. Place Kellogg Ida. Date May 1, 1936
19. UNDERTAKER (Address): Mohl Funeral Home Kellogg Idaho
20. FILED May 2, 1936. Olin Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug ....., 193.., to May 28, 1936...
I last saw ~~him~~ alive on May 27, 193.6.; death is said to have occurred on the date stated above, at 12 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Lindsay M. D.
(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 8 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98943

PLACE OF DEATH
County of Shoshone
City of Wallace

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Stralovich

(a) Residence. No. 14 West Mullan St. Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: Whit
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Doug Stralovich
6. DATE OF BIRTH (month, day, and year): Aug 15 1882
7. AGE: Years 53 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: John Plut
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: Agnes Plut
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Doug Stralovich Kellogg, Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Kellogg Ida Date: May 29 1936
19. UNDERTAKER (Address): M. C. Thornhill Kellogg Ida
20. FILED June 2, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 25 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1936, to May 25, 1936
I last saw h.. alive on May 24, 1936: death is said to have occurred on the date stated above, at 10.40 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	
Other **contributory causes** of importance:	
Amputation of left thigh	

Name of operation. Amputation Date of. 5/23-36
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9894

JUN 9 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 42
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary McGillis.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Hugh McGillis

6. DATE OF BIRTH (month, day, and year) Mar-23-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER
13. NAME McDonald
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mary McRae
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Mrs Wm Wilkins
(Address) Wallace Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Wallace Ida. Date May 26, 1936

19. UNDERTAKER J A Bwer (Wallace Ida)
(Address) Wards

20. FILED May 25, 1936 John Bwer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 23, 1936
I last saw ~~him~~ her alive on May 23, 1936: death is said to have occurred on the date stated above, at 4-40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Cerebral	May 15-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. K. Gerald M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98945

Registration District No. 70

JUN 9 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 41

(No. Ev Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

940

2. FULL NAME Wm C Ennett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 79 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kingston Ida. Date May 27, 1936

19. UNDERTAKER M. L. Thornhill
(Address)

20. FILED June 2 1936 John Biver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 23, 1936.
I last saw him alive on May 22, 1936.: death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	
Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) W. C. Emmett, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Murray

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98946

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 40
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Hunter.
(a) Residence. No. Murray Ida St. Murray Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Hunter.
6. DATE OF BIRTH (month, day, and year) Mar 25 1876.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER
13. NAME John Hunter.
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Margaret A Lewis.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Mrs Susie Hunter.
(Address) Murray Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date May 24 1936.
19. UNDERTAKER J A Boyer (Wardle)
(Address) Wallace Ida.
20. FILED May 23, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 21 1936.
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1936 to May 21 1936
I last saw h alive on May 18, 1936. death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	
Hypertrophied Heart	
Chronic Nephritis	
Other contributory causes of importance:	
Influenza	7-1-09

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,
(Signed) H H Wilcox M D
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9894?

JUN 9 1936 RECEIVED

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 39
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peck Heintz 31

(a) Residence. No. Mullan Idaho. 229-Broad St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie Heintz.

6. DATE OF BIRTH (month, day, and year) April 21 - 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER
13. NAME Jacob Heintz.
14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER
15. MAIDEN NAME Anna Cramer
16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Emmett Heintz
(Address) Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida. Date May 23 1936

19. UNDERTAKER J. A. Bever (Undrd)
(Address) Wallace Ida.

20. FILED May 22 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to May 20, 1936.
I last saw him alive on 19 May, 1936: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmo T B	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner
(Signed) F. W. Rolfe, M. D.
(Address) Mullan Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98948

JUN 9 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1044 Local Registrar's No. 38
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. O. Johnson

(a) Residence. No. Burke Box 196 St. Burke Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hercules Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friends.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date May 19 1936

19. UNDERTAKER C. A. Bever (Wallace)
(Address) Wallace Ida

20. FILED May 19 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to May 16, 1936
I last saw him alive on May 14, 1936; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 days
Edema	
Electrical Shock Burn	2 da

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 14 1936
Where did injury occur? Hercules Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. Mine
Manner of injury Fell to floor of stope
Nature of injury Electrical Shock & Burn

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) Fred Corbett M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98949

JUN 9 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 36
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hugh Carter
(a) Residence. No. Rose Lake St. Rose Lake
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Carter

6. DATE OF BIRTH (month, day, and year) May 13 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40yr.

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME George Carter
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Sabina Henderson
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Isabelle Carter
(Address) Rose Lake Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rose Lake Ida. Date May 11, 1936

19. UNDERTAKER J. A. Bever (Mrs)
(Address) Wallace Ida

20. FILED May 10, 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936 to May 8, 1936
I last saw h[illegible] alive on May 7, 1936; death is said to have occurred on the date stated above, at 12:55 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	
c Pulmonary Tb	
Gen Tuberculosis	
Other contributory causes of importance:	
Cholecystotomy + Drainage	4-12-36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm T. Burns M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Cœur

JUN 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98950

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 35
(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Kainula

(a) Residence, No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Shoe Maker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER/FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) ✓ (State or country)
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓ (State or country)

17. INFORMANT Co Hospital Records.
(Address)

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Wallace Ida Date May 17 1936

19. UNDERTAKER J. A. Bever (Wallace Ida)
(Address)

20. FILED May 11, 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1936, to May 8th, 1936.
I last saw him alive on May 7, 1936: death is said to have occurred on the date stated above, at 1 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility &	
Chronic tuberculosis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. C. Goodson M. D.
(Address) Kellogg Idaho

JUN 9 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98951

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME William Farnell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

FATHER

13. NAME John Farnell

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME No Information

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Ruth Farnell (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date May 9 1936

19. UNDERTAKER W. E. Thornburgh (Address) Kellogg Ida

20. FILED June 2, 1936 John Baer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to May 7, 1936

I last saw her alive on May 7, 1936; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Diabetes	.....
.....	.....
died in Coma	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. R. Musson M. D.

(Address) Kellogg Ida

JUN 9 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98952

Registration District No. 10

Primary Registration District No. 10 11

Local Registrar's No. 46

(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

141

2. FULL NAME Edit Lillian Rasmussen

(a) Residence. No. Kellogg Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Neil Rasmussen

6. DATE OF BIRTH (month, day, and year) May 23 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	37	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Brunswick

FATHER

13. NAME N.S. Dow

14. BIRTHPLACE (city or town) (State or country) New Brunswick

MOTHER

15. MAIDEN NAME Elizabeth Gill

16. BIRTHPLACE (city or town) (State or country) New Brunswick

17. INFORMANT (Address) Neils Rasmussen

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Ida. Date May 10 1936

19. UNDERTAKER R L Stowe (Address) Kellogg Ida.

20. FILED June 4 1936 John Boll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to May 7th 1936.

I last saw her alive on May 5th 1936.: death is said to have occurred on the date stated above, at 12 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Post operative shock following vaginal hysterectomy	
Other **contributory causes** of importance: Obesity	

Name of operation. Vaginal Hysterectomy Date of May 1st

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. W. Lindsay, M. D.

(Address) Kellogg Idaho

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98953

PLACE OF DEATH
County of Shoshone
City of Mullan

Registration District No. 10
Primary Registration District No. 1011
(No.)
Local Registrar's No. 33

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Alice Elane Keiffer

(a) Residence. No. Mullan Ida. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Premature Birth

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day and year) May 4. 1936 6,40 A M

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				11

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mullan Ida

PARENTS

10 NAME OF FATHER James C Keiffer

11 BIRTHPLACE OF FATHER (city or town). (State or country) W. Virginia

12 MAIDEN NAME OF MOTHER Ella Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kingston Ida

14 Informant James C Keiffer
(Address) Mullan Idaho

15 Filed May 7, 1936 John Bower Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 4 (Day) 1936 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 4 6:40 A M 1936, to May 4. 5:30 P M 1936, that I last saw her alive on 7:30 a m, 1936, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:
Premature Birth, between 6 to 6½ months

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Condition of Child at Birth

(Signed) R W Rolfe, M. D.

May 5 1936 (Address) Mullan Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Mountain Cemet. Mullan Id.	May 6 1936
20. Undertaker Moses	Address Wallace Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wardner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98955 33

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No.

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Elizabeth McKinnon

(a) Residence. No. 705 main St. Wardner, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, (Widowed) or Divorced (write the word): Widow

5a. If married, (widowed,) or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 14, 1868

7. AGE — Years: 67 | Months: 10 | Days: 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, (bookkeeper,) etc.** Postmaster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** P.O.

10. Date deceased last worked at this occupation (mo. and yr.) May 2, 1936

11. Total time (years) spent in this occupation 13 yrs. 10 mos. 16 da.

12. BIRTHPLACE (city or town) Jersey Channel Isles
(State or country) Gorby Village England

FATHER

13. NAME John Vescount (le Vesconte)

14. BIRTHPLACE (city or town) Jersey Channel Isles
(State or country) Gorby Village England

MOTHER

15. MAIDEN NAME Annie Adams

16. BIRTHPLACE (city or town) St. Jersey
(State or country) England

17. INFORMANT Ethel McKinnon Lofswold
(Address) Wardner Idaho - 705 Main St.

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood - Kellogg Ida Date May 10 1936

19. UNDERTAKER Ross Stout
(Address) Kellogg Ida.

20. FILED June 9 1936 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6., 1936., to only —, 193....
I last saw her alive on May 6, 1936.: death is said to have occurred on the date stated above, at 12.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	

Other **contributory causes** of importance:

Cardio - renal disease	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Glenn McAffee, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Tetonia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 9895

Local Registrar's No. 7

JUN 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lydia McPherson Phillips

(a) Residence. No. Tetonia Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Levi Phillips

6. DATE OF BIRTH (month, day, and year): August 26 — 1853

7. AGE — Years: 82 — Months: 8 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fayette Utah

FATHER

13. NAME Duncan McPherson

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME Mary Ann Neas

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Ted Phillips Tetonia Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Clawson Date 5/11 1936

19. UNDERTAKER (Address): W. M. Hansen St. Anthony Idaho

20. FILED 6-3-1936 Clint M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1930, to May 7, 1936.

I last saw h~~e~~r alive on May 1, 1936; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/1/36

Other **contributory causes** of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. P. Peterson, M. D.

(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Teton
City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98958

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 8
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Thomas Lehenny.

(a) Residence. No. Victor Idaho St. ....
(Usual place of abode) " " (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mahala Lehenny.

6. DATE OF BIRTH (month, day, and year) Sept. 27-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** For himself.
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. **Total time (years)** spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Centerville Utah

FATHER

13. NAME John James Lehenny.
14. BIRTHPLACE (city or town) (State or country) W. T.

MOTHER

15. MAIDEN NAME Laura Bratton.
16. BIRTHPLACE (city or town) (State or country) W. T.

17. INFORMANT Mahala Lehenny.
(Address) Victor Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Victor Ida. Date May 17- 1936

19. UNDERTAKER Mrs. L. Keller
(Address) Victor Idaho.

20. FILED 6-3-, 1936 Chas. M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov ....., 1935, to May 15, 1936.
I last saw him alive on March, 1936: death is said to have occurred on the date stated above, at 12 13 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	11-11-35
Other **contributory causes** of importance: myocarditis	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

5/20/36 (Signed) Louis A. Lieb, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98959

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 9

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Elizabeth Stevens

(a) Residence. No. ..... Driggs Idaho St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. 42 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyrum Smith Stevens Deceased

6. DATE OF BIRTH (month, day, and year) 3-5-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sackville West
(State or country) England

MOTHER FATHER

13. NAME Johnithon Wardle

14. BIRTHPLACE (city or town) .....
(State or country) England

15. MAIDEN NAME Elizabeth Dyson

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Martha Harper
(Address) Driggo Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pratt Cemetery Date May 26 1936

19. UNDERTAKER Vern J. Kelley
(Address) Rexburg Idaho

20. FILED 6-3-, 1936. Edris M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 24, 1936.
I last saw h[illegible] alive on May 23, 1936.: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma	May, 1935

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) L. S. C. Tanner, M. D.
5/26/36 (Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Teloria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98960

Registration District No. 77
Primary Registration District No. 7176
Local Registrar's No. 10

JUN 6 1936 RECEIVED

(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Dorthea McDaniels

(a) Residence. No. Driggs Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74°

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Michal S. McDaniels

6. DATE OF BIRTH (month, day, and year) July 26-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	10	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Fredrick Beck
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Henrich Nielsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs Lelian Fowler
(Address) Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clawson Date 5/29, 1936

19. UNDERTAKER W. M. Hansen
(Address) Driggs Idaho

20. FILED 6-7-, 1936 Alice M. Stevens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934, to May 26, 1936
I last saw her alive on May 12, 1936: death is said to have occurred on the date stated above, at 11.17 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (second attack)	5/25/36

Other contributory causes of importance:

Senile Arteriosclerosis	
Chronic Myocarditis	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) 5-28-36: F. R. Tobie M. D.
(Address) Driggs, Idaho

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98961

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Bert R. Schwartz 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Retta Schwartz
6. DATE OF BIRTH (month, day, and year): Apr. 8 1897
7. AGE: Years 49 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Middletown Calif

FATHER
13. NAME: Judson David Schwartz
14. BIRTHPLACE (city or town) (State or country): Mich

MOTHER
15. MAIDEN NAME: Laura J. Harkness
16. BIRTHPLACE (city or town) (State or country): Maryland Calif

17. INFORMANT (Address): Mrs. Retta Schwartz Buhl

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Date ....., 193..

19. UNDERTAKER (Address): Evans & Johnson Buhl E. T. Atkinson

20. FILED June 1, 1936 E. T. Atkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to May 28, 1936.
I last saw him alive on May 28, 1936.: death is said to have occurred on the date stated above, at 7:30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray & Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) M. A. Drake M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98962

PLACE OF DEATH
County of Twin Falls
City of Buhl
R.F.D

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Charles A. Stafford

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Effie Stafford
6. DATE OF BIRTH (month, day, and year): March 7th 1873
7. AGE: Years 63 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Fort Dodge Iowa
13. NAME: Cyrus W. Stafford
14. BIRTHPLACE (city or town) (State or country): N. Y.
15. MAIDEN NAME: Amanda Miller
16. BIRTHPLACE (city or town) (State or country): Peoria

17. INFORMANT (Address): Arthur Carlson Buhl Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Buhl Date: 5/27, 1936
19. UNDERTAKER (Address): Evans & Johnson Buhl, Ida
20. FILED June 1, 1936 G. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/23 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to May 23, 1936.
I last saw him alive on May 23 1936: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Other **contributory causes** of importance: Chronic Myocarditis	years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) M. A. Drake, M. D.
(Address) Buhl Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

LV Grape

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 98962

MAY 1936 RECEIVED
Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 114

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maxine Jane Pitts,

(a) Residence. No. Eden, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** (child)
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl, Idaho

MOTHER FATHER

13. NAME Ira Pitts,
14. BIRTHPLACE (city or town) (State or country) Arkansas
15. MAIDEN NAME Cora Cain,
16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Ira Pitts,
(Address) Eden, Idaho.

18. BURIAL, CREMATION, REMOVAL
Place Filer, Idaho Date 5-7-, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 5-9-, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 193.6., to May 6, 193.6
I last saw her alive on May 6, 1936.: death is said to have occurred on the date stated above, at 12:10 P.m. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Infantile Paralysis)	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. A. Drake, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hansen

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 9896

Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 127

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lee Schlund

(a) Residence. No. St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. - yrs. - mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hansen, Idaho

MOTHER FATHER

13. NAME William Adam Schlund

14. BIRTHPLACE (city or town) (State or country) Fort Collins, Colo.

15. MAIDEN NAME Martha Eliz Peterson

16. BIRTHPLACE (city or town) (State or country) Niles, Idaho

17. INFORMANT William Adam Schlund
(Address) Hansen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rogerson Idaho Date 5-28, 1936

19. UNDERTAKER William Adam Schlund
(Address)

20. FILED 5-28, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to May 28, 1936
I last saw him alive on May 28, 1936.: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	

Other contributory causes of importance:

None	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? No Date of injury —, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 98965

PLACE OF DEATH

County of Twin Falls

City of " "

Registration District No.

Primary Registration District No. 2085 Local Registrar's No. 122

(No. Twin Falls Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 11 1936 RECEIVED

Date

2. FULL NAME Baby Johnson

(a) Residence. No. Buhl, St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year): May 14th. 1936

7. AGE — Years | — Months | — Days | If LESS than 1 day .. hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls,

FATHER

13. NAME Warren Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Alberta, Cana.

MOTHER

15. MAIDEN NAME Ruby Hammer

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Roy Fait
(Address) Buhl, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date 5/14/36 193..

19. UNDERTAKER Evans & Johnson
(Address) Buhl.

20. FILED 5-23-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 14 May 1936

22. I HEREBY CERTIFY, That I attended deceased from 13-14 May, 1936, to ....., 193..
I last saw him alive on 14 May, 1936: death is said to have occurred on the date stated above, at 10 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) F. W. MacMasters M. D.

(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every blank space in MARGIN RESERVED FOR BINDING information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 11 1936 RECEIVED

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98966

Registration District No. 33
Primary Registration District No. 1085 Local Registrar's No. 133
(No. Twin Falls Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orley Edmondson Lawson

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs O. E. Lawson

6. DATE OF BIRTH (month, day, and year) Oct 20 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Mexico

FATHER
13. NAME W. A. Lawson
14. BIRTHPLACE (city or town) (State or country) Ark

MOTHER
15. MAIDEN NAME Nellie T. Blodgett
16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT (Address) W. A. Lawson Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date June 3, 1936

19. UNDERTAKER Fred E. Drake
(Address) Twin Falls, Ida.

20. FILED 6-12-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to June 1, 1936
I last saw him alive on June 1, 1936: death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocardial Insuf	May 15 1936
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature] M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98967

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 132

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Mrs Burmah L. Lewis

(a) Residence. No. Rupert, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H.P. Lewis

6. DATE OF BIRTH (month, day, and year) Mar. 14-1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Louis
(State or country) Missouri.

FATHER

13. NAME B.F. Shandrow

14. BIRTHPLACE (city or town)
(State or country) Ill.

MOTHER

15. MAIDEN NAME Viola Croll,

16. BIRTHPLACE (city or town)
(State or country) Ill.

17. INFORMANT H.P. Lewis Jr.
(Address) Rupert, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date June 1s 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 6-10-36 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 st, 1936, to May 30, 1936
I last saw her alive on May 30, 1936; death is said to have occurred on the date stated above, at 6. A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
# Fibroid of Uterus with Uterine Hemorrhage	7 to 8 yrs
# Anemia Secondary to	7 to 8 yrs.
Other contributory causes of importance:	
# Leucopenia 2 to Inability to heal wound,	1 mo

Name of operation Hysterectomy Date of May 26/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. L. Alexander M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98968

JUN 1 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 131

(No. Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Wellhousen

(a) Residence. No. Twin Falls Route #1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertah Wellhousen

6. DATE OF BIRTH (month, day, and year) Nov. 12-1875

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
60	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME No Inf.
14. BIRTHPLACE (city or town) (State or country) No Inf

MOTHER
15. MAIDEN NAME No Inf.
16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMANT Mrs Henry Wellhousen
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date June 5, 1936

19. UNDERTAKER S.C. Phillips
(Address)

20. FILED 6-4-, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to June 1st, 1936
I last saw h. alive on June 1st, 1936: death is said to have occurred on the date stated above, at 11.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Dec - 1935

Other contributory causes of importance:

Name of operation Anst. Gastro-jejunostomy Date of 5-10-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John E. Laughlin M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98969

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 129

JUN 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Oliver Morton Fleenor

(a) Residence. No. Twin Falls, Idaho Route #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Rhoda J. Fleenor

6. DATE OF BIRTH (month, day, and year) May 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	0	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elgin, (State or country) Kansas

FATHER
13. NAME Aaron Fleenor
14. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER
15. MAIDEN NAME Elzina Ogborn
16. BIRTHPLACE (city or town) Indiana (State or country)

17. INFORMANT Marion Fleenor
(Address) Twin Falls, Idaho

18. BURIAL/CREMATION/REMOVAL
Place Twin Falls Cem. Date 6/2/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6-3- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to May 30, 1936
I last saw him alive on May 30, 1936: death is said to have occurred on the date stated above, at 2:50 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal vascular disease	1926

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. A. Pearce, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.
Primary Registration District No. 3085 Local Registrar's No. 128

DO NOT WRITE IN THIS SPACE
State File No. 98970

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvina Barr

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~husband of~~ WIFE of N.A.Barr

6. DATE OF BIRTH (month, day and year) March 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Highland Co., (State or country) Ohio

FATHER
13. NAME Jacob Tedrick
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N.A.Barr (Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION, REMOVAL~~ Place Twin Falls Cem. Date 5/29/, 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 5-28-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/27/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/17/36, 1936, to 5/27/, 1936
I last saw ~~he~~ alive on 5/27, 1936; death is said to have occurred on the date stated above, at 3.23 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	5/17/36
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Jos. W. Davis M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9897 i

JUN 11 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 126

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roseanna Harrison

(a) Residence. No. Ashton, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of I.K. Harrison

6. DATE OF BIRTH (month, day, and year) July 26, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	10	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lugenton (State or country) Kansas

FATHER

13. NAME G.W. Williams

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Lida Price

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT I.K. Harrison (Address) Ashton, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~

Place Bloomington, Ill. Date May 27, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 5-29-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to May 26, 1936

I last saw her alive on May 26, 1936: death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Abscess) - Lung - Bilateral acute - Staphylococcic	April 5, 1936
Other contributory causes of importance:	
Bronchopneumonia, abscess) Bilateral acute	April 20, 1936

Name of operation Thoracic abscess Date of Apr. 21-36

What test confirmed diagnosis? Clinical X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193...

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Rayner, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9897

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 125
(No. Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Fred Rodriguez

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: ~~white~~ Mexican
5. Single, Married, Widowed or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mable Rodriguez (deceased)
6. DATE OF BIRTH (month, day, and year): 7-8-1888
7. AGE: Years 47 | Months 10 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hostler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mexico

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Lloyd Rodriguez Huntington, Oregon
18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 5-21-, 1936
19. UNDERTAKER (Address): White Mortuary, Inc. Twin Falls, Ida.
20. FILED 5-20, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-19 193 6
22. I HEREBY CERTIFY, That I attended deceased from 3-19-36, 193, to 5-19, 193 6
I last saw him alive on 5-19-36, 193 6: death is said to have occurred on the date stated above, at 10:45 Am M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of urethra, perineum & Scrotum.	about 1 year
Other contributory causes of importance:	
Embolism, lung	24 hrs.
8 operations.	

Name of operation Repair of urethra Date of
What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dameron & Alexander, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98973

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 124

JUN 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Franklin Ratcliffe

(a) Residence. No. 316 Blue Lakes Blvd. Nth. St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Anna L. Ratcliffe

6. DATE OF BIRTH (month, day, and year) Jan. 24, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheeling, West Va.
(State or country)

FATHER

13. NAME Benjamin Ratcliffe

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Charlotte Gilchrist

16. BIRTHPLACE (city or town) Wheeling, West Va.
(State or country)

17. INFORMANT Mrs. B. F. Ratcliffe
(Address) Twin Falls Idaho

18. BURIAL, CREMATION, REMOVAL
Place Twin Falls Cem. Date 5/26/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 5-28, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/24/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 24, 1936
I last saw him alive on May 23, 1936: death is said to have occurred on the date stated above, at 4:50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia sclerosis & senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in~~ also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Lamb M. D.
(Address) Twin Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9897

JUN 17 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 123

(No. Filer, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethelyn Musgrave

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Musgrave

6. DATE OF BIRTH (month, day, and year) Apr. 25----1872

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lisbon, N.H.

MOTHER FATHER

13. NAME A.M.Clark

14. BIRTHPLACE (city or town) (State or country) Hamilton, Ontario, Canada.

15. MAIDEN NAME Hannah J.Hall

16. BIRTHPLACE (city or town) (State or country) Lisbon, N.H.

17. INFORMANT (Address) Walter C.Musgrave Filer, Ida

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Filer, May 20, 1936

19. UNDERTAKER (Address) Evans & Johnson Buhl,

20. FILED June 23, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14th, 1936, to May 16th, 1936.
I last saw h[illegible] alive on May 15 1936; death is said to have occurred on the date stated above, at 6 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other **contributory causes** of importance:

Infected Gall Bladder	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Lynch M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98975

JUN 11 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 121

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME John James Ellis

(a) Residence. No. 181 Addison Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ethel Ellis

6. DATE OF BIRTH (month, day, and year) January 17, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvation Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adjutant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME J.J. Ellis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town) (State or country) No Info.

17. INFORMANT Mrs. Ethel Ellis
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Butte, Montana Date May 24, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED 5-23-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 22, 1936
I last saw him alive on May 22, 1936; death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	May 5-36
Probably streptococcic following a Sore throat.	
Other contributory causes of importance:	
Chronic Bronchitis of 3 years standing	

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~and~~ Was there an autopsy? ~~no~~

23. If death was due to ext'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~no~~ If so specify .....

(Signed) J.E. Langenwalter M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Hollister

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
State File No. 98976

JUN 11 1936 RECEIVED

Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 120
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John G. Schwing

(a) Residence. No. Hollister, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife of~~) Katherine Schwing

6. DATE OF BIRTH (month, day, and year) Aug 15 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail-road station agent.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seymour, (State or country) Indiana

FATHER
13. NAME James Schwing
14. BIRTHPLACE (city or town) Louisville, (State or country) Ky.

MOTHER
15. MAIDEN NAME Amanda Carr
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. J. H. Caldwell (Address) Hollister, Idaho
18. BURIAL, CREMATION, REMOVAL Place Filer Cemetery Date 5/23/ 1936
19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho
20. FILED 5-23- 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to May 20, 1936
I last saw him alive on May 20, 1936: death is said to have occurred on the date stated above, at 8:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	several years ago
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Charles A. Scott, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9897

JUN 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 119
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Edward Bodenstab

(a) Residence. No. 535 Main av. west St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Lydia Bodenstab

6. DATE OF BIRTH (month, day, and year) March 10, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lafayette Co., (State or country) Missouri

FATHER
13. NAME William Bodenstab
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mathilda Wellner
16. BIRTHPLACE (city or town) Lafayette Co., (State or country) Missouri

17. INFORMANT Mrs. Edward Bodenstab
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 5/23/ 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 5-23-, 193 6 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/20/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from May, 193 6, to May 20, 193 6
I last saw him alive on May 20, 193 6: death is said to have occurred on the date stated above, at 10:40p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 15-193 6
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Charles B. Scott, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98978

JUN 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 118

(No. Twin Falls General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Hult

(a) Residence. No. ..... St. Burley, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12 — 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shelley
(State or country) Ida.

FATHER
13. NAME Daniel Hult
14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER
15. MAIDEN NAME Carrie Mitchell
16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Wm. Hult
(Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 5-24, 1936

19. UNDERTAKER W. E. Johnson
(Address) Burley Ida.

20. FILED 5-21-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from November, 1932, to May 20, 1936
I last saw him alive on May 19, 1936; death is said to have occurred on the date stated above, at 3 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & pericarditis acute exacerbation	1932

Other contributory causes of importance:

Nephritis - chronic glomerular	1931
Hypertension - chronic	1932
Myocarditis chronic	1933

Name of operation Paracentesis abdominis Date of 5-11-36.
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Charles B. Reynolds M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98979

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 117

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mrs. Christana Kline

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Fred Kline

6. DATE OF BIRTH (month, day, and year) October 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Christ Bentc

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Kesner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Freda Kline
(Address) 6th Ave. & 2nd St. W.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 5/21, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 5-22-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 19, 1936
I last saw h~~e~~ alive on May 19, 1936: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	
Chronic Myocarditis	
Uremia (as cause?)	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98980

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 116

(If death occurred in a hospital or institution, give its name instead of street and number) No. Twin Falls County General Hospital

135

2. FULL NAME William H. Weaver.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Clara Weaver

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg, Va.

FATHER

13. NAME Joseph Weaver

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Susannah Shank

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. W. H. Weaver
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 5-12, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5-12, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-8 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 20, 193 6, to May 8, 193 6

I last saw him alive on May 8, 193 6 death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis hypertrophic 3 plus	5 yrs.

Other contributory causes of importance:

Myositis, chronic	
Post influenza infection	
Supression urinary--2 days	4 months ago

Name of operation Trans Uraihral Resection Date of 5/6/36

What test confirmed diagnosis? blood clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 193..
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan C. Thornton M.D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Filer, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9898

JUN 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 115

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Fleming Alworth,

(a) Residence. No. Filer, Idaho, R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~ZZZZZZZZ~~ Frankie Kearn Alworth

6. DATE OF BIRTH (month, day and year) April 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler Co., Penn.

FATHER
13. NAME Thomas Alworth
14. BIRTHPLACE (city or town) (State or country) Butler Co., Penn.

MOTHER
15. MAIDEN NAME Ruth Graham
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Tom Alworth, Filer, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 5-11-, 1936

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED 5-9-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-7 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12th, 1936, to May 7, 1936
I last saw him alive on May 6th, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardetis	1929
Obstruction of bladder	1930
Chronic Prostatitis	1936

Other contributory causes of importance:
Surgical operation for Prostatic obstruction
Name of operation Trans-urethral resection Date of 4-25-36
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John W. Coughlin M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98982

Registration District No. 37
Primary Registration District No. 1985
Local Registrar's No. 113

(No. Twin Falls General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Arthur Pool

(a) Residence. No. Twin Falls County General Hosp St.
(Usual place of abode) 309 4th ave n.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Bertha Pool

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Sta. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenville, (State or country) South Carolina

FATHER
13. NAME T. J. Pool
14. BIRTHPLACE (city or town) Greenville, (State or country) South Carolina

MOTHER
15. MAIDEN NAME Ora Anna Barber
16. BIRTHPLACE (city or town) Greenville, (State or country) South Carolina

17. INFORMANT Mrs. Bertha Pool (Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 5-8-, 1936

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho

20. FILED 5-9-, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to May 5, 1936
I last saw him alive on May 5, 1936: death is said to have occurred on the date stated above, at 2:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-15-36
Cardiac Confusion	4-15-36

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) Charles B. Baymer, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUN 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98983

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 110

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Rekatt

(a) Residence. No. 330 3rd avenue north St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ WIFE of Fred W. Rekitt

6. DATE OF BIRTH (month, day, and year) May 24, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Morley, (State or country) Mich.

FATHER
13. NAME T.W. Houck
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Georgie M. Smoak
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT T.W. Houck (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Cem. Date 5/6/ 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED 5-5- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to May 3, 1936
I last saw her alive on May 3, 1936: death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Hypertensive - Cardio renal disease	

Other contributory causes of importance:

Myocarditis - Chr	
Coronary vascular sclerosis	

Name of operation none Date of —
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature]
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9898½

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 109

JUN 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Wright

(a) Residence. No. Twin Falls, Idaho Route 3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Wright

6. DATE OF BIRTH (month, day, and year) Jan. 1st 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockford, Ill

FATHER
13. NAME W. H. Wright
14. BIRTHPLACE (city or town) (State or country) Salem, Ill.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. W. H. Wright
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 5/4/36, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5-2-36 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1936, to May 1, 1936
I last saw him alive on May 1, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Diabetes gangrene	

Other contributory causes of importance: Hypertension & arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. D. Drake, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98985

County of Valley
City of Cascade Ida.

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Forstrom 89

(a) Residence. No. ..... Cascade Ida St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26-1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Abo
(State or country) Finnland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME ~
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT M. L. Healy
(Address) Cascade

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Ida. Date 5/10, 1936

19. UNDERTAKER A. L. Robb
(Address) Cascade Ida.

20. FILED May 31, 1936 M. Gardner Healy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5/ 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... not, last, all ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Roscoe C. Ward M. D.
(Address) Coroner Valley Co.
Cascade, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98986

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Jefferson

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan Jefferson

6. DATE OF BIRTH (month, day, and year): 2-19-1871

7. AGE: Years 65 | Months 2 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Susan Jefferson

18. BURIAL, CREMATION OR REMOVAL

Place..... Date....., 193..

19. UNDERTAKER (Address): T. A. Hudelson Cambridge—Ida.

20. FILED 6-5-36, 193.. W. C. Mees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 14, 1936

I last saw him alive on May 14, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sp. Med. Fever	

Other **contributory causes** of importance:

Chronic Nephritis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) G. F. Hummel M.D.

(Address) Cambridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98987

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Ramage

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Scotch	Mrd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Edenburg
(State or country) Scotland

FATHER

13. NAME

14. BIRTHPLACE (city or town).....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town).....
(State or country)

17. INFORMANT Howard Vincent
(Address) Council

18. BURIAL, CREMATION OR REMOVAL Undertaker
Place Midvale Date 3-24 193..

19. UNDERTAKER Undertaker
(Address) Council Ida

20. FILED 3-31-36 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on 3-15-, 1936.: death is said to have occurred on the date stated above, at 5:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	3-18-36

Other **contributory causes** of importance:

Hypertension	

Name of operation 0 Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury.., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify.....

(Signed) Alvin S. Hunter M.D., M. D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Midvale

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98988

Registration District No. .....

Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Mathilda Shaw

(a) Residence. No. Midvale (Usual place of abode) Idaho St. .....

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Shaw.

6. DATE OF BIRTH (month, day, and year) Dec. 30 1859.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** In own home

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Fort Scott, Kans.

FATHER

13. NAME Kinning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lewis

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Edith H. Colson

(Address) Midvale, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Midvale Date Apr. 1, 1936

19. UNDERTAKER J. G. Hudelson

(Address) Cambridge, Ida.

20. FILED 4-17-36 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936, to ....., 193....

I last saw her alive on Feb. 4, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1934

Other **contributory causes** of importance:

Cardiac dropsy	
Senility	

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) F. A. Salmon, M. D.

(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98989
State File No.....

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME James Marion Kilborn

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Emma Anne Kilborn

6. DATE OF BIRTH (month, day, and year): 3-3 1887

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Weiser Ida

FATHER

13. NAME: Jay Kilborn

14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER

15. MAIDEN NAME: Lavina Savary

16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Harley Kilborn

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 5-15, 1936

19. UNDERTAKER (Address): J. Huddleson Cambridge Ida

20. FILED 5-17-36 193.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1936, to May 13th, 1936

I last saw him alive on 5/13/36, 193...: death is said to have occurred on the date stated above, at 2:27 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of the Pyloric end of the Stomach with	1935

Other **contributory causes** of importance:

secondary metasteses to the gall bladder and liver.	

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury.., 193.
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. no
Manner of injury..... no
Nature of injury..... no

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) Glen S. Hunter, M. D.

(Address) Council Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Midvale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98996

Registration District No.

JUN 16 1936 RECEIVED

Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Day S Kilborn

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Lane Kilborn

6. DATE OF BIRTH (month, day, and year) Sept 25 - 1863

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Douglas Co. Oregon (State or country)

MOTHER FATHER

13. NAME Marion Kilborn

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Jane McCauley

16. BIRTHPLACE (city or town) Ioana (State or country)

17. INFORMANT Laura Ferguson, Nyssa, Ore. (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Midvale Date May 8 1936

19. UNDERTAKER J. Anderson (Address) Cambridge Ida

20. FILED 6-5-36, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 6, 1936

I last saw him alive on May 6, 1936; death is said to have occurred on the date stated above, at 12 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1933

Other **contributory causes** of importance:

Myocarditis	
Cardiac Dilatation	May 5-36

Name of operation None Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. McLean, M. D.

(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Meridian

JUN 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 9899

Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Lou Goss

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Goss

6. DATE OF BIRTH (month, day, and year) Aug. 27-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Villaguille Texas

FATHER
13. NAME Henry Case
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME Higgens
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Robert Goss

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date 5-27 1936

19. UNDERTAKER M. M. McKinnis
(Address) Weiser Idaho

20. FILED June 8, 1936. Emmett Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1936, to 5/25, 1936
I last saw her alive on 5/25, 1936: death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-12-36

Other contributory causes of importance:

Myocardial degeneration	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis K. Richardson, M. D.
(Address) 530 E. Main St. Weiser, Ida.

100

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

F + C

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98992

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 30

JUN 9 1936 RECEIVED

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Elmer Glenn Griffith

(a) Residence. No. Lime St. Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1862

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Gladys Griffith

6. DATE OF BIRTH (month, day, and year) Aug 18 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Cloverdale Oregon

FATHER
13. NAME Merrit Griffith
14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER
15. MAIDEN NAME Susan E. Hartley
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Nettie Goodland (Address) Lime Oregon

18. BURIAL, CREMATION OR REMOVAL Place Lime Oregon Date 5-12-, 1936

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED June 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 10, 1936
I last saw ~~him~~ alive on May 10, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Caught in hay rake & thrown against steel pulley	
Skull fracture	5 to 31
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 10 1936
Where did injury occur? Home Place
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Farm
Manner of injury Fell down
Nature of injury Fell down

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farmer
(Signed) W. W. Coats M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98993

JUN 9 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 29

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berth Emrich

(a) Residence. No. 329 W Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	wht	Widowed

5a. If married, widowed, or divorced (or) WIFE of Albert Emrich

6. DATE OF BIRTH (month, day and year) July 31 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER
13. NAME Frank Haas
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lewis Emrich (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 5-9-, 1936

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED June 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 7, 1936
I last saw her alive on May 7, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary congestion	April 30, 1936
senile edema	

Other contributory causes of importance:

Influenza	April 25, 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. Mitchell, M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 9 1936 RECEIVED

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98994

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 28

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerred Pearl
(a) Residence. No. 638 West Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rhoda J. Pearl

6. DATE OF BIRTH (month, day, and year) March 12—

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation All Life

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Hattie DeTurk
(Address) Weiser Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Weiser, Idaho Date 5-6- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED June 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to May 4, 1936
I last saw him alive on May 4, 1936: death is said to have occurred on the date stated above, at 4:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 1, 36
Other contributory causes of importance: Hemiplegia	April 6, 36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Thomas L. Richardson
(Address) Weiser, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98995

Registration District No. 86
County Registration District No. 1010 Local Registrar's No. 27

JUN 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Alice Moll

(a) Residence. No. 517 E Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Moll

6. DATE OF BIRTH (month, day, and year) Sept 29 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Milton Foster
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Anna Dyer
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Pete Moll (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 4-28-, 1936

19. UNDERTAKER L. C. Northam (Address) Weiser Idaho

20. FILED June 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to April 27, 1936.
I last saw her alive on April 27, 1936; death is said to have occurred on the date stated above, at 10:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	April 24-36
Other contributory causes of importance:	
Incomplete Spontaneous abortion	April 24-36

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hyden Howden, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9899

JUN 22 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 147

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls R.F.D.

2. FULL NAME Thomas Lee Devine

(a) Residence. No. Twin Falls, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 25-1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lockwood
(State or country) Missouri.

FATHER
13. NAME Roy Devine
14. BIRTHPLACE (city or town)
(State or country) Missouri.

MOTHER
15. MAIDEN NAME Minnie Johnson
16. BIRTHPLACE (city or town)
(State or country) Missouri.

17. INFORMANT Roy Devine
(Address) Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Filer Idaho Date June 18 1936

19. UNDERTAKER S.C. Phillips,
(Address) Twin Falls, Idaho.

20. FILED 6-18 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to June 17, 1936
I last saw him alive on June 17, 1936: death is said to have occurred on the date stated above, at 1 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Non Epidedmic	6/17/36
Other contributory causes of importance: Otitis Media Right	5/26/36
Petrositis Absc.	5/10/36

Name of operation Mpuncture R. Date of 5/28/36
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. Lloyd E. Oakes M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Copy 18111

PLACE OF DEATH
County of Camas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98997

Registration District No. 58
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)

MAY 26 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME William M Yerkoff

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 4 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck gardening
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elk creek Sprgs
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wine Hill Ills. Illinois

MOTHER FATHER

13. NAME Carl H. Myerhoff
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Walter
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT C. H. Myerhoff
(Address) Eden Idaho

18. BURIAL, CREMATION OR REMOVAL Removed
Place Eden Date ____, 1936

19. UNDERTAKER E. McHan
(Address) Fairfield Idaho

20. FILED May 8, 1936 W Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to May 7, 1936
I last saw h[illegible] alive on May 1, 1936 death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Team run away fell under horses and Over turned wagon	May 2 1936

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 2 1936
Where did injury occur? Camas Co
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. East fork of Elk Creek Camas Co
Manner of injury Runaway team
Nature of injury Broken neck skull

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No) specify ____

(Signed) W D Parkinson, M. D.
(Address) Fairfield Idaho

98998

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Murtaugh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98998

JUN 29 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L Summers

(a) Residence. No. 2 mi E Murtaugh Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Summers

6. DATE OF BIRTH (month, day, and year) May 13, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keokuk
(State or country) Mo Iowa

FATHER
13. NAME Long Summers
14. BIRTHPLACE (city or town)
(State or country) Mo

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Mrs Carrie Peterson
(Address) Murtaugh Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date June 21, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls Idaho

20. FILED June 20 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to June 19, 1936
I last saw him alive on June 18, 1936: death is said to have occurred on the date stated above, at 7:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Arteriosclerosis	

Other contributory causes of importance:

Senility, dropsy	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

98999

PLACE OF DEATH

County of Ada

City of Boise

JUN 29 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98999

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 77

106

(No. Veterans' Administration Facility, Boise,) Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HATFIELD, Robert J.

(a) Residence. No. Emmett, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXXX~~ Lila C. Hatfield

6. DATE OF BIRTH (month, day, and year) January 20, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Hatfield

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Polly Ann Delp

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maude A. White
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 6/27/36, 193..

19. UNDERTAKER McEwatney Funeral Home
(Address) Boise, Idaho

20. FILED 6-26-193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 193[illegible], to June 24, 193[illegible]

I last saw him alive on June 24, 1936: death is said to have occurred on the date stated above, at 12:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, left chest	5-16-36
Bronchial pneumonia	
Other contributory causes of importance:	
Pericarditis, acute, purulent	
Toxic myocarditis	

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] R. BAKER, M. D.
(Address) Vets. Adm. Facility, Boise, Idaho

99000

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99000

Registration District No. 8

Primary Registration District No. 2001

Local Registrar's No. 19

JUN 29 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Veterans' Administration Facility, Boise,) Idaho

FULL NAME WILLIAMS, Frank

(a) Residence. No. 1520 No. 11th Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) October 13, 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Maude A. White
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/27/1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-29-1936 R. K. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to June 25, 1936

I last saw him alive on June 25, 1936; death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, arteriosclerotic type	
Other contributory causes of importance:	
Bronchial pneumonia	
Pulmonary edema	

Name of operation --- Date of Autopsy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A.Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

[redacted] 1936 [redacted] 001

[redacted] OF VITAL STATISTICS [redacted] E IN THIS SPACE

County of Washington

City of Cambridge

CERTIFICATE OF DEATH

State File No. 99001

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lester Jasper Thomason

(a) Residence. No..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Ethel D.

6. DATE OF BIRTH (month, day, and year): Feb. 12. 1901

7. AGE: Years 35 | Months 4 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brannan on Crane Creek, Idaho

MOTHER FATHER

13. NAME: William T. Thomason

14. BIRTHPLACE (city or town) (State or country): Springfield Mo

15. MAIDEN NAME: Hattie Sipe

16. BIRTHPLACE (city or town) (State or country): Carrelton Arkansas

17. INFORMANT (Address): Ethel D. Thomason

18. BURIAL ~~CREMATION OR REMOVAL~~ Place: Indian Valley Date: June 19 1936

19. UNDERTAKER (Address): L. C. Northcutt Weiser Idaho

20. FILED 6-30-..., 19... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-17 1936

22. I HEREBY CERTIFY, That I attended deceased from August ..., 1935, to 6-17-..., 1936.

I last saw him alive on 6-16-..., 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Toxic Nephritis of infectious origin	July 1935
Mitral regurgitation	July 1935
Other **contributory causes** of importance:	
Pulmonary Edema	1 day
Heart Failure	1 day

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury.., 193.

Where did injury occur? 0 (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** 0

Manner of injury 0

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas S. Hartley M.D., M. D.

(Address) Cambridge Idaho

99002

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 99002

County of Bonner
City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 V

2. FULL NAME Ole Jacobson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Camp
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W.D.Rapp Sheriff
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date 193

19. UNDERTAKER L.G.Moon
(Address) Sandpoint, Idaho.

20. FILED June 8, 1936 W.B.Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12:40p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) L.G. Moon Coroner
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99003

JUL 1 1936 RECEIVED

Registration District No. 6 1

Primary Registration District No. 1011 Local Registrar's No. 130

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Frederick McClellan

(a) Residence. No. ..... St. Deary, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McClellan

6. DATE OF BIRTH (month, day, and year) May 25, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Marvill, (State or country) Kansas.

FATHER

13. NAME John McClellan

14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Mrs. Mary McClellan (Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Avon, Idaho Date June 6/18, 1936

19. UNDERTAKER H.R.Short (Address) Moscow, Idaho

20. FILED 6/15, 1936 Jenny Erhardt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to 6/15/36, 1936

I last saw him alive on 6/15/36, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6/13/36
Other contributory causes of importance: Bronchitis, pyelitis, endocarcitis, prostatitis,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Fuehr, M. D.

(Address) Moscow Idaho

#V 99004

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99004

Registration District No. 2004
Primary Registration District No. 1004
Local Registrar's No. 196

St. Alphonsus Hospital
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irving Gottfried

(a) Residence. No. .....
(Usual place of abode) St. Mountain Home Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 7th. 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ohio

FATHER
13. NAME Phillip Gottfried
14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER
15. MAIDEN NAME Belle Ritenour
16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT Ruth Gottfried (Address) Falls City Oreg.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Falls City Ore. Date 6/27, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-27, 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to June 25, 1936
I last saw him alive on June 25, 1936.; death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Edema	
Pneumonia	
Other contributory causes of importance:	
Peritonitis	

Name of operation Appendectomy Date of 6/21/36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred H. Edwards M. D.
(Address) Boise Idaho

99005 Genoway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99005

JUL 2 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 202

135

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pinkney. D. Watson.

(a) Residence. No. 304. W. Bannock Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May. 31. 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	0	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Hardware and Plumbing Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Plains. Alabama.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs Eleanor Gray 304 W Bannock

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date June. 29 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho

20. FILED 6-29 1936 L. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 25 1936

I last saw him alive on June 25, 1936: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Uremia	
with Bronchopneumonia	
Pyelitis acute Nephritis	
Cystitis acute Prostatic	
Tumor Prostatic gland	
Other contributory causes of importance:	
Chronic Prostatitis	
Uremic tumor of prostate	

Name of operation ——— Date of ———

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edna V. Genoway, M. D.

(Address) 615 East Bannock Bldg. Boise

99006

DO NOT WRITE IN THIS SPACE

State File No. 99006

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 108

JUN 20 1936 RECEIVED

(No. 740)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Hull

(a) Residence. No. 190 - 10th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Asberg J. Hull

6. DATE OF BIRTH (month, day, and year) March 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME ? Baker
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Mel Johnson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Cemetery Date June 20, 1936

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED 6/22, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June [redacted] 193 6

22. I HEREBY CERTIFY, That I attended deceased from November, 193 5 to June 18, 193 6
I last saw her alive on June 14, 193 6: death is said to have occurred on the date stated above, at 8-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurring Cerebral Hemorrhage	1st. Nov. 1935 - 2nd. June 18, 1936
Other contributory causes of importance:	
Myocarditis	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Wilson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 7 1936 RECEIVED

99 oc 7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99007

PLACE OF DEATH

County of Adams

City of Meadows

Registration District No. 71

Primary Registration District No. .....

Local Registrar's No. 128

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Eliza Reeve

(a) Residence. No. Meadows, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F M	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John B Reeve

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, . . hrs. or . . min.
	93	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Logansport Indiana

FATHER

13. NAME Sheare

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMENT (Address) New Meadows Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Meadows Date 6/6, 1936

19. UNDERTAKER None
(Address)

20. FILED July 5, 1936 Alvin D Hunter MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1 ....., 1936, to 6-5 ....., 1936

I last saw h[illegible] alive on 6-1 ....., 1936; death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility (93yrs)	

Other contributory causes of importance:

Arteriosclerosis	
Heart attack 6-1-36	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify None

(Signed) Don S Newton, M. D.

(Address) Meadows, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Ar 99008

DO NOT WRITE IN THIS SPACE

State File No. 99008

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 183

JUL 2 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) St Alphonsus Hospital.

2. FULL NAME Lucian. S. Wiseman.

(a) Residence. No. Pendleton, Oregon. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

177

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) September. 17. 1902.

7. AGE: Years 33 | Months 8 | Days 24. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Henry. L. Wiseman.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Laura Decker.

16. BIRTHPLACE (city or town) (State or country) Kansas.

17. INFORMANT Claude Wiseman.
(Address) Idaho City, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date June. 13 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-12 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1936, to 6-11, 1936

I last saw h[illegible] alive on 6-10, 1936: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenical Poisoning	About March 1936
following Pneumonia	
treatments neo-arsaphenamin	
Other contributory causes of importance:	
Pneumonia	Same
Intestinal obstruction	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. W. Tormey, M. D.

(Address) Boise, Ida.

Xed. & 9009

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99009

Registration District No. 30

Primary Registration District No. 1030 Local Registrar's No. 103

JUN 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pamela Fortin

(a) Residence. No. 721 - Indiana Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pamela Fortin

6. DATE OF BIRTH (month, day, and year) 10-24-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Carpenter

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Canada (State or country)

MOTHER FATHER

13. NAME Nelson Fortin

14. BIRTHPLACE (city or town) Canada (State or country)

MOTHER

15. MAIDEN NAME Phillis Riaux

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mrs. Pamela Fortin (Address) Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL Place St Thomas Cem Coeur d'Alene Date May 27, 1936

19. UNDERTAKER Mooney & Mortuary (Address) Coeur d'Alene

20. Filed June 2, 1936 C. L. Spahn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13-, 1936, to 5-24-, 1936.

I last saw him alive on 5-24 1936. death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. H. Teed M. D.

(Address) Coeur d'Alene Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99010

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99010

PLACE OF DEATH
County of Ada
City of 4 Miles West of Boise
Registration District No. 8

JUL 2 1936 RECEIVED

Primary Registration District No. 2004
Local Registrar's No. 78

(No.) On Hi. Way 4 Mi. West Of Boise
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christopher Columbus Anderson

(a) Residence. No. 26th. and Fairview St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gladys Anderson

6. DATE OF BIRTH (month, day, and year) July 15 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonville Mo.

FATHER

13. NAME Simeon D. Anderson

14. BIRTHPLACE (city or town) (State or country) Holcomb Co. Tenn.

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Gladys M. Anderson Boise Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Morris Hill Date 6/27 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 6-27 1936 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 6/24, 1936; death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head and Body Injuries	
Caused By Auto Accident	
On Hi. Way 4 Mi. West	
Of Boise	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Hi Way
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) D. McCann Coroner, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99011

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99011

Local Registrar's No. 67

JUL 19 1936 RECEIVED

98

2. FULL NAME Frank P. Fiala

(a) Residence. No. 2nd So. 1st West 104 St. Burley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Frances H. Fiala

6. DATE OF BIRTH (month, day, and year) July 27-1856

7. AGE — Years: 79 — Months: [illegible] — Days: 26 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 5/26/36
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Checho Slovakia

FATHER

13. NAME: Frank Fiala
14. BIRTHPLACE (city or town) (State or country): Checho Slovakia

MOTHER

15. MAIDEN NAME: Loycing
16. BIRTHPLACE (city or town) (State or country): Checho Slovakia

17. INFORMANT (Address): Selma Fiala Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Burley Idaho Date: 5/29/1936

19. UNDERTAKER (Address): L. C. Johnson Mortuary Verda H. McCullough

20. FILED 5/27/1936 Laura L. Sprachel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1936, to 5-26, 1936.
I last saw him alive on 4-25, 1936.: death is said to have occurred on the date stated above, at 11-4 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I Myocarditis	

Other **contributory causes** of importance:

C Arteriosclerosis	

Name of operation..... Date of.....
What confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. W. Reilly, M. D.
(Address) Burley Idaho

99012

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99012

Registration District No. 28

JUL 10 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 719

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Kier

(a) Residence. No. Dearborn Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aalborg
(State or country) Denmark

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Discharge records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date July 6, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 7-6, 1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 4, 1936.
I last saw him alive on July 4, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	unknown.
Chronic endocarditis	unknown.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Hughart M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 10 1936 RECEIVED

99013

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99018

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No.

Primary Registration District No. 27

Local Registrar's No. 671

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles Henrey Andrews

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Jenny M. Andrews

6. DATE OF BIRTH (month, day, and year) Jan 9th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Land Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arlington Mass.

FATHER

13. NAME — Andrews

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Wylast

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Gooding Date , 193

19. UNDERTAKER (Address)

20. FILED 6-20, 1936 J. H. Conway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936, to 6-20, 1936

I last saw him alive on 6-20, 1936; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	6-8 Gradual
Hepatitis	Last 4 mos
Cholecystectomy	5-27
Peritonitis	6-3
Uremia - mechanical	6-18
Other contributory causes of importance:	
Cholecystomy	6-19
myocardial failure	6-20

Name of operation Cholecystectomy Date of 6-19

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. O. Cornwell M. D.

(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

49016

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99014

PLACE OF DEATH
County of Canyon
City of Emmett

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleanor Smith

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	color	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 13 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 6/28/36

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Henry Boren

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Margaret Hamilton

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT Jean Bourgeois
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida. Date 7/3, 1936

19. UNDERTAKER C. O. Buckmaster
(Address) Emmett Idaho

20. FILED 7/3, 1936 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1936, to 7-1, 1936
I last saw her alive on 6-30, 1936; death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Probably a blood stream infection from a pelvic abscess treated and subsequent practice	June 27 1936
Other contributory causes of importance:	
Diabetes	
Nephritis	

Name of operation none Date of ____
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) [illegible], M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99015

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 209

(No. St Alphonsus Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Ward Wolverton.

(a) Residence. No. St. Mtn. Home, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Florence Wolverton.

6. DATE OF BIRTH (month, day, and year) 3-15-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8-1-1935

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Isaac P. Wolverton.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Florence Wolverton (Address) Mtn. Home, Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Mtn. Home, Date 7-4-, 1936

19. UNDERTAKER Zachary Funeral Home. (Address) Mtn. Home, Idaho

20. FILED 7-6-, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-3 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 1, 1936

I last saw him alive on 7-3-, 1936. Death is said to have occurred on the date stated above, at 11:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	
Peritonitis	
Other contributory causes of importance:	

Name of operation Gastroenterostomy What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Wylie, M. D.

(Address)

99016

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

JUL 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99016

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 217

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Burton Pursell. 18

(a) Residence. No. 611. Hays Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Rosalia. Pursell.

6. DATE OF BIRTH (month, day, and year) December. 29. 1887.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Dealer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minneapolis Minn.
(State or country)

FATHER

13. NAME Charles. W. Pursell.

14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER

15. MAIDEN NAME Anna Ford.

16. BIRTHPLACE (city or town) Ohio.
(State or country)

17. INFORMANT Mrs. Anna. M. Pursell.
(Address) 103. Idaho Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date July. 13. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-10 1936 A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 10, 1936.

I last saw him alive on July 10, 1936.: death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mtn Spotted Fever	July 5 1936
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alfred Budge Jr., M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

990'7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99017

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No.
Primary Registration District No. 24
Local Registrar's No.

JUL 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Robert. L. Metcalf

(a) Residence. No. Veterans Adm. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. I7, I897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	I0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Orderlie at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mapelton, Utah
(State or country)

FATHER

13. NAME L. G. Metcalf

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Margaret Llemlyn

16. BIRTHPLACE (city or town) Fountain Green
(State or country) Utah

17. INFORMENT Earl Metcalf
(Address) Richfield

18. [illegible] Memorial
Place Springville, Utah Date 7-I2-36 193

19. UNDERTAKER A. E. Thompson
(Address) Gooding, Idaho

20. FILED 7-I0, 1936 J. A. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-I0 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-I0- 1936 to 7-I0- 1936
Did not see him alive
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at I2:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death due	
to automobile accident	7-I0-36

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 7-I0-36, 193
Where did injury occur? Highway ½ mi. north of Gooding, Idaho (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto accident, fractured
Nature of injury neck, immediate death

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. D. Cromwell, M. D.
(Address) Gooding

I certify this a true copy from record of Registrar Dist 24
J. A. Cromwell

99018

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99018

Registration District No. 2004

Local Registrar's No. 200

JUL 2 1936 RECEIVED

(No. 1923 N. 17th. St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Mary B. Vollmann

(a) Residence. No. 1923 N. 17th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F.

6. DATE OF BIRTH (month, day, and year) 7/8/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME Adolph Birchman

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Elrich a Lingren

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT George F. Vollmann
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/29/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-29-1936 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan, 193[illegible], to June 26, 1936

I last saw her alive on June 26, 1936: death is said to have occurred on the date stated above, at 3:10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	June 26
anginal pains, typical of ator	

Other **contributory causes** of importance:

duodenal ulcer
symptoms of recent
years standing

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Holverson, M. D.

(Address) Boise

Holverson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Meridian

JUL 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99019

Registration District No. 11

Registration District No. 2003

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George B Fisher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ida Fisher

6. DATE OF BIRTH (month, day, and year) April 22 1864

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 yrs.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Alba Iowa
(State or country)

FATHER

13. NAME Jesse Fisher

14. BIRTHPLACE (city or town) .....
(State or country) Indiana

MOTHER

15. MAIDEN NAME Samanthia Penegar

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Mrs. Ida Fisher
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/19, 193 6

19. UNDERTAKER E. L. Robson
(Address) Meridian Ida

20. FILED June 17, 193 6 E. W. Pope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 193 6

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 193 6, to 6/15, 193 6

I last saw him alive on 6/15, 193 6: death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1926
Other contributory causes of importance:	
Cirrhosis of liver	6 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Schreiber M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99020

Registration District No. 11

JUL 13 1936 RECEIVED

Registration District No. 2003 Local Registrar's No. 9

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Tacker Davidson

(a) Residence. No. Meridian St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridian
(State or country)

FATHER

13. NAME Grover Davidson

14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER

15. MAIDEN NAME Tacker

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Grover C. Davidson
(Address) Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date June 18, 1936

19. UNDERTAKER W. S. Mateer
(Address) Meridian Idaho

20. FILED 6-18, 1936 W. H. Pace
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1936, to 6/17, 1936
I last saw him alive on 6/17, 1936; death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	6/12/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene Schreiber M. D.
(Address) Meridian, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of MERIDIAN-ID

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99021

Registration District No. 11

Registration District No. 2003 Local Registrar's No. 10

JUL 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JAMES O TURNER

(a) Residence. No. MERIDIAN IDAHO St.
(Usual place of abode) MERIDIAN (If nonresident give city or town and state)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of MRS HANNAH TURNER

6. DATE OF BIRTH (month, day, and year) SEPT 30 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABOROR

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) POWERSVILLE
(State or country) MISSOURI

FATHER

13. NAME SAMUEL TURNER

14. BIRTHPLACE (city or town)
(State or country) INDIANNA

MOTHER

15. MAIDEN NAME REBECCA AKERDS

16. BIRTHPLACE (city or town) OHIO
(State or country)

17. INFORMANT MRS HANNAH TURNER
(Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEMETERY Date JULY 7 1936

19. UNDERTAKER W-S-MATEER
(Address) MERIDIAN IDA

20. FILED July 6, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) JULY 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1936, to 6/30, 1936
I last saw him alive on 6/30, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1915

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Schreiber, M. D.
(Address) Meridian, Idaho

Summersville

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99022

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 193

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Alvin Jeffers. 129

(a) Residence. No. 1815. N. 16 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Clara. V. Jeffers.

6. DATE OF BIRTH (month, day, and year) December. 1. 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	5	22.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Plattsmouth
(State or country) Nebraska.

FATHER
13. NAME Joseph Jeffers.
14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER
15. MAIDEN NAME Barbara Alice Brantner.
16. BIRTHPLACE (city or town) Monterey Va.
(State or country)

17. INFORMANT Mrs. Clara. V. Jeffers.
(Address) 1815. N. 16 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date June. 25 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-23 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19-, 1936, to 6-22, 1936.
I last saw him alive on 6-22, 1936: death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with hypertension	1929

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Examination Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Summers, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of BOISE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99023

JUL 2 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 195

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LEONARD C RUSSELL --AT ST LUKES HOSPITAL BOISE 187C

(a) Residence. No. ..... St. .....

(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Russell

6. DATE OF BIRTH (month, day, and year) Apr 6 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) JUNE 36

11. Total time (years) spent in this occupation 60 Years

12. BIRTHPLACE (city or town) (State or country) LONDON ENGLAND

FATHER

13. NAME BEN RUSSELL

14. BIRTHPLACE (city or town) (State or country) LONDON ENGLAND

MOTHER

15. MAIDEN NAME MARY ANN CROSS

16. BIRTHPLACE (city or town) (State or country) LONDON ENGLAND

17. INFORMANT (Address) J-B-Russell R 3 MERIDIAN

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEMETERY Date JUNE 27 193 6

19. UNDERTAKER W E Maher
(Address) MERIDIAN IDAHO

20. FILED 6-25, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 193 6

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 24, 1936.
I last saw him alive on June 24, 1936.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	June 23-1936

Other contributory causes of importance:

Lacerations of L forearm	June 22-1936
Bruises of chest	June 22-1936

Name of operation none Date of .....

What test confirmed diagnosis? No. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury June 22, 1936
Where did injury occur? Meridian Ida. Ada Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Struck by automobile
Nature of injury Bruises & lacerations

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Jewell, M. D.

(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99024

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 197

JUL 2 1936 RECEIVED

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Alma Sinsel Wood.

(a) Residence. No. R.D. # 2. Boise, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank. E. Wood

6. DATE OF BIRTH (month, day and year) August. 15. 1894.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	10	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Charles. J. Sinsel.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER

15. MAIDEN NAME Emma Young.

16. BIRTHPLACE (city or town) (State or country) Youngstown Ohio.

17. INFORMANT (Address) Frank. E. Wood. R.D. # 2., Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Morris Hill Cemetery Date June. 29 193 6.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 6-28, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec., 193 5, to June 26, 193 6

I last saw h~~e~~ alive on June 26, 193 6: death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma	1935
of the Abdomen	
following Carcinoma	
of ovaries	

Other contributory causes of importance:

Name of operation Double ooperadomy Date of Dec 30/35

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. S. Springer, M. D.

(Address) J. Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99025

JUL 2 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 198

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Alphonsus Hospital)

2. FULL NAME Eldred V. Nichols

(a) Residence. No. 117 St. Meridian Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Nichols

6. DATE OF BIRTH (month, day, and year) Feb. 14th 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) New Plymouth Idaho

FATHER
13. NAME Casious Nichols
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Ellen Bevens
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Mrs. Mattie Nichols (Address)

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 6/29 1936

19. UNDERTAKER R. W. Robinson (Address) Meridian Ida.

20. FILED 6-29 1936 R. Sharpe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22 1936, to June 26 1936
I last saw him alive on June 26 1936: death is said to have occurred on the date stated above, at 1:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	June 21-1936
Lobar Pneumonia	June 25 1936
Other **contributory causes** of importance:	
Perforated Appendix	June 21 1936

Name of operation Appendectomy Date of June 22-36
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) L. E. Jewell, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99026

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 199

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

882

2. FULL NAME Edward H. Kinsey

(a) Residence. No. 1510 No. 21st. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora

6. DATE OF BIRTH (month, day, and year) 9/3/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad service

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John T. Kinsey

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sophia Ambrose

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mrs. C. E. Wakeman
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/27/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-29-1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 193.6, to 6-26, 193.6

I last saw h.AX. alive on 6-26, 193.6: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Past 20 yrs.
Other contributory causes of importance:	
Arteriosclerosis	Same

Name of operation none Date of

What test confirmed diagnosis ~~was there an autopsy?~~

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ~~Date of injury~~ ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in ~~public~~ place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leo Forney M. D.
Forney (Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99027

JUL 2 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 201

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Helen Lombard.

(a) Residence. No. 1521. N. 17 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest Alvin Lombard.

6. DATE OF BIRTH (month, day, and year) December. 14. 1907.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28.	6.	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safeway Stores
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wenatchee Wash.

FATHER
13. NAME William. J. Hoyne.
14. BIRTHPLACE (city or town) (State or country) Salina, Kansas

MOTHER
15. MAIDEN NAME Alice. L. Decius.
16. BIRTHPLACE (city or town) (State or country) Limo, Ohio.

17. INFORMANT (Address) Ernest Alvin Lombard. 1521. N. 17 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date July. 1, 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 6-2, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 28, 1936.
I last saw her alive on June 27, 1936.: death is said to have occurred on the date stated above, at 2-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sore throat	June 12 '36
Other contributory causes of importance: arthritis + Septicaemia	June 20, 1936

Name of operation Blood transfusion Date of June 27 '36
What test confirmed diagnosis? Throat culture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Brayton, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99028

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 203

JUL 2 1936 RECEIVED

No. St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

58 L

2. FULL NAME Leda Irene Lucht

(a) Residence. No. 115 So. 24th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/21/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME L. E. Lucht

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Irene Peck

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT L. E. Lucht. Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Horseshoe Bend Date 6/30/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-30-1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/29/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 29, 1936.
I last saw her alive on June 28, 1936; death is said to have occurred on the date stated above, at 2:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Disappearant obliteration recurrent of hepatic tissue suppurative, with concomitant absence of bile in feces and superveiling general edema.	Probably 5 months before death
Other **contributory causes** of importance: Progressive anemia and leucocytosis without evidence of sepsis.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Refused

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harrison Gresham M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99029

JUL 2 1936 RECEIVED

Registration District No. 22

Primary Registration District No. 1004

Local Registrar's No. 190

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julie. E. Cornforth.

(a) Residence. No. St Lukes Hospital. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May. 21. 1841.

6. DATE OF BIRTH (month, day and year) May. 21. 1841.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
95.	0	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York.
(State or country)

FATHER

13. NAME Wilson. H. Morshon.

14. BIRTHPLACE (city or town) New York.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Mrs. Clara Lynch.
(Address) 1011. Resseguie Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill cemetary. Date June. 16. 193 6.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-17, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to June 14, 193 6

I last saw her alive on June 13 193 6: death is said to have occurred on the date stated above, at 12 13 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Femur	June 12-36

Other contributory causes of importance:

Fracture Bone of st femur

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A V Bozch, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99031

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 194

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

2. FULL NAME Norman Orland Mayer

(a) Residence. No. 1602 N. 12th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/17/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Orland C. Mayer

14. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER

15. MAIDEN NAME Pearl D. Sams

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT O. C. Mayer
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/25/36, 193..

19. UNDERTAKER W. McBratney, Boise
(Address)

20. FILED 6-25 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/22/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 22 1936.

I last saw him alive on June 22 1936: death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infanticide, due to Consequent absence of Esophagus and Pylorus.-	before birth

Other contributory causes of importance:

Name of operation autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Dedman M. D.

(Address) Boise, Ida.

Dedman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Bryan Tru... Exc 130

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99032

Registration District No. 2.
Primary Registration District No. 1004 Local Registrar's No. 204

JUL 2 1936 RECEIVED

(No. St. Alexanders Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winnifred Owens

(a) Residence. No. 2819 Bannock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 19-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida
(State or country)

FATHER
13. NAME Leonarde Owens
14. BIRTHPLACE (city or town) Kan.
(State or country)

MOTHER
15. MAIDEN NAME Grace Yates
16. BIRTHPLACE (city or town) Wash.
(State or country)

17. INFORMANT Leonarde Owens
(Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 6-27, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 6-30, 1936 R. L. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to June 26, 1936.
I last saw her alive on 6/25, 1936.; death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	May 15
Other contributory causes of importance:	
Pleurisy	June

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Braxton, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99033

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 76

(No. Ada county Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma ~~Aument~~ Aument

(a) Residence. No. Ada County Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam M. Aument

6. DATE OF BIRTH (month, day, and year) Sept. 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonks. Pen.

FATHER

13. NAME Dan Millenger

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Leroy Aument

18. BURIAL, CREMATION OR REMOVAL Place Boise Ir. Date May 26 1936

19. UNDERTAKER (Address) Schreiber & Mc Cann

20. FILED 6-25 1936 P. Baggs Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1932, to 6-25, 1936

I last saw her alive on 6-24, 1936; death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Calloway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99034

JUL 2 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 75

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LEWIS, David

(a) Residence. No. ..... St. Edwardsburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) January 15, 1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Orleans, Louisiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Goncalla, Wn. Date June 18, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-23, 1936 R. E. Clarke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 18, 1936
I last saw him alive on June 18, 1936: death is said to have occurred on the date stated above, at 12:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	
Other contributory causes of importance:	
Pulmonary edema secondary to Myocardial degeneration;	
Bronchopneumonia	

Name of operation none Date of ---
What test confirmed diagnosis? Clin. Figs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---
(Signed) R. E. BAKER, M. D.
(Address) V. A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99035

JUL 2 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Register's No. 74

(No. 88 B)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Kent.

(a) Residence. No. 3. Miles West of Boise on Valley road.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 6. 1849.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	9	3.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio.
(State or country)

FATHER
13. NAME Scrivner.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Ida Fish.
(Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date June. 22 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-22, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 – 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1926, 1936, to June 19, 1936
I last saw her alive on June 18, 1936: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with myocardial degeneration	
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. Cavaney, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99036

JUL 2 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 73

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beckie Sumpter

(a) Residence. No. Ada Co. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 26th. 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT A. Schreiber
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ada Co Plat Date 6-17 193 6 Boone

19. UNDERTAKER Schreiber & Mahoney
(Address)

20. FILED 6-16 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 193 6

22. I HEREBY CERTIFY, That I attended deceased from 3-3 193 3, to June 193

I last saw her alive on June 193 6: death is said to have occurred on the date stated above, at 6:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured in fall	
Hip Fracture	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Allred, M. D.
(Address) Idaho

2-13-6

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99037

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 72

(No. Route 2)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Stuart Whitehead

(a) Residence. No. Route 2 St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/21/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME Benjamin J. Whitehead

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Alice Ann Duncan

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT William D. Whitehead
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/17/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-16, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/14/36

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to June 14, 1936.

I last saw him alive on June 14, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis &	
Secondary Heart failure	?

Other contributory causes of importance:

Chronic Nephritis	
Hypotension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward J. Nokes, M. D.

(Address) Boise Idaho

Nokes

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 2 1936 RECEIVED

PLACE OF DEATH
County of Ada
City of 5. Miles N.W. of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99038

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 71

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dell Ray Prohaska

(a) Residence. No. Stewarts Gulch. Rt. 3. Boise St. 50
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20th 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Loris Prohaska
14. BIRTHPLACE (city or town) Portage Co.
(State or country) Wis.

MOTHER
15. MAIDEN NAME Hazel Kimmel
16. BIRTHPLACE (city or town) Crawford Co.
(State or country) Wis.

17. INFORMANT Loris Prohaska
(Address) Rt. 3. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/8/ 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-11 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6/1 193 6, to 6-6 193 6
I last saw h~~er~~ alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stenosis of Kidney	
Other contributory causes of importance:	
Exhaustion	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred C. Stevenson M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada.
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99039

JUL 2 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 2004
Local Registrar's No. 69

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Thadius Quigley

(a) Residence. No. 3001 Stewart St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
10. Date deceased last worked at this occupation (mo. and yr.) 4-15-36
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Clarkston Utah

FATHER
13. NAME Andrew Quigley
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Elizabeth Miller
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT W. J. Quigley
(Address) 511 [illegible]

18. ~~BURIAL, CREMATION~~ or REMOVAL
Place Swan Lake Ida. Date 6/10 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 6-16, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7th. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him Dead 6/8/ 1936 alive on ....., 193...: death is said
to have occurred on the date stated above, at About 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found Dead In Bed.	
Cause Unknown But Natural	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. McCann Coroner
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99040

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 68

(No. 2111 No. 20th.)

(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME Elsie M. Alford

(a) Residence. No. 2111 No. 20 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/8/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn. (State or country)

FATHER

13. NAME Edward Merriman

14. BIRTHPLACE (city or town) Conn. (State or country)

MOTHER

15. MAIDEN NAME Sophia Viets

16. BIRTHPLACE (city or town) Conn. (State or country)

17. INFORMANT Mrs. W. J. Peck (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 6/5/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 6-4 193 6 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 2, 193 6

I last saw he alive on ....., 193.....: death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert E. Cochran MD

(Address) 320 Idaho Bldg, Boise

Cochran

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99041

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 67

(No. 880 North 31st. St)

Ada County Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas H. Garrett

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy E Garrett

6. DATE OF BIRTH (month, day, and year) Mar. 17. 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harding Garrett

14. BIRTHPLACE (city or town) (State or country) USA

MOTHER

15. MAIDEN NAME Mc Gill

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT Harry F Garrett

(Address) Meiser Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Star Cemetery Date 6/5, 1936

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED 6-4, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1936, to 6-2, 1936

I last saw him alive on 6-1, 1936: death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis with Mitral Insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... , M. D.

(Address) .....

JUL 2 1936 RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99042

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 66

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Blum

(a) Residence. No. St. Placerville

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-28-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tahoka, Mo.
(State or country)

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) U.S.A.
(State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) U.S.A.
(State or country)

17. INFORMANT Mrs. H. C. Brassey
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Placerville Date 6-3-, 1936

19. UNDERTAKER Schreiber & Mc Cann
(Address)

20. FILED 6-4, 1936 K. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1936, to 6-3, 1936

I last saw h[illegible] alive on 6-2, 1936 death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Parkinson, M. D.

(Address) Placerville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Calloway. V

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99043

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 62

JUN 11 1936 RECEIVED

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lulu Nichelson

(a) Residence. No. 109-south-4th-street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

76

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Nichelson

6. DATE OF BIRTH (month, day, and year) Dec. 31. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osceola Iowa

FATHER

13. NAME Hezkiah Nichelson

14. BIRTHPLACE (city or town) (State or country) Hammondsville Ohio

MOTHER

15. MAIDEN NAME Ann Elizabeth Adams

16. BIRTHPLACE (city or town) (State or country) Wash. County Pennsylvania

17. INFORMANT Mrs. E. J. Baird
(Address) Soda Springs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Sdie Date May 29. 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 5-28, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26/1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936 to 5-26, 1936

I last saw h[illegible] alive on 5-25, 1936: death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

2 mos Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99044

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 186

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hollie Luce 90

(a) Residence. No. St. Meadows, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. J.

6. DATE OF BIRTH (month, day, and year) 9/29/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME John McReynolds

14. BIRTHPLACE (city or town) Ky.
(State or country)

MOTHER

15. MAIDEN NAME Pricella Gerard

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT W. J. Luce, Meadows Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Meadows, Idaho Date 6/16/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-15-, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/14/36 193

22. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1935, to 6/14/36, 193.. I last saw h.. alive on 6/14, 193.6.: death is said to have occurred on the date stated above, at 7 P.. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease.	1918
Coronary Sclerosis	1934

Other contributory causes of importance: Cerebral Hemorrhage 1935
Generalized Arteriosclerosis (?)

Name of operation none Date of

What test confirmed diagnosis? None was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Emmett E. Laubaugh, M. D.
(Address) Boise, Idaho

Laubaugh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99045

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 185

(No. 1216½ No. 14th. St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mrs. O. N. Nelson (Franc Madge)

(a) Residence. No. ..... St. Deerwood, Minn.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/18/1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minn. (State or country)

FATHER

13. NAME George Dewey

14. BIRTHPLACE (city or town) Wis. (State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Henry

16. BIRTHPLACE (city or town) Minn. (State or country)

17. INFORMANT Mrs. Howard Sherman (Address) Boise

18. REMOVAL Place Crosby, Minn. Date 6/14/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 6-15-, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/9/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 193 6, to June 9th, 193 6

I last saw h[illegible] alive on June 9th, 193 6: death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart—	

Other contributory causes of importance:

Valvular heart lesion for years.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John Brown M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99046

JUL 2 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 184

1. (No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number) 92

2. FULL NAME Mary Silsby Horenberger

(a) Residence. No. Yellow Pine Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Horenberger

6. DATE OF BIRTH (month, day, and year): Oct. 2nd, 1884

7. AGE: Years 51; Months 8; Days 9; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho City, Idaho

FATHER

13. NAME: S.C. Silsby
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER

15. MAIDEN NAME: Lulu Miller
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Jas. Horenberger, Yellow Pine Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Morris Hill Date: 6/13, 1936

19. UNDERTAKER (Address): Schreiber & McCann, Boise Idaho

20. FILED 6-12, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to 6/11, 1936
I last saw her alive on 6/8, 1936; death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Fracture of hip 5/29/36	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred O. Kellogg, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99047

JUL 2 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 782
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeanne Leroux Selby

(a) Residence. No. 1708 Hazel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4th

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise Ida.

FATHER
13. NAME Wilbur R. Selby
14. BIRTHPLACE (city or town) (State or country) Baker Ore

MOTHER
15. MAIDEN NAME Margaret LeRoux
16. BIRTHPLACE (city or town) (State or country) Walla Walla Wash

17. INFORMANT J. Ray LeRoux
(Address) Boise Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Date 6-12, 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 6-11, 193 6 R. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 193 6 to 6-10, 193 6
I last saw her alive on 6-10, 193 6 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Pneumonia	

Other contributory causes of importance:

Septic	
Weather	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Coats, M. D.
(Address) Boise

Parker.

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99048

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 180

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital.

2. FULL NAME Anna Mae Werry.

(a) Residence. No. 1115. East Jefferson Street. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norman. M. Werry.

6. DATE OF BIRTH (month, day and year) March. 25. 1884.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	2.	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forest Grove Oregon.

FATHER
13. NAME Gene Hughes.
14. BIRTHPLACE (city or town) (State or country) Forest Grove Oregon.

MOTHER
15. MAIDEN NAME Mary Smith.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Norman. M. Werry.
(Address) 1115. E. Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date June. 11. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-11, 1936 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 9, 1936
I last saw her alive on June 9, 1936: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	
Infection from perforation	

Name of operation Removal of perforation Date of
What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. F. Parker, M. D.
(Address) Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99049

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 179
(No. St. V. V. Dukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora A. Bucher

(a) Residence. No. Emmett Ida St. 57
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: wht
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Silas Bucher
6. DATE OF BIRTH (month, day, and year): July 23-1867
7. AGE: Years 68 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.): May 15-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: Geo P. Leukhardt
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Henrietta Von Linne
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): E. Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Parkis Mo Date ..., 193..

19. UNDERTAKER: C. O. Buckmeier
(Address) Emmett Ida

20. FILED 6-10, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to June 8th, 1936.
I last saw her alive on June 7, 1936.: death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Death followed operation	
Inflamatary growth of	
Sigmoid & abscess and	
Septic condition following	
(Septicemia)	

Other **contributory causes** of importance:
Diabetis Melitus

Name of operation Laparotomy Date of May 21
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? Swallowed chicken bone which carried local abscess
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99050

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 178

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ada J. Moler

(a) Residence. No. ..... St. Cascade Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rollie

6. DATE OF BIRTH (month, day, and year) April 13, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio (State or country)

FATHER
13. NAME John Jones
14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Clarence Moler
(Address) Marsing, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Near Cascade Ida. (Alpha) Date 6/9/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-8, 193.6 R. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/3/36, 193.., to 6/8, 193.6
I last saw her alive on 6/8, 193.6: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia generalized	6/1/36
Other contributory causes of importance: Diabetis Mellitus	Unknown
Generalized arterio sclerosis	Unknown

Name of operation None Date of
What test confirmed diagnosis? X Ray, B.M.R. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) George R. Duchow M. D.
(Address) 500 Eastman Bldg Boise, Idaho

Falk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99051

JUL 2 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 177

135

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jack Marshall

(a) Residence. No. 115 Main St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Thomas Marshall

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Susan Ninemire

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Maud E. Craig
(Address) 722 Madison, Seattle, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle, Wn. Date 6/8/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 6-8, 193 6 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/6/36 193

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 193 6, to 6/6, 193 6.

I last saw him alive on 6/5, 193 6: death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia following a Prostatectomy	

Other **contributory causes** of importance:

Senility	
Prostatectomy 5/30	

Name of operation ~~5/30~~ Date of 5/30/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Pittinger, M. D.

(Address) Boise Idaho

Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99052

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 176

JUL 2 1936 REGISTERED No. 2055

(If death occurred in a hospital or institution, give its name instead of street and number) No. 1509 No. 8th. St.

2. FULL NAME James I. Linder

(a) Residence. No. ..... St. Indian Valley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/15/1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Henry Pertle Linder

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Catherine McKee

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Mrs. W. E. Henke, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley, Idaho 6/9/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-8, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/6/36, 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on Dead 6/8 193.6: death is said to have occurred on the date stated above, at about 6 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause Unknown but natural Found Dead in Bed	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. McCain Coroner M.D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99053

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 175

JUL 2 1936 RECEIVED

(No. 1705 Jefferson Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dietrich John Norden

49

(a) Residence. No. 1705 Jefferson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, and year) 7/8/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Norden

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Meta -----

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Norden (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 6/8/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 6-4, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2-36 193

22. I HEREBY CERTIFY, That I attended deceased from Mch 2nd, 193 6, to May 2nd, 1936

I last saw him alive on May 2nd, 1936; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of right ear, with metastasis to the glands of the neck	about 2 years ago

Other contributory causes of importance: Destruction of right facial nerve and of tuberculosis of temporo-maxillary joint, with ankylosis

Name of operation Very bad Meth - none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Taylor M. D.

(Address) Boise, Idaho

Taylor

OVER

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99054

JUL 2 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 174

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Howard Miniely

(a) Residence. No. 408 Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa, Idaho
(State or country)

FATHER

13. NAME Howard J. Miniely

14. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Danielson

16. BIRTHPLACE (city or town) Minn.
(State or country)

17. INFORMANT Howard J. Miniely
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6-4-36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-4, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1936, to June 2, 1936.

I last saw him alive on June 2, 1936: death is said to have occurred on the date stated above, at 12:59 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	Mar 19 1936

Other contributory causes of importance:

Otitis media acute	Mar 19 1936

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh R. Duckham M. D.

(Address) 502 Eastman Bldg Boise, Idaho

Falk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99055

JUL 2 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 173

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna F. Joyce 44

(a) Residence. No. ..... St. Murphy, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockraising
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Till death
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Osyphee County

FATHER

13. NAME Matthew Joyce
14. BIRTHPLACE (city or town) (State or country) Louth, Ireland

MOTHER

15. MAIDEN NAME Mary Fahy
16. BIRTHPLACE (city or town) (State or country) Mount Mary Ireland

17. INFORMANT Emeline A. Pettleton
(Address) Murphy, Idaho

18. BURIAL, CREMATION OR REMOVAL Boise
Place St. Johns Date 6-1-, 1936

19. UNDERTAKER Schneider & McEwen
(Address) Boise, Ida

20. FILED 6-2, 1936 R. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30/1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1936, to 5/30/, 1936
I last saw her alive on 5/29/, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June 15, 36.
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? X Ray there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest E. Lankford, M. D.
(Address) Murphy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

JUL 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Tormey

DO NOT WRITE IN THIS SPACE
State File No. 99056

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 172

(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Iva May Davis.

(a) Residence. No. 1308. Manitou. Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J.W. Davis.

6. DATE OF BIRTH (month, day and year) August. 12. 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53.	9	18.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oakland, Calif.
(State or country)

FATHER
13. NAME O.W. Ames.
14. BIRTHPLACE (city or town) Rochester, N.Y.
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Mc Lean.
16. BIRTHPLACE (city or town) Vermont.
(State or country)

17. INFORMANT J.W. Davis.
(Address) 1308. Manitou Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date June. 1. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/30 1936

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from 5/24, 1936, to 5-30, 1936.
I last saw h~~e~~r alive on 5-30, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/24

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? ~~Was there~~ an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D.W. Tormey M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99057

Registration District No. 2

JUL 2 1936 RECEIVED

Registration District No. 1004 Local Registrar's No. 191

Name of Institution Soldiers Home Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Monahan MONOHAN 164

(a) Residence. No. Soldiers Home St.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state) W Idaho

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. - 1837

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
98			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bordentown (State or country) N.J.

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Nellie Reed (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Boise Date 6-16-36 St. Johns

19. UNDERTAKER Schreiber & Mace (Address)

20. FILED 6-17, 193 6 R. Thorpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 6 to June 13, 193 6

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Tuttle M.D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99058

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 188

JUL 2 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter. W. Lynch.

(a) Residence. No. 1011. Resseguie Street. St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Clara. N. Lynch.

6. DATE OF BIRTH (month, day, and year) October. 17. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10.	28.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia County
(State or country) Wisconsin.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Clara. N. Lynch.
(Address) 1011. Resseguie Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date June. 17 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 6-16, 1936 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to June 15, 1936
I last saw him alive on June 15, 1936: death is said to have occurred on the date stated above, at 8:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) D. W. Hughes, M. D.
(Address) 432 Idaho Building, Boise, Ida.

E-155-3

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99059

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 187

JUL 2 1936 RECEIVED

(No. 1310 Main Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Margaret M. Good

(a) Residence. No. 1310 Main St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. R.

6. DATE OF BIRTH (month, day, and year) 11/2/1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME Wm. D. McKie

14. BIRTHPLACE (city or town) N. Carolina
(State or country)

MOTHER

15. MAIDEN NAME Sarah Ingram

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT J. R. Good
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/15/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 6-16, 1936 C. A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/12/36 193

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 193.6, to June 12, 193.6

I last saw her alive on June 12, 193.6: death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ingestion	
Diabetes	

Other **contributory causes** of importance:

Arm amputated for diabetes gangrene about Apr. 1936	

Name of operation Amputation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) O. H. Parker, M. D.

(Address) Boise, Ida.

Parker

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99060

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 192

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

129

2. FULL NAME Minnie Joachims

(a) Residence. No. Route # 2, Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter H. Joachims

6. DATE OF BIRTH (month, day, and year) March, 16, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME William Root
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Hannah Butterwick
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Peter H. Joachims
(Address) Route # 2, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Alva, Okla. Date June 22 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-18, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH 6-17-1936

21. DATE OF DEATH (month, day and year) June 17, 36

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 17, 1936
I last saw her alive on June 17, 1936: death is said to have occurred on the date stated above, at 5:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	October 1935
Other contributory causes of importance: Peri tonsillar abscess	June 1, 1936
Anuria. Uraemia.	

Name of operation Incision & Abscess Date of June 10 36
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. T. Summers, M. D.
(Address) Boise Idaho

JUL 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99061

PLACE OF DEATH

County of Adams
City of Emmett.

Registration District No. 71—
Primary Registration District No. ..... Local Registrar's No. 129
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Baumgarner

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

Blm

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-29-36

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett Ida
(State or country)

MOTHER/FATHER

13. NAME Carl Baumgarner

14. BIRTHPLACE (city or town) Blackfoot Ida
(State or country)

15. MAIDEN NAME Alice L. Smith

16. BIRTHPLACE (city or town) Franklin Ida
(State or country)

17. INFORMANT Carl Baumgarner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cemetery Date 6-30-, 1936.

19. UNDERTAKER Anderson
(Address)

20. FILED July 7, 1936, 193... DR. ALVIN S. HARRISON
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1936, to 6-29-, 1936
I last saw h[illegible] alive on 6-29, 1936; death is said to have occurred on the date stated above, at 6:15 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity - 8 1/2 mo.	
Other **contributory causes** of importance:	
Cerebral Hemorrhage Birth	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No
Manner of injury No
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Alvin S. Harrison M.D., M. D.
(Address) Emmett Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99062

Registration District No. 28

JUL 7 1936 RECEIVED

Primary Registration District No. 2161

Local Registrar's No. 700

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Pearl Shumaker

(a) Residence. No. 658 S. Hayes St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary A.

6. DATE OF BIRTH (month, day, and year) July 22, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. P. R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Oakwood Illinois

FATHER

13. NAME James R. Shumaker

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Hill

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Cecil Shumaker Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Danville Ill. Date June 16, 1936

19. UNDERTAKER Leonard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 6/16, 1936 D. McKay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 14, 1936
I last saw h.. alive on June 13, 1936: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Uremia	

Other contributory causes of importance:

Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Glenn, M. D.
(Address) 6/15/36

D. C. RAY, M. D. F. M. RAY, M. D.

Drs. Ray & Ray
Pocatello, Idaho

July 13, 1936

Mrs. Pearl Dillingham, Registrar
Bureau of Vital Statistics
Boise, Idaho

Dear Mrs. Dillingham:

An error has been reported in the death certificate of Frank Pearl Shumaker, dated June 15, 1936.

Mr. Cecil Shumaker, 658 South Hayes, Pocatello, son of the deceased, states that the correct date of death was June 14, 1936. Will you please make this correction on your copy of the certificate.

Very truly yours,

D. C. Ray

vb

D. C. Ray

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE

State File No. 99063

JUL 7 1936 RECEIVED

Primary Registration District No. 2167 Local Registrar's No. 698

1. PLACE OF DEATH (No.) In Rear of Yellowstone Hotel
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred J. Keane

(a) Residence. No. 202 South Johnson Ave. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

196

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Husband of Phoebe Alice Croxall

6. DATE OF BIRTH (month, day, and year): August 12, 1889.

7. AGE: Years: 46 | Months: 10 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Steam-fitter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Green Plumbing Co.

10. Date deceased last worked at this occupation (mo. and yr.): June 1935.

11. Total time (years) spent in this occupation: 25.

12. BIRTHPLACE (city or town) (State or country): Pocatello, Idaho.

FATHER

13. NAME: Ed Keane

14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Eleanor Jones

16. BIRTHPLACE (city or town) (State or country): Wales.

17. INFORMANT (Address): Frank Keane, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: June 14, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: June 13, 1936. D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(Accidental)	
Electrocution	
while at work car	
parked at rear of 257 S. Main	
came in contact with charged	
building	
Other contributory causes of importance:	
Electric burns on	
chest	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 6/11 1936
Where did injury occur? Pocatello, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury... Electrocution
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99064

Registration District No. 28

JUL 7 1936 RECEIVED

Primary Registration District No. 216 Local Registrar's No. 699

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Elizabeth Hawkes

90

(a) Residence. No. 131 Park Ave. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Joseph B. Hawkes
6. DATE OF BIRTH (month, day, and year): December 22, 1866.
7. AGE: Years 69 | Months 5 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House-keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Franklin, Idaho.

FATHER
13. NAME: Robert Dowdle
14. BIRTHPLACE (city or town) (State or country): Alabama.

MOTHER
15. MAIDEN NAME: Henrietta Meservy
16. BIRTHPLACE (city or town) (State or country): France.

17. INFORMANT: Mrs. Mary Packer
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: June 17, 1936

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: June 16, 1936. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 14, 1936.
I last saw her alive on June 10, 1936; death is said to have occurred on the date stated above, at 6.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Heart Disease	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, what?.....
(Signed) ..... M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 99065

JUL 7 1936 RECEIVED

Local Registrar's No. 701

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Jay Aston

84

(a) Residence. No. 166 Roosevelt Ave. St. Pocatello, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15, 1918.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
18	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho.

FATHER

13. NAME Clarence Aston

14. BIRTHPLACE (city or town) (State or country) Bancroft, Idaho.

MOTHER

15. MAIDEN NAME La Vera Allen

16. BIRTHPLACE (city or town) (State or country) Richmond, Utah.

17. INFORMANT (Address) Clarence Aston Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date June 17, 1936

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20 FILED June 16, 1936. D. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936, to 6/15, 1936.

I last saw him alive on 6/15, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Brain tumor	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?.no.. Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify).....

(Signed) ..... M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE
State File No. 99066

JUL 7 1936 RECEIVED

Primary Registration District No. 216 Local Registrar's No. 702

(If not in hospital or institution, give street address or location) (No.) Pocatello General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Melvin Reed Leonard

(a) Residence. No. Petty Apts. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Mary Taylor

6. DATE OF BIRTH (month, day, and year): April 2, 1908.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
28	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Book-keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Pacific Fruit Co.
10. Date deceased last worked at this occupation (mo. and yr.): June 1936.
11. Total time (years) spent in this occupation: Four

12. BIRTHPLACE (city or town) (State or country): Huntington, Utah.

FATHER

13. NAME: Wm. H. Leonard
14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Annie Luce
16. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

17. INFORMANT: D. W. Leonard
(Address): Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake City, Ut. Date: June 20, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho

20. FILED: June 17, 1936. D. C. Cox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
acute dilatation	
of Heart	
Stricken while	
at work	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Arthur W. Hall Coroner M. D.
(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 7 1936 RECEIVED

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE
State File No. 99067

Primary Registration District No. 2161 Local Registrar's No. 703

1. (No.) Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Lou Hallbert

(a) Residence. No. Mackay, Idaho. St. Mackay, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): September 20, 1929.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
6	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student &
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gannett, Idaho.

FATHER

13. NAME: Perry F. Hallbert
14. BIRTHPLACE (city or town) (State or country): Williamsville, Missouri.

MOTHER

15. MAIDEN NAME: Mabel Johnson
16. BIRTHPLACE (city or town) (State or country): Lawrence, Utah.

17. INFORMANT: Perry F. Hallbert
(Address): Mackay, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: June 22, 193 6.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: June 22, 193 6. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 19, 193 6.

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1936., to 6/19, 1936.
I last saw h[illegible] alive on 6/19/1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	

Other **contributory causes** of importance:

Name of operation: None Date of: None
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.
(Signed) [illegible] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99068

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 705

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Catherine Cox

(a) Residence. No. 525 So. 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

884

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 14 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with Dtr.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

FATHER
13. NAME Abraham V. Brown
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs. Robert L. McBride Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kinsley Kans. Date June 22 1936

19. UNDERTAKER (Address) D. L. McKay Pocatello Idaho

20. FILED June 22 1936 D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to June 20, 1936
I last saw her alive on June 19, 1936: death is said to have occurred on the date stated above, at 10:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Other contributory causes of importance: Chronic interstitial nephritis	about 1925
Chronic colitis	1920

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1936
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. W. Brashears, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE

State File No. 99069

JUL 7 1936 RECEIVED

Local Registrar's No. 706

1185

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Parker Curtis

(a) Residence. No. Downey, Idaho. St. Downey, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Henry W. Curtis

6. DATE OF BIRTH (month, day, and year): March 27, 1878.

7. AGE — Years: 58 | Months: 2 | Days: 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wellsville, Utah.

FATHER

13. NAME: Joseph Parker

14. BIRTHPLACE (city or town) (State or country): Nauvoo Illinois

MOTHER

15. MAIDEN NAME: Emrine Jenkins

16. BIRTHPLACE (city or town) (State or country): St. Louis Mo.

17. INFORMANT (Address): Henry W. Curtis Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lyman, Utah Date June 26, 1936.

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho.

20. FILED June 24, 1936. D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 23, 1936.

I last saw h[illegible] alive on June 23, 1936; death is said to have occurred on the date stated above, at 4:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	
Other **contributory causes** of importance:	
Intestinal Obstruction.	

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. F. Harrington M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99070

Registration District No. 28

JUL 7 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 707

(No St. Anthonys Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

13

2. FULL NAME Clara Jensen

(a) Residence. No. Lower Pleasantview St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, and year) Jan 5 - 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER

13. NAME N. P. Jorgensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Hannah Anderson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT John Jensen (Address) RR 4 - Firth

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot - Idaho Date June 24, 1936

19. UNDERTAKER Brown-Eldridge Mortuary (Address) Blackfoot Idaho

20. FILED ....., 193.... Registrar.

Mary Defenbaugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 193 6, to June 24, 193 6
I last saw h.. alive on June 23, 193 6: death is said to have occurred on the date stated above, at 8:10 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute subpurulent parotitis	June 17-36
Mixed Infection	
Other **contributory causes of importance:**	
acute nephritis.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) A. M. Newton, M. D.
(Address) Pocatello - Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99071

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 708

JUL 7 1936 RECEIVED

Ward Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Cherry Mitchell

(a) Residence. No. 436 North 8th Ave., Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilford Mitchell

6. DATE OF BIRTH (month, day, and year) February 16, 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Utah

FATHER

13. NAME Aaron B. Cherry

14. BIRTHPLACE (city or town) (State or country) Centerville, Utah

MOTHER

15. MAIDEN NAME Charlotte Herring

16. BIRTHPLACE (city or town) (State or country) Morgan, Utah

17. INFORMANT Mrs. A. B. Cherry
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date June 26, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho

20. FILED June 25, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-24-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to May 24, 1936
I last saw her alive on May 24, 1936; death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Duplexcavage

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99072

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 710

JUL 7 1936 RECEIVED

(If not in hospital or institution, give street address or location) Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara McGarvey

(a) Residence. No. 641 South Main St. St. Pocatello, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Burnett McGarvey

6. DATE OF BIRTH (month, day, and year): August 21, 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At - Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah.

FATHER

13. NAME: Alfred Clark

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Emma Lavender

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Eddie McGarvey
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: July 1, 1936

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: June 30, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 28, 1936.
I last saw her alive on June 28 1936: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	1933
Coronary Occlusion	May 15, 36

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R P Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99073

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 704

JUL 7 1936 RECEIVED

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Pannel

(a) Residence. No. Whawkins, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1936.

7. AGE Years	Months	Days	If LESS than 1 day 14 hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME John Pannel

14. BIRTHPLACE (city or town) Jackson County
(State or country) North Carolina.

MOTHER

15. MAIDEN NAME Annie Lockyer

16. BIRTHPLACE (city or town) Robin,
(State or country) Idaho.

17. INFORMANT John Pannel
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Marsh Center, Ida. Date June 21, 1936.

19. UNDERTAKER No Undertaker
(Address)

20. FILED 6/25/1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 20, 1936.
I last saw her alive on June 20 1936.: death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. H. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99074

Registration District No. 28
Primary Registration District No. 261 Local Registrar's No. 711

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Or) Pocatello General Hospital

1610

2. FULL NAME June Collins

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Clark C. Collins

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME June Blair

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMANT Clark C. Collins
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho. Date June 27, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 29, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936.

22. I HEREBY CERTIFY, That I attended deceased from 6/26/36, 193..., to 6/26/36, 193...
I last saw h[illegible] alive on 6/26/36, 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
7 mos gestation	
bronchopneumonia	
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. R. Call M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99075

Registration District No. 28

JUL 7 1936 RECEIVED

Primary Registration District No. 216 Local Registrar's No. 712

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Collins

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	0	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Clark C. Collins

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME June Blair

16. BIRTHPLACE (city or town) (State or country) Preston, Idaho.

17. INFORMANT Clark C. Collins
(Address) Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho. Date June 27 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 29 1936. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936.

22. I HEREBY CERTIFY, That I attended deceased from 6/20/, 1936, to 6/26/36, 193..
I last saw h[illegible] alive on 6/26, 1936: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 mos gestation	
Liveonly 4 hrs	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. C. Coll, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99076

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 696

JUL 7 1936 RECEIVED

(No. 162)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Dodd Ellis.

(a) Residence. No. 134 North 3rd. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	colored	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER
13. NAME Dodd Ellis.
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Sarah Ethel Carter
16. BIRTHPLACE (city or town) (State or country) Vancouver

17. INFORMANT (Address) Dodd Ellis Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date June 5 1936

19. UNDERTAKER W. L. McKean
(Address) Pocatello, Idaho

20. FILED June 10 1936. [illegible] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 9, 1936.
I last saw him alive on June 9, 1936.: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of Newborn	June 8

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. C. W. Dunwell, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99077

Registration District No.
Registration District No. Local Registrar's No. 691
(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 7 1936 RECEIVED

2. FULL NAME Cora Frances Snyder

(a) Residence. No. 735½ North Arthur St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): April 29, 1874
7. AGE: Years 62 | Months 1 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carthage Ill.

FATHER
13. NAME: John C. Booth
14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER
15. MAIDEN NAME: Johannah Johnson
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): W. C. Snyder Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: June 5, 1936
19. UNDERTAKER (Address): L. D. McClain Pocatello Ida
20. FILED 6-4, 1936 — C. O. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 2, 1936
I last saw her alive on June 2, 1936; death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. O. Ray M. D.
(Address) Pocatello, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE
State File No. 99078

JUL 7 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 692

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Glenn Douglas DeCoria

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 30, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	0	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCammon,
(State or country) Idaho.

FATHER

13. NAME Alfred B. DeCoria

14. BIRTHPLACE (city or town) Salmon,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Dortha Caroline Detton

16. BIRTHPLACE (city or town) Hatch,
(State or country) Idaho.

17. INFORMANT Alfred B. DeCoria
(Address) McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arco, Idaho. Date June 4, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED June 3, 1936. [signature] Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 3, 1936.
I last saw him alive on June 2, 1936; death is said to have occurred on the date stated above, at 5:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other **contributory causes** of importance:

none	

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) [signature] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Pocatello.
City of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99079

JUL 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 693
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lea Jean Nelson
(a) Residence. No. 336 W. Clark St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4, 35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	6		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME Clyde Nelson
14. BIRTHPLACE (city or town) Bellevue
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mildren Cornwall
16. BIRTHPLACE (city or town) Inkom, Idaho
(State or country)

17. INFORMANT Clyde Nelson
(Address) 336 W. Clark

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho. Date June 6, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 6/5, 1936 D. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4-Dead, 1936, to 6-4—, 1936
I last saw him alive on 6-4, 1936: death is said to have occurred on the date stated above, at 11 P— m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Failed Dead in Bed	
Heart	

Other contributory causes of importance:
Had apnea for about
Pneumonia for past

Name of operation None Date of
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99080

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 694

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Marie Blackett

(a) Residence. No. Indian Apts. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eureka (State or country) Utah

FATHER

13. NAME James R. Blackett
14. BIRTHPLACE (city or town) Eureka (State or country) Utah

MOTHER

15. MAIDEN NAME Mae Hanley
16. BIRTHPLACE (city or town) Eureka (State or country) Utah

17. INFORMANT James R. Blackett (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake, Utah Date June 6, 1936

19. UNDERTAKER Dawnard's Funeral Home (Address) Pocatello, Idaho

20. FILED 6-6, 1936 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to June 5, 1936
I last saw him alive on 6/4/, 1936 death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles followed by	
septic Pneumonia	
Fever	
Other contributory causes of importance:	
Ulcerative Colitis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) Seattle, Wash

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

DO NOT WRITE IN THIS SPACE
State File No. 99081

JUL 7 1936 RECEIVED

Primary Registration District No. 2161 ; Local Registrar's No. 695

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Finis Fife Dixon

74a

(a) Residence. No. 1042 South 4th Ave. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of R. L. Dixon

6. DATE OF BIRTH (month, day, and year): April 21, 1867.

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Providence, Utah.

MOTHER FATHER

13. NAME: William Fife

14. BIRTHPLACE (city or town) (State or country): Scotland.

15. MAIDEN NAME: Finis Hemenway

16. BIRTHPLACE (city or town) (State or country): Vermont.

17. INFORMANT: R. L. Dixon
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: June 8, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED June 8, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 8, 1936.
I last saw her alive on 6/8, 1936. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation: no Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99082

JUL 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 697

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Gertrude M. Smurthwaite

(a) Residence. No. 855 S. 8th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A

6. DATE OF BIRTH (month, day and year) Oct. 12, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portsmouth (State or country) N. H.

FATHER
13. NAME George W. Perry
14. BIRTHPLACE (city or town) Portsmouth (State or country) N. H.

MOTHER
15. MAIDEN NAME Nellie Burkley
16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT George Smurthwaite (Address) 855 S. 8th

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date June 10, 1936

19. UNDERTAKER Dawnard Funeral Home (Address) Pocatello Idaho

20. FILED June 9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug., 193 5, to June 9, 193 6
I last saw him alive on June 9, 193 6: death is said to have occurred on the date stated above, at 5:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with involvement of omentum	about Jan 10 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Newton M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99083

JUL 7 1936 RECEIVED

Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 709
(No. 126)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lois Ledingham

(a) Residence. No. 1003 N. Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Iowa

FATHER
13. NAME W. W. Bright
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Alice May Bales
16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMANT Harold Ledingham
(Address) 1003 N. Harrison

18. BURIAL, CREMATION OR REMOVAL
Place Date June 24, 1936

19. UNDERTAKER Dawson's Funeral Home
(Address) Pocatello Idaho

20. FILED ....., 193.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936 to June 25, 1936
I last saw her alive on June 25, 1936: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pelvic infection	
Not a puerperal condition.	
Other contributory causes of importance:	
Pelvic Peritonitis	

Name of operation No Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. K. Cook, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of McCammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99084

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 28

JUL 6 1936 RECEIVED

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Ann Harris Hall

(a) Residence. No. McCammon, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of LeRoy Hall

6. DATE OF BIRTH (month, day, and year): April 1, 1858.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kaysville, Utah.

MOTHER FATHER

13. NAME: Robert Harris

14. BIRTHPLACE (city or town) (State or country): Gloustershire, England.

15. MAIDEN NAME: Hannah Maria Eagles

16. BIRTHPLACE (city or town) (State or country): Gloustershire, England.

17. INFORMANT (Address): Dee R. Hall McCammon, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date May 13, 1936.

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho.

20. FILED ~~May 13~~ July 1, 1936. Mrs. G. G. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1934 193..., to May 10, 1936, last saw her alive on May 9, 1936.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	
Other contributory causes of importance: Septic Parotitis	

Name of operation None Date of
What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..... 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. A. Buck M. D.
(Address) Lava Hot Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Bancroft

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

DO NOT WRITE IN THIS SPACE
State File No. 99085

JUL 6 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Emily Kelly Whitworth

(a) Residence. No. Kelly, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Michael W. Whitworth

6. DATE OF BIRTH (month, day, and year): November 19, 1874.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
61	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brigham City, Utah.

FATHER

13. NAME: Charles Kelly

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Emma Price

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Michael W. Whitworth, Bancroft, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Chesterfield, Idaho. Date: June 24, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED ~~June 29~~, 1936. Mrs. G. G. Fuhr Registrar.
July-1-6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May-19-, 1936., to June 21., 1936.
I last saw her alive on May-19-1936.; death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Liver	Mar-8-36

Other **contributory causes** of importance:

Name of operation: Cancer Date of: 4/21-36
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. G. Fuhr M. D.
(Address) Bancroft, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Georgetown

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99086

MAY 6 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 90

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Jensen

(a) Residence. No. St. Georgetown Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Christensen

6. DATE OF BIRTH (month, day, and year): Nov 29 1858

7. AGE: Years 77 | Months 5 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: Hans Jorgenson

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Anna Marie Mortensen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Orson Jorgenson Salt Lake City Utah

18. BURIAL, CREMATION OR REMOVAL: Place Georgetown Idaho Date May 21, 1936

19. UNDERTAKER (Address): Montpelier Idaho

20. FILED May 21st 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 18-1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1931 to May 18, 1936

I last saw h[illegible] alive on May 18, 1936; death is said to have occurred on the date stated above, at 1130 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Heart Disease	

Other **contributory causes** of importance:

Dropsy	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Ellis Mackley [illegible], M. D.

(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Fort Pelton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99087

JUL 6 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 4

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack D Mueller

(a) Residence. No. ..... St. Fort Pelton Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20 - 1923

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
13	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fort Pelton Idaho

MOTHER/FATHER

13. NAME Arnold C Mueller

14. BIRTHPLACE (city or town) (State or country) Payson Idaho

15. MAIDEN NAME Grace A Symms

16. BIRTHPLACE (city or town) (State or country) Albany Oregon

17. INFORMANT Arnold C Mueller
(Address) Fort Pelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Pelton Idaho Date May 17, 1936

19. UNDERTAKER D. M. Williams
(Address) Fort Pelton Idaho

20. FILED May 17th 1936 D M Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other **contributory causes** of importance:

Pneumonia Hypostatic	

Name of operation Craniotomy Date of May 14 36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury 6 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Cooley M. D.

(Address) Montpelier

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99088

Registration District No. 52

JUL 6 1936 RECEIVED

Primary Registration District No. 2136

Local Registrar's No. 74a

(No. 3) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna O. Parks

(a) Residence. No. ..... St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Parks

6. DATE OF BIRTH (month, day, and year) June 22 - 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Denmark

MOTHER

13. NAME Nels Christian Peterdatter

14. BIRTHPLACE (city or town) ..... (State or country) Denmark

FATHER

15. MAIDEN NAME Sophia Christina Larsen

16. BIRTHPLACE (city or town) ..... (State or country) Denmark

17. INFORMANT Geo. O. Parks (Address) Sacramento, California

18. BURIAL, CREMATION, OR REMOVAL Place Montpelier Date May 3, 1936

19. UNDERTAKER M. A. Walker (Address) Montpelier Idaho

20. FILED May 3rd 1936 A. N. Kunz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 A..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance

Cancer and heart trouble	

Name of operation ..... Date of.....

What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

(Signed) Geo. T. Cubley, M. D.

(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99089

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

JUL 6 1936 RECEIVED

(No. 117)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Frances Eckhardt

(a) Residence. No. St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 25 1880

7. AGE: Years 56 | Months 1 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Wm R Eckhardt

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Ina F. Eckhardt (Address): Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Montpelier Idaho Date Apl. 2/1936

19. UNDERTAKER: F. S. Hatch (Address): Montpelier Idaho

20. FILED Apr. 2 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	
Pus appendix	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Lot Lusby M. D.

(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

DO NOT WRITE IN THIS SPACE

State File No. 99090

Primary Registration District No. 2136 Local Registrar's No. 146

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Sarah Siphrona Spacen.

(a) Residence. No. ..... St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lemuel H Spacen.

6. DATE OF BIRTH (month, day, and year) March 13 1899

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakley Idaho

MOTHER/FATHER

13. NAME William Speagle

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Elizabeth Clayton

16. BIRTHPLACE (city or town) (State or country) Cedar Fort Utah

17. INFORMANT (Address) J. N. Spacen Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mont Cemetery Date June 11, 1936

19. UNDERTAKER (Address) Thomas Mortuary Montpelier Idaho

20. FILED June 11th 1936 C. A. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22 1936, to June 8, 1936.

I last saw h[illegible] alive on June 8, 1936: death is said to have occurred on the date stated above, at 8:16 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Abcess	
Puerperal	May 23-36
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) J. P. Paulins, M. D.

(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

DO NOT WRITE IN THIS SPACE

State File No. 99091

JUL 6 1936 RECEIVED

Primary Registration District No. 2136

Local Registrar's No. 1017

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Wedell

(a) Residence. No. St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jack Wedell

6. DATE OF BIRTH (month, day and year): Oct 9- 1873

7. AGE: Years 62 | Months 5 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Fred Wegerle

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): J. W. Wedell Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Montpelier Idaho Date: Mar. 26, 1936

19. UNDERTAKER (Address): [illegible] Montpelier Idaho

20. FILED Mar 26th 1936 W. W. Kenny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Mar 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1936, to Mar 24 1936.

I last saw h[illegible] alive on Mar 24 1936; death is said to have occurred on the date stated above, at 12:40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/20/36

Other **contributory causes** of importance:

Bronchial Asthma	many years

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. W. Kenny M.D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Georgetown

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99092

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

JUL 6 1936 RECEIVED

(No.) 74
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Banbach

(a) Residence. No. St. Georgetown Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Ernie
6. DATE OF BIRTH (month, day, and year): Sept-22-1860
7. AGE: Years 75 | Months 8 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER
13. NAME: Fredrick Banbach
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Susan Stauffer
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Frank Banbach Georgetown Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Lodgetree Idaho Date: June 10, 1936
19. UNDERTAKER (Address): [illegible]
20. FILED June 11 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 8 1936
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1926 to June 5, 1936.
I last saw h— alive on June, 1936: death is said to have occurred on the date stated above, at 4:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	Jan. 4. 1936
Other **contributory causes** of importance:	
Second Stroke	
Age	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Elbert Ritchie M. D.
(Address) Montpelier Idaho

Bond Amys - Boise

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Fish Haven

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

DO NOT WRITE IN THIS SPACE

State File No. 99093

JUL 6 1936 RECEIVED

Primary Registration District No. 2136 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elvon Richard Nelson

(a) Residence. No. St. Fish Haven

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 24, 1928

7. AGE

Years	Months	Days
8	3	2

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) Fish Haven
(State or country) Idaho

13. NAME L. R. Nelson

14. BIRTHPLACE (city or town) Georgetown
(State or country) Idaho

15. MAIDEN NAME Susie Loveland

16. BIRTHPLACE (city or town) Fish Haven
(State or country) Idaho

17. INFORMANT L. R. Nelson
(Address) Fish Haven Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Fish Haven Date June 30 1936

19. UNDERTAKER
(Address) Montpelier Idaho

20. FILED June 29 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidently Drowned Lake	
Playing near Fish Haven	
Beach Sometime 6 P.M. June 26	
Conf. 5 A.M. June 27 Death	
Probably Caused Between 6 and 7 P.M.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ... 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Jno. G. Williams County Coron M. D.

(Address) Montpelier Idaho

JUN 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99094

PLACE OF DEATH

County of Bear Lake

City of Fish Haven

Registration District No. 55

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Nelson Scofield

(a) Residence. No. ..... Fish Haven Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10 16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Zina E. Scofield

6. DATE OF BIRTH (month, day, and year) Oct 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Joseph Scofield

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Anna C. Nelson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMENT (Address) Mrs. Earl Pugmire Fish Haven Ida

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 193

19. UNDERTAKER .....
(Address)

20. FILED May 9, 1936 Hannah J. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 14, 1936
I last saw him alive on May 13, 1936; death is said to have occurred on the date stated above, at 7.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
R. L. L.	
Other contributory causes of importance:	
Chronic Cirrhosis Liver	Unknown

Name of operation None Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C O Nuvon, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 29

DO NOT WRITE IN THIS SPACE
State File No. 99096

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Burns McCall Olson

(a) Residence. No. Nepal St. Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 29 - 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
20	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tacoma Wash

MOTHER FATHER
13. NAME Michael Olson
14. BIRTHPLACE (city or town) (State or country) Minn.
15. MAIDEN NAME Eva Guffies
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Michael Olson Nepal Wash

18. ~~BURIAL, CREMATION OR REMOVAL~~
Burial Place Shamrock Date June 14 1936

19. UNDERTAKER (Address) Stapesh Funeral Home St. Maries Idaho

20. FILED 7-8, 1936 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About 5/28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h... alive on ..... 193... death is said to have occurred on the date stated above, at about 2:45 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in St. Joe River, in City of St. Maries Idaho Cause Drowning	
Unknown —	
Other **contributory causes** of importance:	
Inquest held June 17, 1936 - 2:00 P.M.	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. S. Stapesh - Coroner
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

DO NOT WRITE IN THIS SPACE

State File No. 99097

JUL 10 1936 RECEIVED

Primary Registration District No. 2059

Local Registrar's No. 27

(No. Third Ste.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lawless

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Lawless

6. DATE OF BIRTH (month, day, and year) May 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	79	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Unknown

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT ... Mrs. Rose Adams
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fernwood, Idaho Date 6/7, 193 6

19. UNDERTAKER ... Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 7-8, 193 6 Walter Doherty
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 6-3-36, 193..., to 6-5, 1936.

I last saw him alive on 6-4, 1936.: death is said to have occurred on the date stated above, at 4: P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-2-36
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? No (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) .... Carl Coburn ....., M. D.

(Address) Osburn, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

DO NOT WRITE IN THIS SPACE

State File No. 99098

JUL 10 1936 RECEIVED

Primary Registration District No. 2049 Local Registrar's No. 29

(No.) Mrs. Clara Mervis - 4th & Main
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian Edna Taylor

(a) Residence. No. Emida Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. J. Taylor

6. DATE OF BIRTH (month, day and year) Oct. 30th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1935 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waseka Co. Minn.

FATHER

13. NAME E. P. Main

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. J. Taylor (Address) Emida Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Ida Date June 22 1936

19. UNDERTAKER Stapish Funeral Home (Address) St. Maries Ida.

20. FILED 7-8, 1936 Walter Doherty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to 6-17, 1936.

I last saw her alive on 6-16, 1936: death is said to have occurred on the date stated above, at 5 50 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis	
Chr myocarditis	

Other **contributory causes** of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury .., 193.

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. E. Patton, M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Plummer R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99099

Registration District No. 46

Primary Registration District No. 2123

Local Registrar's No. 28

(No. 68a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Peone

(a) Residence. No. Plummer Idaho St. R.F.D.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Peone

6. DATE OF BIRTH (month, day, and year) Dont Know

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1916

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER

13. NAME Andrew Saltese

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Sandpoint

17. INFORMANT (Address) Rosa Robillard Plummer Idaho

18. BURIAL, CREMATION OR REMOVAL Place Indian Mission Idaho Date 6-8 1936

19. UNDERTAKER (Address) Sager Funeral Home Plummer Idaho

20. FILED June 8, 1936 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr ....., 1936., to June 1 ....., 1936.

I last saw h.. alive on May 31, 1936. death is said to have occurred on the date stated above, at 9:50 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other **contributory causes** of importance:	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J. E. Nelson M. D.

(Address) Nelson Idaho

JUN 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99100

PLACE OF DEATH
County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 23
(No. Platte Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ernest Stark

131

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER
13. NAME Louis C. Stark
14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER
15. MAIDEN NAME Louise Holtz
16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMENT (Address) A. F. Walker, St. Maries, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place St. Maries Woodlawn Date May 9, 1936
19. UNDERTAKER (Address) Mitchell & Wesse, St. Maries, Idaho
20. FILED June 8, 1936 L. Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 7, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to 5-7, 1936
I last saw h— alive on 5-7, 1936; death is said to have occurred on the date stated above, at 6:— A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Anasarca	
Pulmonary Tuberculosis	

Other contributory causes of importance:
Diabetes Mellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. D. Platt M. D.
(Address) St Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99101

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 108

JUL 7 1936 RECEIVED

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHARLES JONES

(a) Residence. No. ____ St. Shoshone, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	no data

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): ----------1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bellingham (State or country) Washington

FATHER

13. NAME Harry F. Jones

14. BIRTHPLACE (city or town) Burlington (State or country) Kansas

MOTHER

15. MAIDEN NAME Grace Parmison

16. BIRTHPLACE (city or town) Great Bend (State or country) Kans

17. INFORMANT Records of STATE HOSPITAL SOUTH (Address) BLACKFOOT IDAHO

18. BURIAL, CREMATION OR REMOVAL

Place Yale Cem. Date June 18, 193 6

19. UNDERTAKER acting C. W. Stanley (Address)

20. FILED June 18, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 18 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 193 1, to June 18th, 193 6

I last saw him alive on June 18th, 193 6: death is said to have occurred on the date stated above, at 8:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EPILEPSY	1925

Other contributory causes of importance:

Name of operation None Date of ---

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury ....., 193....

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----------

(Signed) Chas. K. Laws, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99102

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 122

JUL 7 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME SARAH H. MARTIN

(a) Residence. No. ____ St. WEISER, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) January 18th, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ---------- (State or country) Missouri

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) ---------- (State or country) Kentucky

MOTHER

15. MAIDEN NAME ---------Bowling

16. BIRTHPLACE (city or town) ---------- (State or country) Kentucky

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Weiser Ida. Date ____, 193...

19. UNDERTAKER E J Peck (Address) Blackfoot

20. FILED June 27 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1936, to June 20th, 1936

I last saw h er alive on June 20th, 1936; death is said to have occurred on the date stated above, at 11:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	June 18, 1936

Other contributory causes of importance:

Name of operation None Date of ----

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury ....., 193...

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) Chas R. Lowe, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Riverside

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99103

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 109

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Marie Eskelson Allsop Adams

(a) Residence. No. Riverside, Idaho St. Route 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel F Adams

6. DATE OF BIRTH (month, day, and year) Jan 28 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation entire life

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Nels Eskelson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mettie Francine

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. Louise Barnes Blackfoot Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Thomas. Riverside Date June 21 1936

19. UNDERTAKER (Address) E J Peck Blackfoot Idaho

20. FILED June 20, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 193[illegible], to 6-19, 193[illegible]
I last saw h[illegible] alive on 6-18, 193[illegible]. death is said to have occurred on the date stated above, at 3'40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst carcinoma of stomach	1 yr.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Barnes M.D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99104

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 111

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Norman 92

(a) Residence. No. North Pine St.
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E. H. Norman

6. DATE OF BIRTH (month, day, and year) March 31, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and year) about 1921
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Samuel Norman
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Legg
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John S. Norman
(Address) Rt 1 Blackfoot, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date June 24 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED June 23, 1936 E. McPhatter Fawcett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1936, to 6-21, 1936
I last saw h alive on 6-21, 1936: death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6-20-36

Other contributory causes of importance:

arteriosclerosis	5 yrs

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. O. Harrington M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Wapello Precinct

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99105

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 112

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oswald August Salveson

90

(a) Residence. No. Blackfoot Route 3; Wapello St.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Hanson Salveson

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Hunter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 20 yrs.
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Christiansand Norway

FATHER
13. NAME Salve Salveson
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Jacobine Olsen
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Joseph Salveson, Blackfoot, Rt. 3; Wapello

18. BURIAL, CREMATION OR REMOVAL
Place Hyrum Utah Date 6-26, 1936

19. UNDERTAKER E J Peck
(Address) Pocatello Ida

20. FILED June 23 1936 W. Helen Francis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-31-, 1936, to 6-22-, 1936
I last saw him alive on 6-21, 1936: death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Eg. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Miller M.D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH Emigh Mrs.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 99106

County of Blackfoot

City of Riverside Prec't. **CERTIFICATE OF DEATH**

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 118

JUL 7 1936 **RECEIVED**

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME James Alvin Ockerman

(a) Residence. No. R. F. D. #2. Riverside St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Pearl / Ockerman Fulmer

6. DATE OF BIRTH (month, day, and year) Jan. 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum, Utah.
(State or country)

FATHER

13. NAME James Ockerman

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Matilda Hansen

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Charles Ockerman
(Address) Blackfoot Idaho Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Blackf't. Ida. Date June 30 1936

19. UNDERTAKER E. J. Funk
(Address) Blackfoot, Idaho.

20. FILED June 29, 1936 Mrs. Vales E. Tolen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to June 27, 1936
I last saw him alive on June 21, 1936: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation None Date of —
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) E. W. Mitchell M. D.
(Address) Blackfoot, Idaho

E on R

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99107

JUL 7 1936 RECEIVED

Registration District No. 12I-R

Primary Registration District No. 2194-R

Local Registrar's No. 114

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Martin

(a) Residence. No. Fort Hall, Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) I932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	9	I5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME James Martin

14. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Phoebe Burton

16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMANT Phoebe Martin
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Butte, Cem. Date 6- I3 ....., 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED July 4, 1936 Mrs Helen E Yates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6- II- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at IO: A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
No Physician attending	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank A. Nelson M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E on R

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99108

Registration District No. 121-R

Primary Registration District No. 2194-R

Local Registrar's No. 116

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Paddy.

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Bannock Ind. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oyhee, Nevada
(State or country)

FATHER

13. NAME Joseph Paddy

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Bessie Dorsey

16. BIRTHPLACE (city or town) Oywhee, Nevada
(State or country)

17. INFORMANT Joseph Paddy,
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Butte, Cem. Date 6- 18, 1936

19. UNDERTAKER Agency Carpenter,
(Address) Fort ~~Hall~~ Idaho

20. FILED July 4, 1936 Mrs Helen E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6- 16- 1936

22. I HEREBY CERTIFY, That I attended deceased from
- - - -, 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis,- Pulmonary	- - - -
No M.D., attending	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Frank A. Wilson M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E on R

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99109

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. 116

JUL 7 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Timsamico

(a) Residence. No. Fort Hall, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho.-Ban-	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4- I2- 35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I	3	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - - - -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Adasso Timsanico

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ida Ingatuah

16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Mrs. S. Lipps
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Birch Creek Cem. Date 6- 23-, 1936

19. UNDERTAKER Downard's,
(Address) Pocatello, Idaho

20. FILED July 4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-20- 1936

22. I HEREBY CERTIFY, That I attended deceased from
- - - - -, 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
No M.D. attending	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank A. Wilson M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E on R

PLACE OF DEATH

County of Bingham

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99110

Registration District No. I 21- R

JUL 7 1936 RECEIVED

Registration District No. 2194-R

Local Registrar's No. 117

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Thomas Jake

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Bannock	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Jake

6. DATE OF BIRTH (month, day, and year) 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -

10. Date deceased last worked at this occupation (mo. and yr.) - - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nettie Jake
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ross Fork Cem Date 6- 25, 1936

19. UNDERTAKER Agency Carpenter
(Address) - - -

20. FILED July 4, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from - - - - - -, 193..., to - - - - - -, 193...
I last saw him alive on 6- 19-, 1936: death is said to have occurred on the date stated above, at 10:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	- - -

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cli Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Fort Hall, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham, E on R
City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99111

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 115

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Majory Box 31

(a) Residence. No. - - - - - - - St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 3-6- I9I9

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I7	- -	- -	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER
13. NAME Edward Box
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER
15. MAIDEN NAME Virginia Horn
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Mrs. Mary Auck.
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ross Fork Cem. Date 7, 3, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED July 4, 1936 Mrs. Salina [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6- 29- 1936

22. I HEREBY CERTIFY, That I attended deceased from - - - , 193..., to - - - - , 193...
I last saw h... alive on - - - - , 193...: death is said to have occurred on the date stated above, at IO:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Fort Hall, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Sterling

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

DO NOT WRITE IN THIS SPACE

State File No. 99112

JUL 7 1936 RECEIVED

Registration District No. 2195

Local Registrar's No. 13

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Ann Strang

(a) Residence. No. Sterling, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Curtis D Strang

6. DATE OF BIRTH (month, day, and year): July 4, 1849

7. AGE: Years 86 | Months 11 | Days 24 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own home

10. Date deceased last worked at this occupation (mo. and yr.): 1926

11. Total time (years) spent in this occupation: 60

MOTHER

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: McBride

FATHER

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Adolph Teichert, Sterling, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Aberdeen Idaho Date: June 30, 1936

19. UNDERTAKER: A W Davis
(Address) American Falls, Idaho

20. FILED 6-29-36 1936 Manuel Kunow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1926, 193..., to June 28, 1936.

I last saw her alive on June 22, 1936.: death is said to have occurred on the date stated above, at 4:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1926
Chronic Interstitial Nephritis	1930

Other **contributory causes** of importance:

Haemorrhage and disease of Retina	1930

Name of operation: none Date of.....

What test confirmed diagnosis: none Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Manuel Kunow, M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Pingree Rt. 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99113

JUL 7 1936 RECEIVED

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 12

(No. 7)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Douglas Harmon

(a) Residence. No. Pingree, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) March 31, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pingree, Rt. 1 Idaho

FATHER

13. NAME Ray M. Harmon

14. BIRTHPLACE (city or town) (State or country) Beaver County Utah

MOTHER

15. MAIDEN NAME Martha Drucilla Williams

16. BIRTHPLACE (city or town) (State or country) Beaver County Utah

17. INFORMANT (Address) Ray Harmon

18. BURIAL, CREMATION OR REMOVAL Place Thomas-Provo Date June 24, 1936

19. UNDERTAKER (Address) R. B. Harmon Pingree Idaho

20. FILED June 13, 1936 M. Ernest Kennon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 23, 1936

I last saw him alive on July 22, 1936: death is said to have occurred on the date stated above, at 1:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	June 18, 1936
Other contributory causes of importance:	
Broncho-Pneumonia	June 20, 1936

Name of operation X Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. O. Harrop M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99114

PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 100

JUL 7 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Laurance Dean Aiken

(a) Residence. No. 29 East Monroe St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER

13. NAME Leonard Aiken

14. BIRTHPLACE (city or town) (State or country) Tulsa Okla.

MOTHER

15. MAIDEN NAME Charlet Miller

16. BIRTHPLACE (city or town) (State or country) Shelley Idaho

17. INFORMENT (Address) J. H. Miller Blackfoot

18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Cem. Date June 4, 193 6

19. UNDERTAKER (Address) L. F. Miller Blackfoot 296 Monroe St

20. FILED June 4, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 193 6 to May 31, 193 6
I last saw him alive on May 31, 193 6. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (Seven Months)	

Other contributory causes of importance:
Carrying heavy objects, 16 mo. chest Etc

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING 21-16-05 = 1007 21-16-05 = 2194

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99116

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 98

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME WILLIAM H WALL

(a) Residence. No. ..... St. SALMON, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): October 6th, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marion, Indiana

FATHER
13. NAME: no data
14. BIRTHPLACE (city or town) (State or country): no data

MOTHER
15. MAIDEN NAME: no data
16. BIRTHPLACE (city or town) (State or country): no data

17. INFORMANT (Address): Records of State Hospital South, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Blackfoot Cem. Date: June 3, 1936

19. UNDERTAKER: E. M. Stanger
(Address)

20. FILED June 3, 1936 E. McWalters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to June 2nd, 1936
I last saw h im alive on June 2nd, 1936: death is said to have occurred on the date stated above, at 4:47 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	April 1936
Other contributory causes of importance:	

Name of operation: none Date of:
What test confirmed diagnosis? Wasserman test and clinical symp Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas R. Stone, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99117

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 99

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME JAMES P SALYER

(a) Residence. No. ____ St. DEDARHILL, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs 1 mos 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie E Salyer

6. DATE OF BIRTH (month, day, and year) February 22nd, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Salyerville, Kentucky

FATHER

13. NAME William Salyer

14. BIRTHPLACE (city or town) (State or country) Salyerville Kentucky

MOTHER

15. MAIDEN NAME Phoebe Ghose

16. BIRTHPLACE (city or town) (State or country) Morgan County, Kentucky

17. INFORMANT (Address) Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Idaho Date June 3, 1936

19. UNDERTAKER John C. Handley
(Address) Blackfoot

20. FILED June 3, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1936, to June 2nd, 1936

I last saw him alive on June 2nd, 1936; death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
EXHAUSTION IN THE COURSE OF AGITATED INVOLUTIONAL MELANCHOLIA	1935

Other contributory causes of importance:

Name of operation None Date of ---

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) Chas. L. Dana, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99118

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 10

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Genevieve Goodenough.

(a) Residence. No. North Pine St.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 22, 1921

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	14	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot, Idaho.
(State or country)

FATHER
13. NAME Samuel Goodenough
14. BIRTHPLACE (city or town) McCammon, Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Cora Idela Johnson
16. BIRTHPLACE (city or town) Bountiful, Utah.
(State or country)

17. INFORMANT Mrs. Stella Rider
(Address) Grangeville, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Ida. Date June 7, 1936

19. UNDERTAKER John C. Standley
(Address) Blackfoot, Ida.

20. FILED June 6, 1936 W. H. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1936, to 6-5, 1936
I last saw her alive on 6-4, 1936 death is said to have occurred on the date stated above, at 2:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	Unknown
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) J. D. Hunsaker M. D.
(Address) Blackfoot, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Firth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99119

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 107

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

74

2. FULL NAME Jeanette "King" Robertson

(a) Residence. No. Firth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 75

12. BIRTHPLACE (city or town) Edinburgh
(State or country) Scotland

FATHER

13. NAME Alexanderson King

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Aleander Robertson
(Address) Firth Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Firth Idaho Date 6-11, 1936

19. UNDERTAKER L.M.Nalder Shelley, Idaho
(Address)

20. FILED June 4, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1936, to June 6th, 1936

I last saw her alive on June 6, 1936; death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	June 6-36

Other contributory causes of importance:

High blood pressure and Previous light Strokes 2 + 3 yrs	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Calvert M. D.
(Address) Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Shelley

JUL 7 1936 **RECEIVED**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99120

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 103

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bryce Edwin Bateman

(a) Residence. No. Shelley, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 16, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelley (State or country) Idaho

FATHER

13. NAME Rollen Frank Bateman

14. BIRTHPLACE (city or town) West Jordan (State or country) Utah

MOTHER

15. MAIDEN NAME Ruth Genevive Jones

16. BIRTHPLACE (city or town) Union (State or country) Utah

17. INFORMANT R. F. Bateman (Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Shelley, Idaho Date June 16 193 6

19. UNDERTAKER Jack G. Ward (Address) Idaho Falls Idaho

20. FILED June 16 193 6 M. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to 6-11-, 193 6

I last saw h~~e~~ alive on 6-11, 193 6: death is said to have occurred on the date stated above, at 11-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	6-6-36

Other contributory causes of importance:

Endocarditis	
Malnutrition	
Bronchitis Acute	Terminal

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Cuppett, M. D.

(Address) Box 86 - Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99121

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 104

JUN 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isaac Harvey White

31

(a) Residence. No. 45 North Maple St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Mary White

6. DATE OF BIRTH (month, day, and year) Nov. 5 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove, Utah.

FATHER

13. NAME Samuel White

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Don't Know.

16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMANT L Burbidge

(Address) 45 N Maple St Blackfoot Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Grove City Date 6/17/36 193...

19. UNDERTAKER E J Peck

(Address) Blackfoot, Idaho.

20. FILED June 16, 193 6 M Wallace Valance

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 193 6, to 6-14, 193 6

I last saw h... alive on 6-10, 193 6: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes complicated with Tuberculosis	3 yrs.
Other contributory causes of importance:	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. O. Humphreys M.D.

(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9122

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

Registration District No. 121
Registration District No. 2194
Local Registrar's No. 106

JUL 7 1936 RECEIVED

(No.) STATE HOSPITAL SOUTH
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. S. COOLEY

(a) Residence. No. ..... St. NAMPA, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): November 26th, 1867

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
68	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: no data
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no data
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): no data Missouri

FATHER
13. NAME: no data
14. BIRTHPLACE (city or town) (State or country): no data

MOTHER
15. MAIDEN NAME: no data
16. BIRTHPLACE (city or town) (State or country): no data

17. INFORMANT (Address): Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Placed: Fairview Cem. Blackfoot, June 17, 1936

19. UNDERTAKER (Address): acting Ida W. Stanger Blackfoot Idaho

20. FILED June 17, 1936 Mabel Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1936, to June 16, 1936
I last saw him alive on June 16, 1936; death is said to have occurred on the date stated above, at 6-05 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	1935

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical symptoms & Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. R. Howd, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingha[illegible]

City of Basalt, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99123

Registration District No. 121

Primary Registration District No. 2196 Local Registrar's No. 107

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Criddle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriett

6. DATE OF BIRTH (month, day, and year) July 22 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Henry Criddle

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Bull

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) John Criddle Idaho Falls, Idaho

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Basalt Idaho Date 6-19, 193 36 L. M. Balder.

19. UNDERTAKER (Address) O. L. Balder

20. FILED June 18, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 16 [redacted]6, I last saw h[illegible] alive on June 16, 1936: death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right	

Other contributory causes of importance:

Chronic Myocarditis.	
arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Floyd Delucas, M. D.

(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE

State File No. 99124

JUN 6 1936 RECEIVED

Local Registrar's No. 25

(No. ..... Coroner)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Fratus

(a) Residence. No. ..... St. 14

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: About 60 — Months: — Days: — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Portugal

MOTHER FATHER

13. NAME: ✓ Unknown

14. BIRTHPLACE (city or town) (State or country): ✓ "

MOTHER

15. MAIDEN NAME: ✓ "

16. BIRTHPLACE (city or town) (State or country): ✓ "

17. INFORMANT (Address): L. G. Harris Hailey Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place County Plot Date June 20 1936

19. UNDERTAKER (Address): L. Harris Hailey Ida.

20. FILED 7-1, 1936. R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1936, to 6-16, 1936.

I last saw him alive on 6-16, 1936.: death is said to have occurred on the date stated above, at 6a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever (tick)	6-6-36

Other **contributory causes** of importance:

None

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Wright, M. D.

(Address) Hailey, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

DO NOT WRITE IN THIS SPACE

State File No. 99125

JUN 6 1936 RECEIVED

Registration District No. 2022 Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cornelius Earnest Sherry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Kate Cooper

6. DATE OF BIRTH (month, day, and year): April 26 1862

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): June 3 1936
11. Total time (years) spent in this occupation: always

12. BIRTHPLACE (city or town) (State or country): Island of Jersey Channel Islands

MOTHER FATHER

13. NAME: Thomas Sherry
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Oswald
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT (Address): Mrs Kate E. Sherry Hailey - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: City Plot Date: June 6 1936

19. UNDERTAKER (Address): L. Hanna Hailey Ida.

20. FILED: 7-1, 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1936, to 6-4, 1936.

I last saw him alive on 6-4, 1936: death is said to have occurred on the date stated above, at 10. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction - Volvulus	6-3-36

Other **contributory causes** of importance:

Senility

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 22

DO NOT WRITE IN THIS SPACE
State File No. 99126

JUN 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Stevenson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Retta Preston
6. DATE OF BIRTH (month, day, and year): Sept 6 - 1855
7. AGE: Years 80 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gardener
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): May 1936
11. Total time (years) spent in this occupation: 15 yrs.

12. BIRTHPLACE (city or town) (State or country): Ingram River Florida

MOTHER FATHER
13. NAME: Frank Stevenson
14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Retta Stevenson Hailey Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~. Place: City Plot Date: June 7, 1936

19. UNDERTAKER (Address): A. Hahn Hailey Ida.

20. FILED 7-1-, 1936. R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-10-, 1936, to 6-4-, 1936.
I last saw him alive on 6-4-, 1936.: death is said to have occurred on the date stated above, at 3 A .m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1-1-36
Other contributory causes of importance: General Debility due to Age	

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify: No
(Signed) H. A. Hill M.D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99127

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 23

JUN 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Fox Clinical Hospital.)

2. FULL NAME Madeline Ruth Dryden.

(a) Residence. No. Carey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas. N. Dryden.

6. DATE OF BIRTH (month, day and year) February. 18. 1898.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	3	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paullina, Iowa.

FATHER

13. NAME Chris Meltvedt.
14. BIRTHPLACE (city or town) (State or country) Nowway.

MOTHER

15. MAIDEN NAME Susanna Jacobsen.
16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMANT Thomas. N. Dryden.
(Address) Carey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Jun. e. 17 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-1, 1936 T. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1936, to 6/13, 1936.
I last saw h[illegible] alive on 6/13, 1936: death is said to have occurred on the date stated above, at 12:09 m.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset [illegible]

Other contributory causes of importance:
Polycystic Kidney
One Kidney removed 4 years ago

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) S. W. [illegible] M. D.
(Address) Hailey, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

DO NOT WRITE IN THIS SPACE
State File No. 99128

JUL 6 1936 RECEIVED

Primary Registration District No. 2022 Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) wright

2. FULL NAME Johannes Utsch

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Eyner

6. DATE OF BIRTH (month, day, and year) Jan 6 - 1851

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1935

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Hurdorf, Westfalen Germany

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Johannes Utsch Hailey - Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Blot Date June 25 1936

19. UNDERTAKER (Address) L. J. Harris Hailey, Idaho

20. FILED 7-1..., 1936 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan - 8, 1936, to 6 - 23, 1936.
I last saw him alive on 6 - 23, 1936; death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Miners Consumption	2 years

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Mining
(Signed) Robert H. Wright - M. D.
(Address) Hailey, Idaho -

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Carey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

DO NOT WRITE IN THIS SPACE

State File No. 99129

JUL 6 1936 RECEIVED

Primary Registration District No. 2025 Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linard Levene Kelly

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug. 8 - 1916
7. AGE: Years 19 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer -
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.): June 23
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carey Idaho -

FATHER

13. NAME: James E. Kelly
14. BIRTHPLACE (city or town) (State or country): Warrensburg - Missouri

MOTHER

15. MAIDEN NAME: Estella Parker
16. BIRTHPLACE (city or town) (State or country): Carey Ida -

17. INFORMANT (Address): Estella Kelly Carey Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Carey Date: June 25, 1936

19. UNDERTAKER (Address): L. E. Harris Hailey Ida.

20. FILED: 7-1, 1936 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8 A..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found dead in field -	
Acute Coronary disease	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. If so, specify.....

(Signed) Robert H. Wright - M. D.

(Address) Blaine Co. Coroner - Hailey, Idaho -

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57
Primary Registration District No. 2022

DO NOT WRITE IN THIS SPACE
State File No. 99130

JUN 6 1936 RECEIVED

Local Registrar's No. 28

(No. Hailey Clinical Hospital) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asa L. Womack

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Caddie Womack

6. DATE OF BIRTH (month, day, and year): Aug 4 1877 ~~1887~~

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tuscumbia Nevada

MOTHER FATHER

13. NAME: Asa L. Womack
14. BIRTHPLACE (city or town) (State or country): Illinois
15. MAIDEN NAME: Susana Wells
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Chas. Womack

18. BURIAL, CREMATION OR REMOVAL
Place: Picabo, Idaho Date: 6-26, 1936

19. UNDERTAKER (Address): L. J. Harris Hailey Ida

20. FILED: 7-1, 1936 P. F. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/24/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1936, to 6/24, 1936.
I last saw him alive on 6/24, 1936. death is said to have occurred on the date stated above, at 4P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I. Primary Senile Dementia	1935
Other **contributory causes** of importance:	

Name of operation: ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. W. Jones M. D.
(Address) Hailey, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99131

PLACE OF DEATH
County of Blaine
City of Hailey
Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 24

JUN 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) Hailey Clinical Hospital

1610

2. FULL NAME Charles Ernest Daugherty

(a) Residence. No. Hailey, Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. 2 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Hailey, Idaho

PARENTS

10. NAME OF FATHER Charles Ira Daugherty
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Grants City, Oregon.
12. MAIDEN NAME OF MOTHER Mary Penner
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky. Ruby, Idaho.

14. Informant Charles Ira Daugherty
(Address) Ketchum, Idaho

15. Filed 7-1, 1936 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1936 to June 14, 1936
that I last saw h[illegible] alive on June 14, 1936
and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:
6½ mo. fetus, pregnancy interrupted because of nephritis and eclampsia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Interruption of Pregnancy at 6½ mos.
Did an operation precede death? Yes Date of June 14, 1936
Was there an autopsy?
What test confirmed diagnosis?

(Signed) E. W. Fox M. D.
6/16, 1936 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
[illegible]	6-15 1936
20. Undertaker [illegible] Harris	Address Hailey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of (none)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99132

JUL 2 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 80

(No.) Ranch of Cottonwood
(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Gordon W. Nielson

(a) Residence. No. ..... St. Washburn N. Dak.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Washburn
(State or country) N. Dakota

MOTHER FATHER

13. NAME not known

14. BIRTHPLACE (city or town) not known
(State or country)

15. ~~MAIDEN~~ NAME Mrs. Anna C. Nielson

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT none
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Washburn, N.D. Date 7-1, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-30 1936 E. Skaug
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from I saw patient after death 1:30 PM 6-28-36, 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to drowning (accidental)	6-5-36

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to ext'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-5, 193 6
Where did injury occur? Arrowrock Reservoir, Boise, County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury was in car which plunged into reservoir
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Max B. McQueen 1st Lieut., Med-Res
(Address) Boise District C.C.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boise
City of (none)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99133

JUL 2 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 70
(No. Mouth of Cottonwood Creek)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HAROLD DONALD LESLIE 1st. Lieut. Inf-Reserve, 365th. Inf.

(a) Residence. No. ..... St. Belle Fourche, S. Dakota
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (WIFE of) Eleida B. Leslie

6. DATE OF BIRTH (month, day, and year) November 14, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Geologist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Field work
10. Date deceased last worked at this occupation (mo. and yr.) -------
11. Total time (years) spent in this occupation ----------

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME L. A. Leslie
14. BIRTHPLACE (city or town) Independence (State or country) Iowa

MOTHER
15. MAIDEN NAME Avilla Harraman
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Eleida B. Leslie
(Address) 1103½ O'Farell St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Speerfish S. Dak. Date 6-11-, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-11, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 6-2, 1936: death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia--due to drowning	6-5-36
Other contributory causes of importance: (none)	

Name of operation (none) Date of
What test confirmed diagnosis? O Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, [redacted] Acc. Date of injury 6-5, 1936
Where did injury occur? Arrowrock Reservoir
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Arrowrock Reservoir (road)
Manner of injury Automobile accident
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Sheldon L. Brownton, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of PRIEST RIVER

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99134

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 14-36

JUL 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MYRTLE ESTELLA BUSHEE

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ROY W. BUSHEE

6. DATE OF BIRTH (month, day, and year) FEBRUARY 24, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (mo. and yr.) 6/1936

11. Total time (years) spent in this occupation many years

12. BIRTHPLACE (city or town) UNKNOWN
(State or country) IOWA

FATHER

13. NAME WILLIAM J. ALBERTSON

14. BIRTHPLACE (city or town) UNKNOWN
(State or country) W

MOTHER

15. MAIDEN NAME DELLA DAVIS

16. BIRTHPLACE (city or town) UNKNOWN
(State or country) W

17. INFORMANT ROY W. BUSHEE
(Address) PRIEST RIVER, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place PRIEST RIVER, IDA Date JUNE 28 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO

20. FILED June 28, 1936 Ben L. Ross Registrar.
PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) JUNE 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to June 25, 1936.
I last saw h[illegible] alive on June 25, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-25-36
Other contributory causes of importance: Arteriosclerosis	
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold C. Sonner M. D.
(Address) PRIEST RIVER IDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99135

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 13-36

JUL 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lacy Young

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Gertrude Young

6. DATE OF BIRTH (month, day, and year) Mch. 23, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~67~~ 67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1933

11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) San Antonio (State or country) Texas

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Delores Hoodin

16. BIRTHPLACE (city or town) (State or country) Colo.

17. INFORMANT (Address) Mrs. Gertrude Young Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Place Priest River Ida Date June 24, 1936 Pd 07 Cem.

19. UNDERTAKER (Address) Lawrence L. Myers Sandpoint Idaho

20. FILED June 24, 1936 Earle Ross Registrar.
PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to June 21, 1936
I last saw h~~im~~er alive on June 21, 1936: death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
retro-pharyngeal abscess	June 10-1936
Other contributory causes of importance: influenza & infection	June 1st 1936

Name of operation None Date of
What test confirmed diagnosis? ~~No~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leslie J. Stauffer M. D.
(Address) PRIEST RIVER IDA

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 99136

Local Registrar's No. 204

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ole Jacobson

(a) Residence. No. 205 St. Sandpoint Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Logging Camp

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation Years

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) W. D. Rapp, Sheriff Sandpoint, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint, Ida. Date June 20 1936

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho

20. FILED June 19, 1936 W. D. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Moon, Coroner ~~M.D.~~

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99137

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 2-1-6

JUL 6 1936 RECEIVED

(No.) Farnell Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Best Virgil George

(a) Residence. No. Division St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Bertha George.

6. DATE OF BIRTH (month, day, and year) Aug 6 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Many Yrs.

12. BIRTHPLACE (city or town) Marshall Co. (State or country) Iowa

FATHER

13. NAME John L. George

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Eliza Beatty

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT M. A. George (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint Ida. Date June 27 1936

19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint Idaho

20. FILED June 21, 1936 W. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1936, to June 20, 1936
I last saw him alive on June 20, 1936: death is said to have occurred on the date stated above, at 11:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	1934
Other contributory causes of importance:	

Name of operation Clinical Lab. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. B. Evans, M. D.
(Address) Sandpoint

Dr. Evans

PLACE OF DEATH

County of Bonner

City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99138

Registration District No. 78

JUL 9 1936 RECEIVED Registration District No. 2155 Local Registrar's No.

(No. 31)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susie Opal Graves

(a) Residence. No. St. Kootenai, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Graves

6. DATE OF BIRTH (month, day, and year) April 15, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 4 yrs

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Albuquerque
(State or country) New Mexico

FATHER

13. NAME -- Hunter

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Clarence Graves
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida Date June 19, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 1, 1936 Dr. T. B. Evans M.C.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to June 17, 1936

I last saw her alive on June 16, 1936: death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. B. Evans, M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99139

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No.

JUL 9 1936 RECEIVED

(No. Pinnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Edward Mulvihill

(a) Residence. No. St. Cabinet, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Mulvihill

6. DATE OF BIRTH (month, day, and year) Sept. 26, 1857

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
78	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) Manitowoc
(State or country) Wisconsin

FATHER
13. NAME John Mulvihill
14. BIRTHPLACE (city or town) Unknown
(State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Milan
16. BIRTHPLACE (city or town) Unknown
(State or country) Ireland

17. INFORMANT J. W. Mulvihill
(Address) Priest River, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date June 8, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED July 1 1936 Wm. F. B. Evans Registrar.
M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26th 1936, to June 3rd 1936.
I last saw him alive on June 3rd, 1936: death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 26th 1936
Other contributory causes of importance:	

Name of operation clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) , M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Granite

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99140

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 249

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Lopriore

(a) Residence. No. ..... St. Rural
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 7 mos 18 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 10, 1923.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.) May 1936

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Granite Idaho

FATHER

13. NAME Donenico Lopriore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angelinaa Meziure

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Domenico Lopriore (Address) Granite Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date May 31, 1936

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED July 1 1936 Mr. F. B. Evans M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 8:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
History Epelepsy since Birth.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no (If specify)
(Signed) L. G. Moon Coroner, M. D.
(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99141

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 2-7
(No. Lake Pend d Oreille)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 9 1936 RECEIVED

2. FULL NAME Orville Cash

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 6, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER
13. NAME Arthur Cash
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Clara Gatzkiewicz
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Arthur Cash
(Address) Sandpoint Ida

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date June 12, 1936

19. UNDERTAKER L.G. Moon
(Address) Sandpoint Idaho.

20. FILED July 9, 1936 W. F. B. Evans M/C, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Sinking Row Boat	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? Nat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..., 193...
Where did injury occur? Sandpoint Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drowning
Nature of injury Sinking Boat

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) L. G. Moon Coroner, M. D.
(Address) Sandpoint, Ida ho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99142

Registration District No. 78

JUL 9 1936 RECEIVED

Primary Registration District No. 2165 Local Registrar's No. 162

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Bartunek

(a) Residence. No. 608 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bartunek

6. DATE OF BIRTH (month, day, and year) March 2 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Lyman Bloxom

14. BIRTHPLACE (city or town) (State or country) D C

MOTHER

15. MAIDEN NAME Ida Croy

16. BIRTHPLACE (city or town) (State or country) D C

17. INFORMANT (Address) Joseph Bartunek Sandpoint Idaho

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Fullerton Nebr. Date June 14 1936

19. UNDERTAKER Turnbull & Co
(Address) Sandpoint

20. FILED July 1 1936 F. B. Evans Registrar.
M C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 11 1936.
I last saw her alive on June 11 1936: death is said to have occurred on the date stated above, at 4 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	June 11-36
Other contributory causes of importance: Chronic Appendicitis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) F. B. Evans M. D.
(Address) Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

DO NOT WRITE IN THIS SPACE

State File No. 99143

JUL 9 1936 RECEIVED

Primary Registration District No. 2661 Local Registrar's No. 15-3

1. (No. and Street) Pinnell Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otis Guy Montgomery

(a) Residence. No. Sand Pt Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 8 1918

7. AGE — Years: 17 — Months: 11 — Days: 5 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nebraska

FATHER

13. NAME: Elvin Montgomery

14. BIRTHPLACE (city or town) (State or country): Neb

MOTHER

15. MAIDEN NAME: Della Hull

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): L. B. Montgomery Minton

18. BURIAL, CREMATION OR REMOVAL
Place: Lakeview Date: June 14 1936

19. UNDERTAKER (Address): Bonner Funeral Home Sandpoint Idaho

20. FILED July 1—, 1936. Dt. F. B. Evans M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to June 12, 1936.
I last saw him alive on June 12 1936.: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head injury	
Concussion of Brain	June 11
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury June 11, 1936
Where did injury occur? Bonner County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. G. N. R. Ry. Yards
Manner of injury Unknown
Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. C. Kinsale M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99144

Registration District No. 18

JUL 6 1936 RECEIVED Registration District No. 2155 Local Registrar's No. 25

(No. Farnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Frances Harmon 47

(a) Residence. No. Rural St. Proten, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Harmon

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER
13. NAME George Konkel
14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER
15. MAIDEN NAME Catherine Brach
16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT (Address) Mrs. Wm. E. Harmon Proten, Idaho

18. BURIAL, CREMATION OR REMOVAL Proten Cem
Place Proten, Ida Date June 23, 1936

19. UNDERTAKER Lawrence G. Olson
(Address) Sandpoint, Idaho

20. FILED June 22, 1936 W. B. Graves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to June 20th, 1936
I last saw her alive on June 19th, 1936: death is said to have occurred on the date stated above, at 10:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast	1932
Other contributory causes of importance: Metastasis To liver and right lung	1935

Name of operation Removal of Breast Date of 1934
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Graves M. D.
(Address) Sandpoint, Idaho

Dr. Evans

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99145

JUL 9 1936 RECEIVED

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 25-8

(No. Parnell Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Sage

(a) Residence. No. ..... St. Laclede, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Sage

6. DATE OF BIRTH (month, day, and year) April 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) Unknown
(State or country) Michigan

FATHER

13. NAME James Sage

14. BIRTHPLACE (city or town) Unknown
(State or country) Michigan

MOTHER

15. MAIDEN NAME Liddy Budd

16. BIRTHPLACE (city or town) Unknown
(State or country) Ohio

17. INFORMANT Peter Christianson
(Address) Laclede, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sawyer, Ida. Cemetery Seneacquoteen Cem. Date June 21, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED July 6, 1936 Dr. L. B. Evans M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1936, to June 16th, 1936
I last saw h[illegible] alive on June 16, 1936: death is said to have occurred on the date stated above, at 4:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934
Other contributory causes of importance:	
Uraemia	June 15-1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. B. Evans, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benner

City of Sandpoint, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 21 03

Local Registrar's No. 147

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99146

1610

2. FULL NAME Infant Bowlby

(a) Residence. No. 1120 Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint Idaho
(State or country)

MOTHER FATHER

13. NAME Thomas L. Bowlby

14. BIRTHPLACE (city or town) Buckley
(State or country) Kansas

MOTHER

15. MAIDEN NAME Eva Artman

16. BIRTHPLACE (city or town) Buckley Kansas
(State or country)

17. INFORMANT Floyd G. Wendle M.D.
(Address) Sandpoint, Ida.

18. BURIAL, CREMATION OR REMOVAL Pinecrest cem
Place Sandpoint Ida. Date June 8 —, 1936

19. UNDERTAKER L. E. B. Evans
(Address) Sandpoint Idaho

20. FILED July 1, 1936. W. E. B. Evans M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 25, 1936.
I last saw him alive on May 24, 1936.; death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
7 Months Gestation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G. Wendle M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner.
City of Sandpoint, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2165

DO NOT WRITE IN THIS SPACE
State File No. 9914

JUL 9 1936 RECEIVED

Local Registrar's No. 248

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Infant Bowlby

(a) Residence. No. (Usual place of abode) 1120 Main St. (If nonresident give city or town and state) 248

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 24, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho.

FATHER

13. NAME Homer J Bowlby

14. BIRTHPLACE (city or town) Buckeln (State or country) Kansas

MOTHER

15. MAIDEN NAME Eva Artman

16. BIRTHPLACE (city or town) Buckeln (State or country) Kansas

17. INFORMANT Floyd G. Wendle M.D. (Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint Ida. Date June 8, 1936

19. UNDERTAKER L. A. Gibson (Address) Sandpoint Ida

20. FILED July 1, 1936 W. F. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 26, 1936
I last saw her alive on May 24, 1936; death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Imm Gestation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd G Wendle M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99148

Registration District No. 80
Primary Registration District No. 2757
Local Registrar's No. 6

JUN 6 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Boy Butler

(a) Residence. No. ... St. Hope Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8 1936

7. AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or No min.
	No	No	No	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inefant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hope Idaho

FATHER

13. NAME Eugene William Butler

14. BIRTHPLACE (city or town) (State or country) Newport Idaho

MOTHER

15. MAIDEN NAME Vernice Shaw

16. BIRTHPLACE (city or town) (State or country) Hope Idaho

17. INFORMENT Mrs. E. W. Butler
(Address) Hope Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Hope Idaho Date 6-9, 1936

19. UNDERTAKER None
(Address)

20. FILED June 9, 1936 Orville Crisp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 8, 1936.
I last saw him alive on June 8, 1936; death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Atelectasis of lungs.	

Name of operation None Date of
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C E Rundle, M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Conn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 39149

Registration District No. 3
Primary Registration District No. 250 Local Registrar's No. 99
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Glangsman 44

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Wht.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton
(State or country) Iowa

FATHER
13. NAME Benedict Glangsman
14. BIRTHPLACE (city or town) Berke
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Emma Kramer
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT G. F. Glangsman
(Address) Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date June 6 193 6

19. UNDERTAKER McHANS FUNERAL HOME
(Address) 445 - E Street - Idaho Falls, Idaho

20. FILED June 6, 193 6 Wm Kinnaird
by RM (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 20, 193 6, to June 4, 193 6
I last saw h[illegible] alive on June 4, 193 6; death is said to have occurred on the date stated above, at 6:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
(Pyloric)	
Other contributory causes of importance:	

Name of operation Resection Stomach Date of May 22-36
What test confirmed diagnosis? V. Was there an autopsy? V

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? V Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. V
Manner of injury V
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Spencer M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 99152

County of Bonneville

City of Idaho Falls

Registration District No.

Primary Registration District No. 14-0 Local Registrar's No. 110

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
boy	W.	Premature Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 6-22-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME William Richard Beard

14. BIRTHPLACE (city or town) (State or country) Tetonia Idaho

MOTHER

15. MAIDEN NAME Vera Lone Fullmer

16. BIRTHPLACE (city or town) (State or country) Tetonia Idaho

17. INFORMANT (Address) Mrs. Beard Tetonia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Tetonia Ida. Date 6/24, 1936

19. UNDERTAKER (Address) None

20. FILED 6/29, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 3:30 P.M. 6/22, 1936, to 11:17 P.M. 6/22, 1936.
I last saw him alive on 6/22, 1936; death is said to have occurred on the date stated above, at 11:17 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
7 Months	
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Hatch per J. Swasey M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUL 7 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99154

Registration District No.
Primary Registration District No. 21-0
Local Registrar's No. 114

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Richard Robinson
(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucinda Robinson
6. DATE OF BIRTH (month, day, and year) May 8, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hindley England

FATHER
13. NAME William Robinson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Margaret Westhead
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Richard Robinson
(Address) Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date June 27, 1936

19. UNDERTAKER Josh A. Wood
(Address) Idaho Falls, Idaho

20. FILED 6/29, 1936 E. M. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1936, to 6-26, 1936
I last saw h[illegible] alive on 6-26, 1936: death is said to have occurred on the date stated above, at 2-5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	About Feb 1934
Seepage of Heart	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1936 RECEIVED 73

Registration District No.

Primary Registration District No. 73-3

Local Registrar's No. 113

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99155

2. FULL NAME Chester L. Stewart

(a) Residence. No. (Usual place of abode) St. Leadore, Idaho.

Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 19 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road const.

10. Date deceased last worked at this occupation (mo. and yr.) 2-1-36

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Leadore Idaho

FATHER

13. NAME U. R. Stewart

14. BIRTHPLACE (city or town) (State or country) Chester Illinois

MOTHER

15. MAIDEN NAME Theodosia Yearian

16. BIRTHPLACE (city or town) (State or country) Lehigh Idaho

17. INFORMANT Earnest Stewart
(Address) Ida Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Leadore Ida. Date June 28, 1936

19. UNDERTAKER McHANS FUNERAL HOME
(Address) 343 - E Street Idaho Falls, Idaho

20. FILED June 29, 1936 Wm Kinnaird
per R. M. N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 26, 1936

I last saw him alive on June 26, 1936: death is said to have occurred on the date stated above, at 10-43 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	
Toxic Myocarditis	
Badly infected teeth	
Other contributory causes of importance:	
Ether anesthetic just started	
Stem incision only - Made for prostration	

Name of operation Hysterectomy just started Date of 6-26-36

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? C Date of injury ....., 193...

Where did injury occur? C
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.

(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99156

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. ____
Primary Registration District No. 2150 Local Registrar's No. 112
(No. Ida. Falls L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Provinsal

57

(a) Residence. No. 20 St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed teacher
10. Date deceased last worked at this occupation (mo. and yr.) 1921
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Holyoke
(State or country) Mass.

FATHER
13. NAME John Provinsal
14. BIRTHPLACE (city or town) Quebec
(State or country) Canada

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country) Canada

17. INFORMANT Joseph C. Cellings
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Minneapolis, Minn. Date June 24, 1936

19. UNDERTAKER McCan Funeral Home
(Address) Idaho Falls, Idaho

20. FILED June 24, 1936 Wm Kinsaid
per. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to June 23 1936
I last saw him alive on June 23, 1936.: death is said to have occurred on the date stated above, at 7:40 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1935
Gangrene of foot	May 25 1936
Other contributory causes of importance:	
Acute Myocarditis	June 22 1936

Name of operation Incision drainage Date of ____ 1936
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J. H. Hoff M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonne

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99157

Registration District No. 73

Primary Registration District No. 2150

JUL 2 1936 RECEIVED

Local Registrar's No. 111

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRoy Arthur Steff

(a) Residence. No. W 1st 16th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 25 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school

10. Date deceased last worked at this occupation (mo. and yr.) 6-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dunbar Nebraska

FATHER

13. NAME Steve Steff

14. BIRTHPLACE (city or town) (State or country) Coalville Utah

MOTHER

15. MAIDEN NAME Hazel Depree

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Steve Steff (Address) Ida. Falls

18. BURIAL, CREMATION OR REMOVAL Burial

Place Ida. Falls Date June 23, 1936

FUNERAL DIRECTOR

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED 6/23, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to June 21, 1936

last saw him alive on June 21, 1936; death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis with	
Myocardial Decompensation	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99158

Registration District No. 2
Primary Registration District No. 2 Local Registrar's No. 107

(No. 51)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joyce Lorene Cooper

(a) Residence. No. (Usual place of abode) St. Rockland, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) October 13, 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Idaho

FATHER

13. NAME Arthur R. Cooper

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME E. La Lorene Moss

16. BIRTHPLACE (city or town) (State or country) Rockland Idaho

17. INFORMANT Mrs. A. R. Cooper
(Address) Rockland Idaho

18. BURIAL, CREMATION OR REMOVAL
Place June 17 Date June, 193 6

19. UNDERTAKER Jack a Wood
(Address) Idaho Falls, Idaho

20. FILED June 17, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 29, 193 6 to June 14, 193 6
I last saw h[illegible] alive on June 14, 193 6; death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever and Endocarditis	Jan 20 1936
Acute Fibrinous Pericarditis	
Other contributory causes of importance: Acute Pericarditis Myocarditis	June 6/36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M.D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 6 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99159

Registration District No. 21-2
Primary Registration District No. 21-2 Local Registrar's No. 106

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dallas John Goe.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)

FATHER
13. NAME Grant Garfield Goe.
14. BIRTHPLACE (city or town) Choke Cherry, Id
(State or country)

MOTHER
15. MAIDEN NAME Grace Rose Harrop.
16. BIRTHPLACE (city or town) Labelle, Ida.
(State or country)

17. INFORMANT Grant Goe
(Address) Lorenzo, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 6/16, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6/16, 193 6 Countersigned
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to June 16, 1936
I last saw h— alive on June 16, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage during birth.	
Other contributory causes of importance: Nephritis Toxaemia and Malnutrition of mother	Diabetes

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. R. Gobat M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUL 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99160

Registration District No. ____
Primary Registration District No. 2-15
Local Registrar's No. 106

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna M. Muir

(a) Residence. No. 447 - E 16th St. St. ____
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Muir

6. DATE OF BIRTH (month, day and year) May 29 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME J. Barnes

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Rosetta Beatty

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. George Hill
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date June 16, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 6/16, 1936 Guy Tennant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to June 12, 1936

I last saw her alive on June 10, 1936; death is said to have occurred on the date stated above, at 12-35-9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	about 1933
Other contributory causes of importance:	
Chronic Interstitial	Unknown
Nephritis - Bronchial Asthma	1895

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. L. Wilson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ucon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUN 12 1936 RECEIVED

Registration District No. 3
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99161

Local Registrar's No. 104

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Andrus

57

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lovenia E. Andrus

6. DATE OF BIRTH (month, day, and year) September 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Draper Utah

FATHER

13. NAME Milo Andrus

14. BIRTHPLACE (city or town) (State or country) ~~New York~~ N.Y.

MOTHER

15. MAIDEN NAME Jane Munday

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Robert Andrus Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date June 12, 1936

19. UNDERTAKER (Address) Jack A. Ward Idaho Falls, Idaho

20. FILED 6/13, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1935 to June 9, 1936
I last saw h... alive on June 1, 1936; death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellotus	
Other contributory causes of importance:	
gangrene of feet	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. Leroy Hatch, M.D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99162

Registration District No. 173
Primary Registration District No. 2 A 19 Local Registrar's No. 117

(No. I. F. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Louis Christensen 74 a

(a) Residence. No. 287 N. Lee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 7 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattleman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denmark (State or country)

FATHER
13. NAME Martin Christensen
14. BIRTHPLACE (city or town) Denmark (State or country)

MOTHER
15. MAIDEN NAME Marion Neilsen
16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Mrs A. L. Christensen (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Iona, Idaho Date June 30, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 7/1, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to June 27, 1936
I last saw him alive on June 27, 1936, & death is said to have occurred on the date stated above, at 6-30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 25
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
JUL 2 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99163

Registration District No.
Primary Registration District No. 21-6 Local Registrar's No. 103
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Hugh Robertson Clare

(a) Residence. No. 179 East 16 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER
13. NAME Leonard Clare
14. BIRTHPLACE (city or town) St. Johns
(State or country) Arizona

MOTHER
15. MAIDEN NAME Vera Robertson
16. BIRTHPLACE (city or town) Ogden
(State or country) Utah

17. INFORMANT L. H. Clare
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date June 11, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED June 11, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to June 9, 1936
I last saw him alive on June 9, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia and Bacteremia	June 6 '36
Other contributory causes of importance:	
Chronic myocarditis + hypertrophy.	4 years.

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. Post, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99164

1936 RECEIVED

Local Registrar's No. 102

(No. 561 L. Street)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Lewis Albert Lee

(a) Residence. No. 561 L. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude Lee

6. DATE OF BIRTH (month, day, and year) July 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tooele Utah

FATHER
13. NAME Thomas B. Lee
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Martha Bowen
16. BIRTHPLACE (city or town) (State or country) Wales England

17. INFORMANT (Address) Mrs. L. A. Lee 561 L. Street

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date June 5, 1936

19. UNDERTAKER Jack C. Hood
(Address) Idaho Falls, Idaho

20. FILED 6/10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to June 1, 1936
I last saw him alive on June 1, 1936: death is said to have occurred on the date stated above, at 9:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	July 1935
Chronic endocarditis	July 1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Fuller, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUL 8 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 39165

Registration District No. 73
Primary Registration District No. 3 N D
Local Registrar's No. 101
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Parker E. Logue

(a) Residence. No. 135 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. ? yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W. Wh.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Kidtown Scotland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) W. P. A. records Ida. Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date 6-10 1936
19. UNDERTAKER RICHARDS FUNERAL HOME
(Address) 343 - E Street - Idaho Falls, Ida.
20. FILED 6/9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1936
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 6, 1936
I last saw h— alive on June 6, 1936; death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Uremia	
Other contributory causes of importance:	

Name of operation Vas Ligation Date of May 28-36
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 99166

Registration District No. 1
Primary Registration District No. 2-1 Local Registrar's No. 100

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Oscar Nelson

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Mae Nelson

6. DATE OF BIRTH (month, day, and year): October 27 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sandy Utah

FATHER
13. NAME: Louis J. Nelson
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Charlotte Olson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Arthur Nelson Idaho Falls Rt 5

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Idaho Date: June 3 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: June 4, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 31 1936

22. I HEREBY CERTIFY, That I attended/deceased from May 25, 1936, to May 31, 1936
I last saw him alive on May 31, 1936: death is said to have occurred on the date stated above, at 3-40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Pneumonia	
C Effusion 2nd Pleurisy.	
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. West, M. D.
(Address) Idaho Falls Idaho

JUL 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99167

PLACE OF DEATH

County of Butte Registration District No. 39

City of Arco Primary Registration District No. 2129 Local Registrar's No. 11

(No. Egbert Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Orson Williams

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 5/ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 12 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Arco (State or country) Butte County

PARENTS

10. NAME OF FATHER T. H. Williams

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Tenn.

12. MAIDEN NAME OF MOTHER Marina Long

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Mo.

14. Informant (Address) Estate of Orson Williams Arco, Idaho

15. Filed June 8 - 1936. Mary E. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Orson Williams
(Month) June 6 (Day) (Year) 1936

17. I HEREBY CERTIFY, That I attended deceased from May 28 1936 to June 6 1936
that I last saw h(im) alive on June 5 1936
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Rocky Mountain Spotted Fever.

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? None Ida.
Did an operation precede death? No Date of .....
Was there an autopsy? No.
What test confirmed diagnosis? Clinical Exam
(Signed) D. C. Egbert M. D.
June 8 1936 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco, Idaho	6/8 1936
20. Undertaker H. A. Worrick	Address Arco.

Specify in plain terms, so as to indicate the kind of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99168

Registration District No. 7

JUL 9 1936 RECEIVED

Registration District No. 1006 Local Registrar's No. 104

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Mercy Hospital)

2. FULL NAME Edna Lois Alcorn

(a) Residence. No. 501 - 7th St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 17-1935
7. AGE: Years | Months: 9 | Days: 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nampa Ida

FATHER
13. NAME: Richard Lee Alcorn
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Lillie Stumpf
16. BIRTHPLACE (city or town) (State or country): North Dakota

17. INFORMANT (Address): Mrs. R. L. Alcorn Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Rosedawn
Place Nampa, Ida Date 6-27, 1936

19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa, Idaho

20. FILED July 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1936, to June 27, 1936.
I last saw h.. alive on June 27, 1936.: death is said to have occurred on the date stated above, at 12:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	6-25-36
Other contributory causes of importance: Erysipelas	6-13-36

Name of operation Spinal Puncture Date of 6-
What test confirmed diagnosis? Clinical Exam. Was there an autopsy? N.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99169

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 109

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marcus Agustus Hatfield

(a) Residence. No. Nampa, Ida., R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-17-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

MOTHER FATHER
13. NAME Jefferson Hatfield
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Vest
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Miss M. Hatfield
(Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida. Date 7-7, 193 6

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida.

20. FILED July 7, 193 6 Clyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 193 6

22. I HEREBY CERTIFY, That I attended deceased from June 27, 193 6, to July 5, 193 6
I last saw him alive on July 5, 193 6; death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spotted fever,	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Isaac F. Bellamy M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99170

Registration District No. 7
Registered Registration District No. 1006
Local Registrar's No. 96

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Mercy Hospital)

2. FULL NAME Jack C. Hoggatt

(a) Residence. No. Dewey Palace Hotel St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mar 1

6. DATE OF BIRTH (month, day, and year) 7-3-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT F. K. Robuck
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 6-13-36

19. UNDERTAKER F. K. Robuck
(Address) Nampa Ida

20. FILED July 3, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-12-1936.

22. I HEREBY ~~CERTIFY~~, That I attended deceased from 5-26-, 1936, to 6-12-, 1936.
I last saw him alive on 6-12-, 1936.: death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas with complete obstruction of the common duct.	about Apr. 1st, 1936.
Other contributory causes of importance: Toxaemia.	6-7-36.

Name of operation None Date of
What test confirmed diagnosis? Ex. Was there an autopsy? Yes.

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Geo. C. A. Kellogg, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99171

Registration District No. 7

JUL 9 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 94

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Altha Haggard

(a) Residence. No. 904-17th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 9-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Texas
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs D E Jones
(Address) Nampa, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Portland Ore Date 6-24, 1936

19. UNDERTAKER F K Robinson
(Address) Nampa, Ida.

20. FILED July 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to June 20, 1936.
I last saw her alive on June 22, 1936.: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Nefritis	
Dropsy	
Other contributory causes of importance:	

Name of operation ..... Date of ~~/~~
What test confirmed diagnosis? ~~/~~ Was there an autopsy? ~~/~~

23. If death was due to ~~exter'l~~ causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, Specify .....

(Signed) W C Wolfe M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99172

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 97

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archibald McKechnie

(a) Residence. No. 720 - 11th Ave. So. St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	—	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline Station
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toronto, Canada

FATHER
13. NAME Donald McKechnie
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME McLain
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Jim Hyde
(Address) 720 - 11th So. Nampa

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 6-19, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED July 6, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1936, to 6/17, 1936
I last saw him alive on 6/16, 1936: death is said to have occurred on the date stated above, at 1:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/9/36
Arteriosclerotic Heart Disease	
Hypertension	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
(Signed) Floyd A. Jayne M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99173

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 108

JUL 9 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) 1003 - 10th Ave. So.

2. FULL NAME Lee Orville Boothe

(a) Residence. No. 1003 - 10th Ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dottie May Boothe

6. DATE OF BIRTH (month, day, and year) May 9th 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. C. R. Rogers
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida Date 6 - 27 1936

19. UNDERTAKER Weir Valley
(Address) Nampa

20. FILED July 6 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 - 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting self with 38 caliber revolver up Chest (in region of heart	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury June 1936
Where did injury occur? home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Maud Henry, M. D.
(Address) Acting Coroner
Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99174

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 95

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Jr Cushman

(a) Residence. No. 911 West 11th St So, St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-18-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Polo Ill.

FATHER

13. NAME C. S. Cushman

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Copenhaver

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) Mrs C J Cushman Nampa Ida

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida Date 6-7, 1936

19. UNDERTAKER F K Robinson (Address) Nampa Idaho

20. FILED July 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1936, to 6-4, 1936

I last saw him alive on 6-4, 1936.: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W C Bellman M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99176

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 101

JUL 5 1936 RECEIVED

(No.) 303 Lincoln St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Hobart

(a) Residence. No. 303 Lincoln St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 29th 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME John D. Hobart
14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER
15. MAIDEN NAME Bessie Hill
16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Mrs. John D. Hobart
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Rotherlawn
Place Nampa, Ida Date 7-6, 1936

19. UNDERTAKER Mrs Nina M Talley
(Address) Nampa Idaho

20. FILED July 6, 1936 Lydal Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

7:30

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw [illegible] alive on ....., 193.....: death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	6
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Belknap, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99177

JUL 9 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 108
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kissirah E. Pendleton

(a) Residence. No. 119 - 9 ave N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-3-53

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	3		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo
(State or country)

FATHER
13. NAME Wm Carroll
14. BIRTHPLACE (city or town) Tenn
(State or country)

MOTHER
15. MAIDEN NAME M' Haley
16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT W.R. Pendleton
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 6-21, 1936

19. UNDERTAKER F.K. Robinson
(Address) Nampa Ida

20. FILED July 7, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-3, 1935, to 6-19, 1936.
I last saw h[illegible] alive on 6-19, 1936: death is said to have occurred on the date stated above, at 4-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility (Primary)	1 Year

Other contributory causes of importance:
Hyper Blood Pressure 4 years

Name of operation No Date of
What test confirmed diagnosis? Observed Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Geeting M. D.
(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99178

Registration District No. 7

JUL 9 1936 RECEIVED Registration District No. 2006 Local Registrar's No. 98

(If in a hospital or institution, give its name instead of street and number) (Mercy Hospital)

2. FULL NAME Harry Palmer

(a) Residence. No. Mellen, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 19 74

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Calvin Palmer

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Harry Palmer (Address) Mellen, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Mellen, Ida. Date 6-22, 193 6

19. UNDERTAKER F. K. Robinson (Address) Nampa, Idaho

20. FILED July 6, 193 6 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-18 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 193 6, to 6-18, 193 6

I last saw h~~im~~ alive on 6-18, 193 6; death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia,	
(Acute Lobar)	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Pilkington, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99179

JUL 1 1936 RECEIVED

Registration District No. /
Primary Registration District No. 1002 Local Registrar's No. 99

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Conley

(a) Residence No. 406 - Everett St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6. DATE OF BIRTH (month, day, and year): 12/17-63

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer - (Retired)
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: Mike Conley
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER
15. MAIDEN NAME: Mc Murtrey
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs L. R. Conley Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date ....., 193...

19. UNDERTAKER (Address): F. K. Robinson Nampa Ida

20. FILED 7-1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 3, 1936, to June 30, 1936
I last saw him alive on June 30, 1936: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Coronary sclerosis	1934
Coronary thrombosis	June 30-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. E. Hansford M. D.
(Address) Caldwell Idaho

JUL 11 1936 RECEIVED

Hanley

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99180

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. Edmond Bird

(a) Residence. No. 3rd. & Freeport Sts. St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6. DATE OF BIRTH (month, day, and year): 3-24-1900

7. AGE — Years: 36 | Months: 1 | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lumberman

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Mitchell Oregon

MOTHER / FATHER

13. NAME: Wm Chas Bird

14. BIRTHPLACE (city or town) (State or country): ? Washington

15. MAIDEN NAME: Florence Isabella Foster

16. BIRTHPLACE (city or town) (State or country): Albany Oregon

17. INFORMANT (Address): Florence Bird Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon View Date: 6-26 1936

19. UNDERTAKER (Address): Ralph E. Cox Caldwell Ida

20. FILED 6-27 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 22, 1936.
I last saw him alive on June 22 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bilateral broncho-pneumonia	June 1936

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. B. Anderson M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99181

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 99

JUL 9 1936 RECEIVED

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Roland Solomon Gabrielson

(a) Residence. No. Kuna Ada Idaho Rt #, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22-36

7. AGE Years	Months	Days	If LESS than 1 day ~~24~~ hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Ida.

FATHER

13. NAME Francis Roland Gabrielson

14. BIRTHPLACE (city or town) (State or country) S. D.

MOTHER

15. MAIDEN NAME Ruth Rouse

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT F. R. Gabrielson
(Address) Kuna, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 6-23, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED July 6, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 23, 1936.
I last saw him alive on June 22, 1936: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum Patida	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Roth M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99182

Registration District No. 7

JUL 9 1936 RECEIVED

Primary Registration District No. 2006 Local Registrar's No. 106

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Brasher

(a) Residence. No. formerly Dela St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Cascade Ida Date 6/2..., 1936

19. UNDERTAKER A. S. Robb (Address) Cascade Ida

20. FILED July 6., 1936. Hyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from ..March 4.., 193.6., to June 1....., 1936..

I last saw him alive on ....., 193.6.; death is said to have occurred on the date stated above, at 7.02 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1	
Bright's disease	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) W. E. Lotts, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99183

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 105

JUL 9 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) Samaritan Hospital Nampa Ida

2. FULL NAME Mrs. Sam McGill

(a) Residence. No. Cascade St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mining

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Ida Date 5/26, 1936

19. UNDERTAKER
(Address)

20. FILED July 6, 1936 Lydia Rudgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to May 25, 1936.
I last saw him alive on May 24, 1936; death is said to have occurred on the date stated above, at 9:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Watt, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99184

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 107

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 9 1936 RECEIVED

1012

2. FULL NAME Mathew Huttula

(a) Residence. No. McCall - Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place. Cash Cadet Ida Date June 15 1936

19. UNDERTAKER (Address) [illegible] Caldwell Ida

20. FILED July 6., 1936. Lyda Rodgers. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31....., 1936.., to June 14....., 1936..

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. McCoy M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99185

Registration District No. /

JUL 11 1936 RECEIVED

Primary Registration District No. 1005

Local Registrar's No. 97

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Rebecca Knox Queen

(a) Residence. No. 301 Belmont St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 30 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME James Knox

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Douglas

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Logan Dr. Queen
(Address) Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date 6-25, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 6-26, 1936 Thomas Jennings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to ....., 1936.

I last saw h[illegible] alive on April, 1936; death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Ch Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Queen M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99186

Registration District No. /

Primary Registration District No. 1005

Local Registrar's No. 96

JUL 11 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Fred Dwyer Mitchell

(a) Residence. No. 614 Dearborn St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amy S. Mitchell

6. DATE OF BIRTH (month, day, and year) Oct 6 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonds

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Payne

(State or country) Idaho

FATHER

13. NAME Alfred J. Mitchell

14. BIRTHPLACE (city or town) Salem

(State or country) Indiana

MOTHER

15. MAIDEN NAME Sarah Ogden

16. BIRTHPLACE (city or town) Richland

(State or country) Ohio

17. INFORMANT Mrs Fred Mitchell

(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Canyon Hill Cem. Date 6-25, 1936

19. UNDERTAKER C. V. Pearson

(Address) Caldwell Idaho

20. FILED 6 x 6, 1936 Ina Montgomery

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 193 5, to June 22, 1936

I last saw him alive on June 22, 1936; death is said to have occurred on the date stated above, at 7-45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	1934
Coronary sclerosis	1934
Coronary thrombosis	1936-June

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Standford, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99187

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 95

JUL 11 1936 RECEIVED

(No. 1961 Elgin St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Brown

(a) Residence. No. 1961 Elgin St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): June 22-36

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

FATHER

13. NAME: Earl D. Brown

14. BIRTHPLACE (city or town) (State or country): Wolf Lodge North Dakota

MOTHER

15. MAIDEN NAME: Gladis M. Babcock

16. BIRTHPLACE (city or town) (State or country): Caldwell Idaho

17. INFORMANT (Address): Earl D. Brown Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Canyon Hill Cem. Date 6/28, 1936

19. UNDERTAKER (Address): V. Peck Ryan Caldwell Idaho

20. FILED 6-26-, 1936 G. D. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 23, 1936

Last saw h[illegible] alive on June 22, 1936: death is said to have occurred on the date stated above, at 11-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumatic bronchitis	
Lung development	June 22 '36
Patent for a mineral	

Other contributory causes of importance:

Name of operation: ← Date of:

What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ← Date of injury, 193

Where did injury occur? ←
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ←

Manner of injury ←

Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ←

(Signed) Earl Warner M. D.

(Address) Caldwell, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99188

Registration District No. 1005

Primary Registration District No. _____

Local Registrar's No. 94

(No. _____)

JUL 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Margaret Jane Nicholson

(a) Residence. No. South 18th St. St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayburn Co. Kentucky

FATHER

13. NAME James Gayliff

14. BIRTHPLACE (city or town) (State or country) Clayburn Co. Kentucky

MOTHER

15. MAIDEN NAME Malinda Gentry

16. BIRTHPLACE (city or town) (State or country) Clayburn Co. Kentucky

17. INFORMANT Fred W. Nicholson
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 6/23 1936

19. UNDERTAKER E. V. Eckhardt
(Address) Caldwell Idaho

20. FILED 6-26 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1936, to 6-21, 1936

I last saw her alive on 6-21, 1936: death is said to have occurred on the date stated above, at 7-30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	1936
Myocarditis	1936

Other contributory causes of importance:

Hypertension	1935

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. W. Miller M.D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99189

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 93

JUL 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Everette Dewey

(a) Residence. No. Caldwell Rt 4 St. Albany

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

64

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 22 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trenton
(State or country) Missouri

FATHER

13. NAME Chas B Dewey

14. BIRTHPLACE (city or town) Linneville
(State or country) Missouri

MOTHER

15. MAIDEN NAME Lavina Shipley

16. BIRTHPLACE (city or town) Orsan
(State or country) Kansas

17. INFORMANT Ed Naylor
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 6-20, 1936

19. UNDERTAKER C V Rush & Sons
(Address) Caldwell Idaho

20. FILED 6-22, 1936. Emma Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to June 18, 1936

I last saw him alive on June 17, 1936; death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenic Anemia	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Hamilton M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nuston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99190

JUL 11 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 92

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Albert Fares

(a) Residence. No. Nuston #2 St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence C Fares

6. DATE OF BIRTH (month, day, and year) Nov. 7 - 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Mecca Parke Indiana

MOTHER FATHER

13. NAME Geo. W. Fares

14. BIRTHPLACE (city or town) .... (State or country) ....

15. MAIDEN NAME Malinda Coffee

16. BIRTHPLACE (city or town) .... (State or country) Indianna

17. INFORMANT Florence C Fares (Address) Nuston Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 7/13, 1936

19. UNDERTAKER E V Peckham (Address) Caldwell Ida

20. FILED 7-2, 1936 J. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1935, to June 15, 1936

I last saw him alive on May 27, 1936; death is said to have occurred on the date stated above, at 12-28 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left cheek, face & neck	Oct 7, 1935

Other contributory causes of importance:

Nov 9 Dr Lowe was back in Mississippi at Savannah for treatment

Name of operation None Date of

What test confirmed diagnosis? Clinical observations Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. R. Whittenberger M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Huston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99191

Registration District No. /
Primary Registration District No. 2005
Local Registrar's No. 91

JUL 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred E. Caldwell

(a) Residence. No. Huston R#2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1 17 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Bessie J Caldwell

6. DATE OF BIRTH (month, day, and year): March 16 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: D D Caldwell
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs Bessie J Caldwell Huston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 6-14 1936

19. UNDERTAKER (Address): C V Peckham Caldwell Idaho

20. FILED 6-22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to 6/11 ....., 1936
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at about 5:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide! by shooting self over left breast with ten guage shot gun.	
Other contributory causes of importance: Family trouble.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 6/11 1936
Where did injury occur? On ranch. (country)
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Large hole in left chest
Nature of injury As above stated.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W D Calkins Coroner
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99192

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 90

JUL 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Emily Stevens

(a) Residence. No. 600 Denver St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced. ~~HUSBAND~~ of (or) WIFE of William J. Stevens

6. DATE OF BIRTH (month, day, and year) July 12 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME Chas. E. Woodall

14. BIRTHPLACE (city or town) (State or country) Jonesboro Iowa

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Clay Co. Mississippi

17. INFORMANT Wm. Stevens
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 6-11 1936

19. UNDERTAKER C. V. Strahan
(Address) Caldwell Ida

20. FILED 6-11 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936, to June 9 1936

I last saw h.e alive on May 17 1936 death is said to have occurred on the date stated above, at 6—P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	June 6 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Whittenberger M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99193

JUL 11 1936 RECEIVED

Registration District No. 9605

Primary Registration District No. 9605

Local Registrar's No. 89

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daisy Lee Theadore

(a) Residence. No. Wilder Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of W. C. Theadore

6. DATE OF BIRTH (month, day, and year) Dec 3 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John Kirkpatrick

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Susan Adams

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT W. J. Theadore (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 6/8, 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 6-22, 1936 M. Armstrong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 10, 1936

I last saw h[illegible] alive on June 6, 1936: death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 2-36

Other contributory causes of importance:

Chronic Nephritis	1923
Valvular Heart	1923
High Blood Pressure	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Cobb M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99194

JUL 1 1936 RECEIVED

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 26
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101a

2. FULL NAME OLIVE ATKINSON MUIR

(a) Residence. No. GRAY, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of GEORGE H. MUIR

6. DATE OF BIRTH (month, day, and year) DEC. 6TH, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

FATHER
13. NAME William Atkinson
14. BIRTHPLACE (city or town) Newbrunswick
(State or country) Canada

MOTHER
15. MAIDEN NAME Sarah Ann Tingey
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Geo H. Muir
(Address) Gray, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Mound Cem Date June 4 1936

19. UNDERTAKER C. S. Whitman
(Address) Soda Springs, Ida.

20. FILED 6/2/36 1936 Dr Russell Tingey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1901, to 5/31/36, 193..
I last saw her alive on 5/31/31, 193..: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar,	
Double	
Other contributory causes of importance:	
Carcinoma of Stomach	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribu

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99195

JUL 1 1936 RECEIVED

Registration District No. 82

Primary Registration District No. 2159

Local Registrar's No. 27

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

195

2. FULL NAME FRED WINFIELD MARRIOTT

(a) Residence. No. Soda Springs, Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) OCT. 1ST 1901.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 6/4/36

11. Total time (years) spent in this occupation two

12. BIRTHPLACE (city or town) (State or country) Soda Springs, Ida.

FATHER

13. NAME Lorenzo S. Marriott

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Lucy Chester

16. BIRTHPLACE (city or town) (State or country) XXXX MONTPELIER Idaho

17. INFORMANT Lucy Marriott

(Address) Soda Springs, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Soda Sprins, Ida. Date 6/7/36, 193...

19. UNDERTAKER E. D. Whitman

(Address) Soda Springs Idaho.

20. FILED 6/7/36, 193... D. Russell Tyrrell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/4/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/4/36, 193..., to 6/4/36, 193...

I last saw him alive on 6/4/36, 193...: death is said to have occurred on the date stated above, at One P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hit by bolt of lightning	6-4-36
Other contributory causes of importance:	
None	

Name of operation None Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 6/4 193 6

Where did injury occur? Soda Springs Ida (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In Barn at home

Manner of injury Hit by lightning

Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. Russell Tyrrell, M. D.

(Address) Soda Springs, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou.

City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99196

JUL 3 1936 RECEIVED

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 28

(No.) 188C

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sadie May Kistler

(a) Residence. No. Route 4 Boise, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S.G.Kistler

6. DATE OF BIRTH (month, day, and year) May 16th 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) 1911

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENN.

FATHER

13. NAME John Fry

14. BIRTHPLACE (city or town) (State or country) PENN.

MOTHER

15. MAIDEN NAME ISABELLE FRY

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. G. Kistler
(Address) Route 4 Boise, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Boise, Idaho Date 6/12/36 193..

19. UNDERTAKER C. D. Whitman
(Address) Soda Springs, Idaho.

20. FILED 6/9/36 193.. Dr Russell Tyson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/8/36, 193.. to 6/8/36, 193..
I last saw her alive on 6/8/36, 193..: death is said to have occurred on the date stated above, at 11.40 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Internal chest injuries, fracture	6-8-36
Other contributory causes of importance:	
	1914
Mitral Insufficiency (arteriosclerosis)	1911

Name of operation None Date of 6-8-36
What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-8 1936
Where did injury occur? Highway 4 Mile W. of Soda Springs, Ida (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. U.S. (Oda) Highway to 30 N
Manner of injury Auto accident
Nature of injury Internal chest injuries, shock

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Russell Tyson, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Conda, Idaho.

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99197

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 29
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9

2. FULL NAME Gwendolyn Marie Piper

(a) Residence. No. Conda, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, and year) May 9th, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Conda, Idaho.

FATHER
13. NAME George Piper
14. BIRTHPLACE (city or town) Florence (State or country) Kansas

MOTHER
15. MAIDEN NAME Phyllis Badger
16. BIRTHPLACE (city or town) BAWLF (State or country) Canada

17. INFORMANT George Piper (Address) Conda, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Soda Springs Idaho Date 6/14/36 193..
19. UNDERTAKER (Address) Soda Springs, Idaho. O. D. Christensen

20. FILED 6/13/ 193 6 Dr Russell Ingert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/12/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from 5/9/36, 193.., to 6/12/36, 193.. I last saw her alive on 6/12/1936 193..: death is said to have occurred on the date stated above, at 9.45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	5-20-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Russell Ingert, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99198

Registration District No. 62
Primary Registration District No. 2159 Local Registrar's No. 20
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 1 1936 RECEIVED

1617

2. FULL NAME Clark

(a) Residence. No. Georgetown, Idaho. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27th, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1 hour	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Soda Springs, Idaho.

FATHER
13. NAME Melvin J. Clark
14. BIRTHPLACE (city or town) (State or country) Georgetown Ida.

MOTHER
15. MAIDEN NAME LAREVA BACON
16. BIRTHPLACE (city or town) (State or country) Georgetown, Ida.

17. INFORMANT Melvin J. Clark
(Address) Georgetown, Ida.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Georgetown Date June 28 1936

19. UNDERTAKER O. L. Patterson
(Address) Soda Springs Ida.

20. FILED 6/27, 1936 Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/27/36, 193..., to 6/27/36, 193...
I last saw him alive on 6/27/36, 193...: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphixa, caused by cord wrapped around the neck.	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193...
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) Dr. Kasey, M. D.
(Address) Soda Springs, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99199

County of Cassia
City of Albion

Registration District No.....
Primary Registration District No..... Local Registrar's No.....

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby ada. May Clark

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April-10-1936

7. AGE — Years | Months: 2 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Albion
(State or country) Idaho

MOTHER

13. NAME James Clark
14. BIRTHPLACE (city or town) Albion
(State or country) Idaho

FATHER

15. MAIDEN NAME Cater West
16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT James Clark
(Address) Albion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Albion Idaho Date 6/20..., 1936

19. UNDERTAKER L. E. Johnson Mortuary
(Address) Burley Idaho

20. FILED 6/19..., 1936 C. I. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/7..., 1936., to 6/18..., 1936.
I last saw her alive on 6/15., 1936: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Interstinal Influenza	6/5/36

Other **contributory causes** of importance: None

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. I. Slater, M. D.
(Address) Albion Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99200

Registration District No. 117

JUL 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 69

(If death occurred in a hospital or institution, give its name instead of street and number) Cottage Hospital

2. FULL NAME Wilma Ray Gillett

(a) Residence. No. Declo St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

119

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laurance A. Gillett

6. DATE OF BIRTH (month, day, and year) Oct. 24- 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5/9/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Grantsville Utah

MOTHER

13. NAME John A. Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Estell Gould

16. BIRTHPLACE (city or town) (State or country) Leigh Utah

17. INFORMANT (Address) Laurance A. Gillett Declo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Idaho Date 5/17/ 1936

19. UNDERTAKER (Address) L. C. Johnson Mortuary Cliff McCulloch

20. FILED ~~[illegible]~~ 7/7/ 1936 Laura G. Sprocher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936, to May 14 1936.
I last saw her alive on May 14 1936.: death is said to have occurred on the date stated above, at 6:A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	May 10.
Other **contributory causes** of importance: Hysterectomy	May 14

Name of operation Hysterectomy Date of May 10
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh E. Green M. D.
(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

DO NOT WRITE IN THIS SPACE

State File No. 99202

JUL 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 63

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joe Mangga

(a) Residence. No. Burley (If nonresident give city or town and state) St. Calfurnia

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Mexican

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): No Record

7. AGE: Years: about 38 yrs. Months: Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sugar Co. Field Work

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Mexico

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMANT (Address): Dr. L. M. Kelly Burley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Burley Idaho Date 6-15-, 1936

19. UNDERTAKER (Address): L. E. Johnson Mortuary Burley Idaho

20. FILED 6/6, 1936 Laura D. Spraeker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/4/1936

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1936, to 6-4, 1936.

I last saw him alive on 6-4, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-5-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. M. Kelly M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

DO NOT WRITE IN THIS SPACE

State File No. 99203

JUL 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 64

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. Charley Bynum

(a) Residence. No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb- 15- 1890

7. AGE: Years 46 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 5

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Salt Lake Utah

FATHER

13. NAME: Heber Geo. Bynum

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Eva A Smith

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Heber G. Bynum Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Cem. Date 6/14/, 1936

19. UNDERTAKER (Address): H. C. Johnson Burley Idaho

20. FILED 6/14/, 1936 Laura L. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to June 13, 1936.
I last saw him alive on Nov 25 1935.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis of Kidneys Bilateral	About 1925.

Other **contributory causes** of importance:

None

Name of operation None Date of.....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Baymar, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99204

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 65

JUL 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Lenora Stephens

(a) Residence. No. Burley R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. A. Stephens

6. DATE OF BIRTH (month, day, and year): July 20 1881

7. AGE: Years 54 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 6/4/36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Brigham Utah

MOTHER FATHER

13. NAME: Lars Mortensen

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Mary Olson

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): A. A. Stephens Burley Ida. R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place: Malad Ida. Date: 6/16/, 1936

19. UNDERTAKER (Address): D. E. Johnson Mortuary Burley Ida. Per B. E. McCulloch

20. FILED: 6/15/, 1936 Laura D. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1936, to 6-11, 1936

I last saw h[illegible] alive on 6-11, 1936: death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca. of stomach	Nov. 1935

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) ..... M. D.

(Address) Burley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9920[illegible]

Registration District No. 117

JUL 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 66

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Holmes

(a) Residence. No. ... Lincoln Nebraska St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Gladys Holmes

6. DATE OF BIRTH (month, day, and year) 1908

7. AGE — Years: 27 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor Contract
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Cont. on Bldg
10. Date deceased last worked at this occupation (mo. and yr.) 7/1/36
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country): Lincoln Nebraska

MOTHER FATHER

13. NAME — Holmes
14. BIRTHPLACE (city or town) (State or country): U. S. A.
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): L. C. Arbaugh Burley Idaho
18. BURIAL, CREMATION OR REMOVAL — Place Lincoln Neb. Date 7/6/, 1936
19. UNDERTAKER (Address): D. E. Johnson Burley Idaho
20. FILED 7/2/, 1936 Laura J. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/1/1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936, to 7-1, 1936.
I last saw him alive on 7-1, 1936: death is said to have occurred on the date stated above, at 7:15 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Contract.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. Bailey, M. D.
(Address) Burley.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 99207

Local Registrar's No. 68

JUL 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Cottage Hospital

2. FULL NAME Ida Florence Pratt

(a) Residence. No. Heyburn St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Raymond C. Pratt

6. DATE OF BIRTH (month, day, and year): July 3 1908

7. AGE — Years: 27 Months: 9 Days: 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 4/27/37

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Heyburn Idaho

FATHER

13. NAME: Ernest B. Skinner

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary C. Smith

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Raymond C. Pratt Heyburn

18. BURIAL, CREMATION OR REMOVAL

Place: Heyburn Idaho Date: 5/8/, 1936

19. UNDERTAKER (Address): L. E. Johnston Burley Idaho

20. FILED 7/7/, 1936 Laura D. Pratchett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/2/1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 2, 1936.

I last saw her alive on May 2, 1936.: death is said to have occurred on the date stated above, at 4:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Septicaemia	April 20-
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh L. Dunn, M. D.

(Address) Burley 24th

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99208

PLACE OF DEATH

County of Clearwater
City of near Orofino Idaho

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty May Henry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian 1/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-30-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clearwater Idaho

MOTHER FATHER

13. NAME Francis Henry

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Edwina May Taylor

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Birth Record

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Idaho Date 4-9-, 1936

19. UNDERTAKER Family
(Address)

20. FILED April 1936 George Faigmand Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-8-36 193..., to 4-8-36, 193....
I last saw her alive on 4-8-36 193...: death is said to have occurred on the date stated above, at 6:00 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Probably influenza	
as the child had a	
cold the day	
before. I saw	
her at 4:00 PM and	
she died at 6:00 PM.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) George Faigmand M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
90

DO NOT WRITE IN THIS SPACE
State File No. 99209

Registration District No. .....

JUL 6 1936 RECEIVED

Registration District No. 2187
Local Registrar's No. 79
(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Thole Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hospital
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 6-5, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 6-4, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to June 3, 1936
I last saw him alive on June 3, 1936; death is said to have occurred on the date stated above, at 2.10P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. S. Pagenhagen M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99210

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 80

JUL 6 1936 RECEIVED

(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew J. Banks

(a) Residence. No. St. Craigmont - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary Banks
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 19 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT Records State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont Date June 8, 1936

19. UNDERTAKER C. E. Clowes
(Address) Craigmont Ida.

20. FILED 6-6, 1936 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from September 7 1933 to June 5, 1936
I last saw him alive on June 5, 1936; death is said to have occurred on the date stated above, at 3:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	
Other **contributory causes** of importance:	
Senile Psychosis - Depressed.	

Name of operation None Date of
What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Louis Mahaney M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99211

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 81

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Orofino Hosp.

2. FULL NAME James Nolan

(a) Residence. No. St. Tacoma Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Nolan

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cement work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs John Summers
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Tacoma Wash. Date June 6, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 6-6, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4-, 1936, to 6-4, 1936
I last saw him alive on 6-4, 1936: death is said to have occurred on the date stated above, at 4 30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushing injury to left Chest	6-4-36
Other **contributory causes** of importance: Fracture of L. Clavicle	
Internal abdominal injuries.	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-4-36 193.
Where did injury occur? Clearwater County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury Auto accident
Nature of injury Crushing injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Lappenbrager, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater.
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99212

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 83

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Riggs

(a) Residence No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 30-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Garnett Rigg

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Nancy Jane Rigg

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Bud Riggs Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gilbert Date 6-12, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Ida

20. FILED 6-12, 1936 W. A. Chase Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned accidently	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wayne L. Hurley Coroner
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Weippe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99213

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 89

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alois Arth

(a) Residence. No. ..... St. Orofino R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Arth

6. DATE OF BIRTH (month, day, and year) Dec 7 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) France
(State or country)

FATHER
13. NAME Lorane Arth
14. BIRTHPLACE (city or town) France
(State or country)

MOTHER
15. MAIDEN NAME Mary Weber
16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Mrs Anna Arth Orofino
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Ida Date June 14, 1936

19. UNDERTAKER W. A. Shaw Orofino
(Address)

20. FILED 6-13, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 193

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to June 12, 1936
I last saw him alive on June 8, 1936: death is said to have occurred on the date stated above, at 1.10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	May 1936
Other contributory causes of importance:	
Chronic Myocarditis and Arteriosclerotic Degeneration	1916

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harland P. Tabler, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE.
State File No. 99214

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 85

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Laura Oliver

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Jessie Town
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Syra Borton
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Geo Oliver
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date June 27, 1936

19. UNDERTAKER W. A. Shaw Orofino
(Address)

20. FILED 6-25, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to June 24, 1936.
I last saw h.s alive on May 19, 1936: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 1936
Other contributory causes of importance:	
Toxemia - Outlet of stomach (Probable Ca)	1936

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland F. Kahler M. D.
(Address) Orofino, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99215

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 84

JUL 6 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Orril Brown

(a) Residence. No. Orofino Ida R 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Brown

6. DATE OF BIRTH (month, day, and year) Aug 13 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME William Brown
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Martha J Brown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Ida Brown (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gill[illegible] Date 6-15, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 6-17, 1936 W A Schaefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to June 13, 1936
I last saw him alive on June 13, 1936: death is said to have occurred on the date stated above, at about 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Lesion	6-10-36
Acute Pleural Effusion	
Organic Heart Lesion	of old

Other contributory causes of importance: Would not defer to his medical advisors

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? no Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) W F Robertson M. D.
(Address) Orofino Idaho

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9921b

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 86

JUL 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Orofino Hosp.) 1898

2. FULL NAME Jack Lumley

(a) Residence. No. St. Headquarters Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Jack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods Work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Baker (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date June 30 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 6-29, 1936 H. A. Thaeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 29, 1936
I last saw h[im] alive on 6-29, 1936; death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cranio-Cerebral injury	6-25-36
Crushing injury to Richest	6-25-36
Other contributory causes of importance: Pneumonia.	6-27-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-25-36
Where did injury occur? Clearwater County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Struck with rolling Rock
Nature of injury Head & chest injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify logger
(Signed) A. B. Pappenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
90

DO NOT WRITE IN THIS SPACE
State File No. 99217

JUL 6 1936 RECEIVED

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 57

(No. Orofino Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Peter Shoemaker

(a) Residence. No. St. Orofino Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 26 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentuckey

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Olie Hughs
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date July 3, 1936

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 6-30, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 30, 1936
last saw h[illegible] alive on June 29, 1936: death is said to have occurred on the date stated above, at 9.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis.	6-30-36
Cerebral arterio sclerosis.	
2 Years yrs	
Duration	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Pappenhagen M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clark
City of Ismay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 125
Primary Registration District No. 2203

DO NOT WRITE IN THIS SPACE
State File No. 99218

Local Registrar's No.

JUL 3 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis DE Granville Gauchay

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Gauchay

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manyville Utah

FATHER

13. NAME Philip Gauchay

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Abida Gardner

16. BIRTHPLACE (city or town) (State or country) West Jordan Utah

17. INFORMENT (Address) Mrs R Gauchay Ismay Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Lupoc Date June 8, 1936

19. UNDERTAKER (Address) Jack A Wood Idaho Falls Idaho

20. FILED June 7, 1936 W E Jones M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to ..., 193...

I last saw h. alive on ..., 193...: death is said to have occurred on the date stated above, at about 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide — rifle shot	

Other contributory causes of importance:

Ill health	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/6, 1936

Where did injury occur? Ranch Ismay R O
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury Rifle shot through head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W E Jones, M. D.

(Address) Dubois Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CUSTER

City of CHALLIS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 148

Primary Registration District No. 2146

DO NOT WRITE IN THIS SPACE

State File No. 99219

Local Registrar's No. 216

JUL 14 1936 RECEIVED

1880

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME ROSS CLOWARD

(a) Residence. No. Challis Idah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs Rosa Cloward

6. DATE OF BIRTH (month, day, and year) Sept 23 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Ward man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 9 years

12. BIRTHPLACE (city or town) (State or country) Morgan Utah

FATHER

13. NAME Thomas Cloward

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Emaline Clay

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMENT (Address) Mrs Rosa Cloward Challis Idah

18. BURIAL, CREMATION, OR REMOVAL Place Challis Idah Date June 24, 1936

19. UNDERTAKER (Address) Marvel Ans Idah

20. FILED June 30, 1936 Edna McKeown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21-36, 193 , to 6-22-36, 193

I last saw h alive on 6-22-36, 193 : death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic (Auto) shock	
Fracture Skull: Cerebral	
Hemorrhage:	
Other contributory causes of importance:	
Alcoholism	

Name of operation First Aid Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6-21 1936

Where did injury occur? near Challis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury auto

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. P. Richards, M. D.

(Address) Mackay, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of CUSTER

City of CHALLIS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 108

Primary Registration District No. 2186

DO NOT WRITE IN THIS SPACE

State File No. 99220

Local Registrar's No. 215

JUL 14 1936 RECEIVED

188c

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME JOE CLOWARD

(a) Residence. No. ..... St. came from Salt Lake
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 32 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Sheep shearer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Thomas Cloward

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emeline Story

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs Rose Cloward

18. BURIAL, CREMATION, OR REMOVAL Place Challis Idaho Date June 24 1936

19. UNDERTAKER Manuel (Address) Ames Idaho

20. FILED June 30, 1936 Ella McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/22/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/21/36, 193, to 6/22/36, 193

I last saw him alive on 6/22/36, 193: death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TRAUMATIC SHOCK: HEMORRHAGE (BRACHIAL)	

Other contributory causes of importance:

ALCOHOLISM

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/21, 1936

Where did injury occur? near Challis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury auto

Nature of injury severed brachial artery

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F.O. Richards, M. D.

(Address) Mackay Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99222

JUL 9 1936 RECEIVED

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 14
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grant Wilson Sr.

(a) Residence. No. ..... St. Atlanta, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Nora Wilson

6. DATE OF BIRTH (month, day, and year) 12-10-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 6-1-33
11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Circleville (State or country) Kansas

FATHER
13. NAME John Wilson
14. BIRTHPLACE (city or town) Tuckerman (State or country)

MOTHER
15. MAIDEN NAME Margaret Samuels
16. BIRTHPLACE (city or town) Penn. (State or country)

17. INFORMANT Nora Wilson (Address) Mountain Home Ida.
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn Home Date 6-16-1936
19. UNDERTAKER Zucher Funeral Home (Address) Mtn Home Ida.
20. FILED June 17, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-12 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	6-1-1933
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J E Evans M. D.
(Address) Mtn Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 202 / Local Registrar's No. 1

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99223

88

2. FULL NAME Mary Elizabeth Davis

(a) Residence. No. (Usual place of abode) St. Glenns Ferry Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jenkins Davis

6. DATE OF BIRTH (month, day, and year): 9-30-72

7. AGE: Years 63 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1-10-36

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Mason City West Virginia

FATHER

13. NAME: William West

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Kathleen Davis

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): J. W. Davis Glenns Ferry Ida.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL

Place: Boise Idaho Date: 6-15-1936

19. UNDERTAKER (Address): Barker Funeral Home Mtn. Home Ida.

20. FILED June 15, 1936. Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-12 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to June 12, 1936.

I last saw h[illegible] alive on June 12 1936.: death is said to have occurred on the date stated above, at 3:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Essential hypertension	1925
Myocarditis	1932
Other **contributory causes** of importance: Pernicious Anemia	Nov 1 1935

Name of operation: ..... Date of: .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Davis M. D.

(Address) Glenns Ferry Idaho

RECEIVED JUL 1 1936

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Oxford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99224

Registration District No. 83
Primary Registration District No. 2160 Local Registrar's No. 16

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eunice Sophia Boyce

(a) Residence. No. Oxford, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Y. Boyce

6. DATE OF BIRTH (month, day, and year)
Mar. 18, 1857

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
79	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Ogden
(State or country) Utah

MOTHER
13. NAME Markus D. Merrick
14. BIRTHPLACE (city or town) .....
(State or country) Ill.

FATHER
15. MAIDEN NAME Sophia Duffin
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Oxford, Idaho Date. June 7, 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston, Idaho

20. FILED June 25 1936. Mary E. C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to ....., 193..
I last saw h[illegible] alive on June 7 1936. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	1930

Other **contributory causes** of importance:

Arteriosclerosis	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Preston Ida.

JUL 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99225

PLACE OF DEATH
County of Franklin
City of Preston — Registration District No. 27
Primary Registration District No. 219 — Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Jepsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) May 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muddy Creek (State or country) Idaho

FATHER

13. NAME Thomas Jepsen

14. BIRTHPLACE (city or town) Muddy Creek (State or country) Idaho

MOTHER

15. MAIDEN NAME Anna Christina Christensen

16. BIRTHPLACE (city or town) Muddy Creek (State or country) Idaho

17. INFORMENT (Address) Thomas Jepsen Muddy Creek Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Muddy Creek Date Jan 3, 1936

19. UNDERTAKER (Address) L. H. Johnston Preston Ida.

20. FILED July 8, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to June 2, 1936.
I last saw her alive on June 1, 1936.: death is said to have occurred on the date stated above, at 9 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Death Cause unknown	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. B. Curtis, M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27

DO NOT WRITE IN THIS SPACE
State File No. 99226

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No.
Primary Registration District No. 2119 Local Registrar's No. 38

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Alvin Harris

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aner Marler Harris

6. DATE OF BIRTH (month, day, and year) Mar 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	54	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME Joshua Harris

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Whitesides

16. BIRTHPLACE (city or town) (State or country) Kaysville Ut

17. INFORMANT (Address) Aner M. Harris, Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date June 16 36

19. UNDERTAKER (Address) M. W. Hendricks, Preston Idaho

20. FILED July 8, 193 6 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerelral Hemorrhage	
Instantaneous death.	
Patient climbed out of bed and started toward door and suddenly fell to floor.	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) M. W. Hendricks M.D.
(Address) Preston Idaho
Coroner

74a

JUL 12 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99227

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 110

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Davis

(a) Residence. No. Preston St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year): June 27 1936

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Preston Idaho

MOTHER FATHER

13. NAME Ralph G. Davis

14. BIRTHPLACE (city or town) (State or country): Preston Id.

MOTHER

15. MAIDEN NAME: Ruby S. Randle

16. BIRTHPLACE (city or town) (State or country): Preston Idaho

17. INFORMANT (Address): Ralph G. Davis Preston

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date June 28 1936

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED July 8, 1936. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1936 to 6-27, 1936.

I last saw her alive on 6-27, 1936: death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	6-27-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. R. Cowley M. D.
(Address) Preston, Idaho

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99228

PLACE OF DEATH

County of Franklin
City of Clifton

Registration District No. 27
Primary Registration District No. 219 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Alice Eliza Sant

(a) Residence. No. Clifton Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Sant

6. DATE OF BIRTH (month, day, and year) July 29 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Smithfield (State or country) Utah

FATHER

13. NAME William Treasure

14. BIRTHPLACE (city or town) Wales (State or country)

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT Mrs L. Vernon Howell (Address) Clifton Idaho

18. BURIAL, CREMATION OR REMOVAL Place Clifton Idaho Date July 1, 1936

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED July 8, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1936, to 6-29, 1936

I last saw her alive on 6-28, 1936: death is said to have occurred on the date stated above, at 4 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1934

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....

(Signed) O. R. Cuttler M. D.

(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 99
Primary Registration District No. 2177
State File No. 99229
Local Registrar's No. 232

JUL 15 1936 RECEIVED

1. PLACE OF DEATH

County of Fremont
City of St Anthony
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marylin Jackson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	White	Single

6. DATE OF BIRTH Oct [redacted] 1934
(Month) (Day) (Year)

7. AGE 1 Yrs. 8 Mos. 4 ds.
*IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) St Anthony Idaho

10. NAME OF Father Floyd - Jackson -

11. BIRTHPLACE OF FATHER (State or Country) Twin Grove Idaho

12. MAIDEN NAME OF MOTHER Phylis - Swensen -

13. BIRTHPLACE OF MOTHER (State or Country) St Anthony Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Floyd - Jackson -
(Address) St Anthony Idaho -

15. Filed June - 19 Sarah B Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6 (Month) 12 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-12 1936 to 6-12 1936 that I last saw h..... alive on the date above; and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: -
Drowning Accidental
0
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C.W. Ferrell M. D.
6/13 1936 (Address) St. Anthony Idaho.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Wilford Idaho - DATE OF BURIAL 6-14 1936

20. UNDERTAKER Lon Hansen ADDRESS St Anthony Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 99
Primary Registration District No. 2177
State File No. 99230
Local Registrar's No. 936

JUL 15 1936 RECEIVED

1. PLACE OF DEATH
County of Fremont
City of St Anthony
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dorothy Antonett Kubal

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word):

6. DATE OF BIRTH: Aug. (Month) 19 (Day) 1933 (Year)

7. AGE: 2 Yrs. 9 Mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lake County, Indiana

10. NAME OF Father: Otto A Kubal

11. BIRTHPLACE OF FATHER (State or Country): Chicago

12. MAIDEN NAME OF MOTHER: Rose Meyer

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto A Kubal
(Address) St Anthony, Idaho

15.
Filed June 17 - 1936 Sarah B Hyank
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from On June 17 1936 to only 19....,
that I last saw her alive on not at all 19....,
and that death occurred on the date stated above, at about 4 P.M.
The CAUSE OF DEATH* was as follows:
Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J A Ellison M. D.
6/19 1936 (Address) St. Anthony Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence: .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 19....

20. UNDERTAKER Wm M Hansen ADDRESS Rexburg Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 99231

Local Registrar's No. 231

Registration District No. 99

Primary Registration District No. 2177

JUL 15 1936 RECEIVED

1. PLACE OF DEATH

County of Fremont

City of St Anthony

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Beatrice Shultz Butler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: March 2 1864 (Month) (Day) (Year)

7. AGE: 72 Yrs. 3 Mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mound City Mo

10. NAME OF Father: Christian Shultz

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Mary Felen

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Bert H Butler
(Address): St Anthony Idaho

15. Filed June 15 1936 Sarah B Mund Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10 (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4 1936 to June 14 1936, that I last saw her alive on June 14 1936, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Fracture of Pelvis. Diabetes.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H H Hansen M. D.

6/16 1936 (Address) St Anthony Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Anthony Idaho — DATE OF BURIAL: June 16 1936

20. UNDERTAKER: H M Hansen — ADDRESS: St Anthony Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 99
Primary Registration District No. 2177
State File No. 99232
Local Registrar's No. 228

JUL 15 1936 RECEIVED

1. PLACE OF DEATH
County of Fremont
City of St Anthony (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maurice Walter Davis

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child
6. DATE OF BIRTH: Jan 17 1929 (Jan — (Month) 17 (Day) 1929 (Year))
7. AGE: Yrs. 7 Mos. 6 ds. 7 — IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): St Anthony Idaho
10. NAME OF Father: Walter Davis
11. BIRTHPLACE OF FATHER (State or Country): St Anthony
12. MAIDEN NAME OF MOTHER: Leona - Nelson -
13. BIRTHPLACE OF MOTHER (State or Country): St Anthony Ida-
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter L Davis
(Address) St Anthony Idaho R-1
15.
Filed Jan - 11 1936 Sarah B Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 (Month) 10 (Day) 1936 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 6/10 1936 to 6/10 1936; that I last saw him alive on Did not see him alive - 19 , and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
Scarlet fever
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Mercer M. D.
6/11 1936 (Address) St Anthony Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Not known -
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wilford - Idaho -
DATE OF BURIAL: June 12 1936
20. UNDERTAKER: W M - Hansen
ADDRESS: St Anthony

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 99
Primary Registration District No. 2177
File No. 9923
Registered No. 229

JUN 15 1936 RECEIVED

1. PLACE OF DEATH
County of Fremont
City of St. Anthony (No. ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ivy May Farley Tuck
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): married

6. DATE OF BIRTH: February (Month) 4 (Day) 1894 (Year)

7. AGE: 42 Yrs. 4 Mos. 8 ds.
IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ogden, Utah

10. NAME OF FATHER: Lorenzo Farley

11. BIRTHPLACE OF FATHER (State or Country): Ogden, Utah

12. MAIDEN NAME OF MOTHER: Julia Housley

13. BIRTHPLACE OF MOTHER (State or Country): Paradise, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Venice Tuck
(Address) St. Anthony, Idaho

15. Filed June 15 1936 Sarah B Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 (Month) 12 (Day) 1936 (Year) 49

17. I HEREBY CERTIFY, That I attended deceased from June 1935 to June 12 1936 that I last saw h[illegible] alive on June 10 1936 and that death occurred on the date stated above, at 10 A M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Cervix
(Duration) 3 Yrs. ... mos. ... ds.
Contributory (Secondary) ... (Duration) ... yrs. ... mos. ... ds.
(Signed) [illegible] M. D.
6/15 1936 (Address) St. Anthony, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ... 19...

20. UNDERTAKER Wm. P. Hansen | ADDRESS Russell Glamm Redfog

BYRD-TOOK CO., PRINTERS & BINDERS, BOISE 51083

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99234

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Joe Arnold Huff

(a) Residence. No. Emmett St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 10 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER/FATHER

13. NAME Joseph B. Huff

14. BIRTHPLACE (city or town)
(State or country) Neb

MOTHER

15. MAIDEN NAME Nurl Robbins

16. BIRTHPLACE (city or town)
(State or country) Colorado

17. INFORMANT Mrs. Nurl Huff
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 6/11, 193 6

19. UNDERTAKER C. W. Buckendorf
(Address) Emmett Idaho

20. FILED 6/11, 193 6 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 193 6, to 6-10, 193 6.

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Investigate Accident	
Ammitor	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. H. Reynolds, M. D.

(Address) Emmett Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Sweet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99235

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

JUL 10 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

169

2. FULL NAME Marmaduke Hewitson

(a) Residence. No. ..... Sweet Idaho ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Olive Hewitson

6. DATE OF BIRTH (month, day, and year): Feb. 17, 1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
86	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): May 1938

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: George Hewitson

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Anne Hobson

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): C. Burt Whipple, Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Emmett, Ida. Date: June 8 1936

19. UNDERTAKER (Address): C. D. Buckner, Emmett Idaho

20. FILED 6/8, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Succede	
Drowned in Squaw Creek	

Other **contributory causes** of importance:

Name of operation.... ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) C. D. Buckner M. D. Coroner

(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99236

JUL 13 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Roy Wilfong

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

13 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 8 1861

7. AGE: Years 75 | Months — | Days 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Mar 19 36
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Harvard Illinois

FATHER
13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Earl Wilfong Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date ....., 193...

19. UNDERTAKER: C O Buckner
(Address) Emmett Idaho

20. FILED 6/23, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/21 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to June 21, 1936
I last saw him alive on June 21, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis with Uremia	Apr yrs May 15/36
Other contributory causes of importance:	
Old sepsis	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... Work Directly .....
(Signed) H H Barnes, M. D.
(Address) Emmett

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99237

Registration District No. 6

JUN 13 1936 RECEIVED

Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Henry Whitsell

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. ... mos ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Whitsell

6. DATE OF BIRTH (month, day, and year) Jan 18 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 6-1-1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Centerville Iowa

FATHER

13. NAME Lawrence Whitsell

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Martha J. Pennington

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT F. J. Whitsell (Address) .....

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 6/12 1936

19. UNDERTAKER C. D. Buckingham (Address) Emmett Ida

20. FILED 6/12 1936 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to June 10 ....., 1936.

I last saw him alive on June 9, 1936: death is said to have occurred on the date stated above, at 7 P. ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexia	

Other **contributory causes** of importance:

Hypertention, Cerebral Hardening of Arteries	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Reynolds, M. D.

(Address) Emmett Ida

JUL 1 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99238

PLACE OF DEATH

County of Gooding

City of Gooding

Registration District No.

Primary Registration District No. 27 Local Registrar's No. 672

(No. 188a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Thomson

(a) Residence. No. St. Mayfield Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	51	esh		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sheepman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Thomson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT W. L. Thomson
(Address) Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 6-27, 1936

19. UNDERTAKER W. McBratney
(Address) Gooding Ida

20. FILED 6-30, 1936 J. A. Cranney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23 1936, to June 24, 1936.
I last saw him alive on June 24 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	6/23/36

Other **contributory causes** of importance:
Many minor injuries
and Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 23, 1936
Where did injury occur? Gooding Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in home or in **public place.** Public Place
Manner of injury Struck by train
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. E. Barnett M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 1 1936 RECEIVED

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99239

PLACE OF DEATH

County of Gooding
City of Gooding

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 670

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Paul Jr

(a) Residence. No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maude Paul

6. DATE OF BIRTH (month, day, and year) November 6, 1880

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver (State or country) Colorado

FATHER

13. NAME Warren Paul, Sr

14 BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT Mrs. Louise Schuster (Address) Gooding

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Gooding Date , 193..

19. UNDERTAKER (Address)

20. FILED 6-30., 193.6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 193.6, to 6-16, 193.6

I last saw h[illegible] alive on 6-4, 193.36 death is said to have occurred on the date stated above, at 2.40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	1910
Lueic embarrassment	1920
Other **contributory causes** of importance:	
Arteriosclerosis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address)

JUL 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99240

PLACE OF DEATH

County of Gooding
City of Gooding

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 669

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard Balcome Curtis

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) August 28, 1932

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
3	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Platte Bluff Nebraska

FATHER

13. NAME J. W. Curtis

14. BIRTHPLACE (city or town) (State or country) Decatur Illinois

MOTHER

15. MAIDEN NAME Dallie Balcome

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Orville Curtis Gooding Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Gooding Date 6-17, 1936

19. UNDERTAKER (Address) A. G. Thaut Sons

20. FILED 6-20 1936 J. H. Cranmill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1936, to 6-15, 1936.
I last saw him alive on 6-15, 1936; death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septicemia	6-10-36
Other **contributory causes** of importance: Injury to foot followed by infection	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury Small cut on sole of left foot
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Gooding, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99241

PLACE OF DEATH
County of Gooding
City of Gooding

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 668

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Wm Mitchell

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Akilla Mitchell
6. DATE OF BIRTH (month, day, and year): October 1 1866
7. AGE: Years 69 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Laport Iowa

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Kay Mitchell Gooding
18. BURIAL, ~~CREMATION OR REMOVAL~~: Place Gooding, Ida. Date ..., 193..
19. UNDERTAKER (Address):
20. FILED 6-30, 193.6 J. F. Cummings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14-36, 1936, to 6-14-36, 193.... I last saw him alive on 6-14, 1936; death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	6-14-36
Other **contributory causes** of importance:	
arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) John Mitchell ....., M. D.
(Address) Gooding

JUL 1 - 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99242

Registration District No.

Primary Registration District No. 24

Local Registrar's No. 67

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leroy Jasper James

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice E. James

6. DATE OF BIRTH (month, day, and year): August 27 1847

7. AGE: Years 88 | Months 9 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Summit Grove
(State or country) Indiana

FATHER

13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT A. J. Clemons
(Address) Gooding, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Elmwood Cem. Date 6-21., 193 6
Gooding Idaho

19. UNDERTAKER R. E. Thompson
(Address)

20. FILED 6-20., 1936 J. A. Conners
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-24 193 6

22. I HEREBY CERTIFY, That I attended deceased from June 19., 193 6., to June 24., 193 6.
I last saw him alive on June 24, 193 6: death is said to have occurred on the date stated above, at 5. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia, Interstitial nephritis	June 18-1936
Other **contributory causes** of importance:	
arteriosclerosis	

Name of operation. None Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Dale Samuels, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
R 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99243

Registration District No.
Primary Registration District No. 24 Local Registrar's No 667

JUL 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Rosabelle Minks

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Silvester Minks.

6. DATE OF BIRTH (month, day, and year) Sept. 6 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant Virginia

FATHER
13. NAME Jackson Grubb
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Martha B Boyer
16. BIRTHPLACE (city or town) (State or country) Grant Virginia

17. INFORMANT Chester Minks (Address) Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL Place Gooding Elmwood Cemetery Date 6-2 1936

19. UNDERTAKER ? ? Flannery (Address)

20. FILED 6-20 1936 J. H. Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1935, to 5-31 1936

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12 Noon

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1932

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. O. Bromwell M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16-17

DO NOT WRITE IN THIS SPACE
State File No. 99244

JUN 6 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. 67

(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Ray Johnson

(a) Residence. No. ..... Rupert St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 1 - 1936
7. AGE — Years | Months | Days: 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marley (State or country)

FATHER
13. NAME Kennet Moses Johnson
14. BIRTHPLACE (city or town) Missouri (State or country) Ida

MOTHER
15. MAIDEN NAME Thelma Jeanita Blazer
16. BIRTHPLACE (city or town) Savoy Ark (State or country) Ida

17. INFORMANT Kenneth M. Johnson (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rupert Date 6-7, 1936

19. UNDERTAKER A. E. Thompson (Address)

20. FILED 6-13-, 1936 J. D. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936 to June 5, 1936.
I last saw him alive on June 5 1936; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other **contributory causes** of importance:

Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. E. Barrett, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99245

Registration District No. 106

JUL 13 1936 RECEIVED

Primary Registration District No. 2184 Local Registrar's No. 406

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Anderson Thomas

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. W. Thomas

6. DATE OF BIRTH (month, day, and year) April 25-1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pool-ville (State or country) Iowa

MOTHER FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) Forfarshire (State or country) Scotland

15. MAIDEN NAME Catherine McDonald

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT J. M. Anderson (Address) Melville - Secakatchum

18. BURIAL, CREMATION OR REMOVAL

Place Lake Cemetery Date June 5 1936

19. UNDERTAKER Kramer (Address) .....

20. FILED July 1, 1936. J. M. Verbeek M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to June 3, 1936.

I last saw her alive on Jan. 1, 1936 death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. M. Verbeek M.D., M. D.

(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99246

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 407

JUL 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Denzil Robinett

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov-1-1909
7. AGE: Years: 26 | Months: 7 | Days: 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gen. work Packer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Nov 30-35
11. Total time (years) spent in this occupation: 8 yrs.

12. BIRTHPLACE (city or town) (State or country): Cottonwood Idaho

FATHER
13. NAME: Oliver Robinett
14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER
15. MAIDEN NAME: Annie Shaw
16. BIRTHPLACE (city or town) (State or country): Missouri Idaho

17. INFORMANT (Address): Oliver Robinett Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kendrick Cemetery Date: June 7, 1936

19. UNDERTAKER (Address): Geo. Freeman Kooskia

20. FILED July 1, 1936 J.M. Verbeck M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 6, 1936.
I last saw him alive on June 5 1936. death is said to have occurred on the date stated above, at 3 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) J.M. Verbeck M.D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of ElkCity

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99247

JUL 3 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 28

(No. South Fork River)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Harvey P. Helper

(a) Residence. No. ElkCity, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5/18/36

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 5/19, 1936

19. UNDERTAKER Glenn Ailor
(Address) Grangeville, Idaho

20. FILED July 1, 1936 R. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in South Fork River	
caused by jumping out of car.	
Automobile accident	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....
(Signed) Glenn Ailor
(Address) Grangeville Ida

CORONER OF IDAHO COUNTY

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 99248

Registered No. 17

JUL 10 1936 RECEIVED

1. PLACE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

County of Idaho

City of Cottonwood (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. O. S. & C. Hospital

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Michael Joseph Kirren

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: July (Month) 3 (Day) 1919 (Year)

7. AGE: 14 Yrs. 11 Mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business or establishment in which employed (or employer): Green Creek Ida

9. BIRTHPLACE (State or Country): ↑

10. NAME OF FATHER: Michael Kirren

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Frances Heiss

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Kirren

(Address) Westlake, Ida.

15. Filed June 20 1936 N. F. Orr Jr. M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 18 (Day) 1936 (Year) 119

17. I HEREBY CERTIFY, That I attended deceased from June 8 1936, to June 18 1936, that I last saw h[illegible] alive on June 18 1936, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

5 ft. of Gangrenous Ileum Bowel due to Constriction & Mesentary by Thick adhesion.

(Duration) ..... Yrs. ..... mos. 3 ds.

Contributory (Secondary) 1 yr. ago - Acute Perforation appendicitis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Neely F. Orr M. D.

6/20 1936 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? Perforation F. Bowel June 8-36

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Cottonwood, Ida. DATE OF BURIAL: 6-20 1936

20. UNDERTAKER: Glenn Ailor ADDRESS: Grangeville Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99249

Registration District No. 105

JUL 10 1936 RECEIVED

Registration District No. 2183 Local Registrar's No. 18

(No. C. J. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Edna Mc Goldrick

139

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. James Mc Goldrick

6. DATE OF BIRTH (month, day, and year) May 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
41	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Keeper.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hollenberg, Kans.
(State or country)

FATHER

13. NAME Mr. Ed. Squires

14. BIRTHPLACE (city or town) .....
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Mary Tallcott

16. BIRTHPLACE (city or town) .....
(State or country) Kansas

17. INFORMANT (Address) Mrs. Edith Mahr (Sister) Kamiah, Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Kamiah, Ida. Date 6-26., 1936

19. UNDERTAKER (Address) Glenn Arbon Grangeville, Ida.

20. FILED 6/26...., 1936. W. F. Orr
per J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24...., 1936 to June 25...., 1936.
I last saw her alive on June ...., 1936.; death is said to have occurred on the date stated above, at 8:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uterine Fibroid	
resulting in Blood	
Dyscrasia	
Other **contributory causes** of importance:	
Anemia	

Name of operation Hysterectomy Date of 6/25/36
What test confirmed diagnosis? Lab & Autopsy? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry F. Orr M. D.
(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99250

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 31
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank C. Wyatt

(a) Residence. No. White Bird St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ellen Wyatt

6. DATE OF BIRTH (month, day, and year) Nov 22 - 1848

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
87	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattleman

10. Date deceased last worked at this occupation (mo. and yr.) 7 yrs. ago

11. Total time (years) spent in this occupation 70 yrs.

12. BIRTHPLACE (city or town) (State or country) Camp Branch Mo.

FATHER

13. NAME John S. Wyatt

14. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

MOTHER

15. MAIDEN NAME Catherine Thomas

16. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

17. INFORMANT (Address) Wife - Margaret Ellen Wyatt White Bird Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date June 1, 193 6

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida.

20. FILED July 1, 193 6 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 9:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B Chipman M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 39251

PLACE OF DEATH

County of Idaho

City of Golden Anchor Mine

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 30

(No. 161)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Elwood Bell

(a) Residence. No. Golden Anchor Mine St. Burgdorf, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho County (State or country)

FATHER

13. NAME Frank Oliver Bell

14. BIRTHPLACE (city or town) Gilmore, Ida (State or country)

MOTHER

15. MAIDEN NAME Rosa La Verne Poe

16. BIRTHPLACE (city or town) Broadview, Mont (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Sherman Horse Mine Date May 8, 1936

19. UNDERTAKER (Address)

20. FILED July 1, 1936 B Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4:20 p.m. May 6, 1936, to 5 p.m. May 6, 1936
I last saw ~~him~~ alive on May 6, 1936: death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth - History of Mother shows same occurrence in former pregnancy -	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Pearl M Burroughs attendant M. D.
(Address) Golden Anchor Mine
Burgdorf, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 703

Primary Registration District No. 1001

DO NOT WRITE IN THIS SPACE

State File No. 99252

JUL 3 1936 RECEIVED

Local Registrar's No. 29

(No. At Home).

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Minnie A. Zuver

(a) Residence. No. Grangeville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) 5/21/36.

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Thomas Phillips

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rozlia Ross

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT John Phillips
(Address) Portland, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 5/25., 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville, Idaho

20. FILED July 1., 1936 B Chipman Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Glenn Cole

(Address) Grangeville Ida

Coroner of Idaho county

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99253

Registration District No. 183
Primary Registration District No. 100 Local Registrar's No. 25
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred L Frieze

(a) Residence. No. ... Grangeville Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nellie Frieze

6. DATE OF BIRTH (month, day, and year) Aug 18 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Market
10. Date deceased last worked at this occupation (mo. and yr.) 6 mo ago
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Fairplay Mo

FATHER
13. NAME L. W. Frieze
14. BIRTHPLACE (city or town) (State or country) Fairplay Mo

MOTHER
15. MAIDEN NAME Parthena Devin
16. BIRTHPLACE (city or town) (State or country) Fairplay Mo

17. INFORMANT (Address) Wife - Mrs Nellie Frieze Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 6-10-, 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED July 1, 1936 W. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to June 7, 1936
I last saw h.. alive on June 7, 1936; death is said to have occurred on the date stated above, at 5:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. Hilsinger, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99254

JUL 3 1936 RECEIVED

Registration District No. U 3
Primary Registration District No. 1007
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Jesse E Woods

(a) Residence. No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Emma

6. DATE OF BIRTH (month, day, and year) Nov 3-1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Homes
10. Date deceased last worked at this occupation (mo. and yr.) May-1935
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Burlington Junction Mo.

FATHER
13. NAME David Woods
14. BIRTHPLACE (city or town) (State or country) not obt. Ill.

MOTHER
15. MAIDEN NAME Rachel Johnston
16. BIRTHPLACE (city or town) (State or country) not obt Ohio

17. INFORMANT (Address) Wife - Emma Woods Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date 6-17, 1936

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida.

20. FILED July 1, 1936 P. E. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 15, 1936
Last saw h... alive on June 14 1936: death is said to have occurred on the date stated above, at 11:32 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Fistula	
Hydrops of Gall bladder	
with Biliary Cirrhosis	
Other contributory causes of importance:	

Name of operation Cholecystectomy Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Dan Heelwright M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99255

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 23

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Child Thomas Harvey Long

(a) Residence. No. Grangeville Ida St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Child

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 8- 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Child

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Grangeville (State or country) Ida.

FATHER

13. NAME Ralph D. Long

14. BIRTHPLACE (city or town) Grangeville (State or country) Ida.

MOTHER

15. MAIDEN NAME Carrie Lee Grant

16. BIRTHPLACE (city or town) Shouns (State or country) Tenn.

17. INFORMANT Father Ralph D. Long
(Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 6-7-, 1936

19. UNDERTAKER Haycock & Horne
(Address) Grangeville Ida

20. FILED July 1, 1936 W. B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1-, 1936, to 6-5-, 1936.

I last saw him alive on 6-5-, 1936; death is said to have occurred on the date stated above, at 9:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Immature Premature	
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Kerby F. Orr M. D.

(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99257

Registration District No. 10 3
Primary Registration District No. 1001
Local Registrar's No. 26

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Lee Rossiter

(a) Residence. No. .... Grangeville Ida St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
.3	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Yakima Wash.
(State or country)

FATHER

13. NAME Conn Rossiter
14. BIRTHPLACE (city or town) Grangeville Ida
(State or country)

MOTHER

15. MAIDEN NAME Alta Mattox
16. BIRTHPLACE (city or town) Winona Idaho
(State or country)

17. INFORMANT Father Conn Rossiter
(Address) Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date 6-12, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED July 1, 1936 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to June 10, 1936
I last saw him alive on June 10, 1936.: death is said to have occurred on the date stated above, at 12:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Non Specific Meningitis	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) L A Wheelwright M. D.
(Address) Grangeville Idaho

JUN 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99258

PLACE OF DEATH
County of Idaho
City of Kooskia

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 403

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes Lane

(a) Residence. No. St. Kooskia Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of: Adolph Lane
7. DATE OF BIRTH (month, day, and year): May 15, 1879
8. AGE — Years: 56 Months: 9 Days: 11 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: Jack Bishop
14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER
15. MAIDEN NAME: Ellen Truax
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Adolph Lane

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Date: Apr 28 1936

19. UNDERTAKER (Address): Neighbors

20. FILED June 1 1936 J. M. Verbeke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1935, to Apr. 26th, 1936.
I last saw h. W alive on Dec. 19th, 1935: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Failure of compensation in advanced initial regurgitation	

Other **contributory causes** of importance:

Nerves & Phantom	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) H. W. Wentworth M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Terryton

JUN 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99259

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 22

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nellie Jennett

(a) Residence. No. Terryton, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Jennett

6. DATE OF BIRTH (month, day, and year) July 26, 1865

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
70	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 5/6/1936
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER
13. NAME Fred Collins
14. BIRTHPLACE (city or town) London
(State or country) England

MOTHER
15. MAIDEN NAME Helen Burke
16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMANT ....
(Address)

18. BURIAL, CREMATION OR REMOVAL Removal
Place Spa. Falls Date 5-16 193 6

19. UNDERTAKER ....
(Address)

20. FILED 5/18, 1936 A. E. Eckersall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/16 1936

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ...., 193.., to ...., 193..
~~I last saw h.. alive on ...., 193..~~: death is said to have occurred on the date stated above, at 2 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complications of senile old age	
Other contributory causes of importance:	
Senility	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. E. Eckersall Registrar
(Address) Terryton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 99260
Local Registrar's No. 29

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Johan Olaveson.

JUL 13 1936 RECEIVED

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE OF~~ Annie Dorothy Olaveson

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 9/31
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Norway.
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) Norway.
(State or country)

17. INFORMANT Mary Martin.
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 6/13, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6-13, 1936 A. B. Eckersell.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1934, to June 9, 1936
I last saw h[illegible] alive on 6/9, 1936: death is said to have occurred on the date stated above, at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Lesions	D.K.
Heart Failure due to above	
Other contributory causes of importance:	
Senility	
Pneumonia, Bronchial Pneumonia	6/8/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Innes, M. D.
(Address) Rigby Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Grant

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99261

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Michael Mickelsen

JUL 13 1936 RECEIVED

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grant, Idaho.

FATHER

13. NAME Lorin Peter Mickelsen
14. BIRTHPLACE (city or town) (State or country) St Anthony, Idaho

MOTHER

15. MAIDEN NAME Sydney Christensen.
16. BIRTHPLACE (city or town) (State or country) Kirtland, N. M.

17. INFORMANT Lorin P. Mickelsen
(Address) Idaho Falls, Idaho. R. 5

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 6/24, 1936

19. UNDERTAKER C. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6-24, 1936 C. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23 1936

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ , 193 , to , 193
I last saw him dead on 6/23, 1936: death is said to have occurred on the date stated above, at 6:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
(Accident), suicide, or homicide? Date of injury 6/23, 1936
Where did injury occur? Grant, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Near home.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. B. Eckersell Coroner.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Clinic.

DO NOT WRITE IN THIS SPACE
State File No. 99262

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 31

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fritz Weibel. [illegible] 1936 [illegible]

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 30, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 12.35
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Switzerland.
(State or country)

FATHER

13. NAME Nicklaus Weibel
14. BIRTHPLACE (city or town) Switzerland.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jost.
16. BIRTHPLACE (city or town) Switzerland.
(State or country)

17. INFORMANT Geo. Wasmuth
(Address) Ririe, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 6/29 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby, Idaho.

20. FILED 6-29 1936 A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to last, 193..
I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at 11:05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dale Evans, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99263

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles McCullough

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Unknown.

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 9/36
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Carterright McCullough
14. ~~BIRTHPLACE~~ (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Ann Brown.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT ~~Henry McCullough~~
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 7/3, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 7-1, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936 to June 30, 1936
I last saw him alive on June 26, 1936: death is said to have occurred on the date stated above, at 9:00P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lip, cheek and pharynx	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. G. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99264

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 33

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Kinghorn.

JUL 13 1936 RECEIVED

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Emma B. Kinghorn

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 10/1930
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Alexander Kinghorn.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Jane Campbell.
16. BIRTHPLACE (city or town) (State or country) Campbell, Scotland

17. INFORMANT (Address) Arthur Kinghorn Rigby, Idaho. R. 1

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville, Idaho. Date 7/10, 1936

19. UNDERTAKER (Address) E. E. Eckersell Rigby, Idaho.

20. FILED 7-8, 1936 E. E. Eckersell. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to Jul 7, 1936
I last saw him alive on June 1st, 1936: death is said to have occurred on the date stated above, at 10:15A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Old paralytic stroke	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Anderson, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99265

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 34

(No. ..... Street .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Ann VanLeuven.

(a) Residence. No. ..... St. Filer, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~
(or) WIFE of William VanLeuven.

6. DATE OF BIRTH (month, day, and year) May 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 6/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) North Ogden, Utah.
(State or country)

FATHER

13. NAME Barnabas Lake.
14. BIRTHPLACE (city or town) Canada.
(State or country)

MOTHER

15. MAIDEN NAME Lucy Jane Herrick.
16. BIRTHPLACE (city or town) Ohio.
(State or country)

17. INFORMANT Louie Buxton
(Address) Driggs, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 6/24, 1936

19. UNDERTAKER A.B. Eckersell
(Address) Rigby, Idaho.

20. FILED 6-22-1936. A.B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1936, to 6/20, 1936
I last saw her alive on 6/20, 1936: death is said to have occurred on the date stated above, at 10:35P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Pneumonia and Toxic Nephritis	
following Flu	
Other contributory causes of importance:	
Senility - Chronic Valvular	
Heart Disease, Chronic	
Nephritis	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Jones, M. D.
(Address) Roberts Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99266

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 124

JUL 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernhart-Aa. Olsen

(a) Residence. No. 810- Young Ave St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 40 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Lois Olsen

6. DATE OF BIRTH (month, day, and year) 1892-9-24

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scaler.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackwell Lbr Co.
10. Date deceased last worked at this occupation (mo. and yr.) 12-23-1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Ole A. Olsen.
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Ingeborg T. Svenson
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Lois M. Olsen (Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 7-7, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED July 7, 1936 E. L. Sparks, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 5, 1936
I last saw him alive on July 4, 1936; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation Gastroenterostomy Date of June 1, 1936
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Spurgis, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur D'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99267

Registration District No. 30

JUL 8 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 123.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick Ulrich Lauer

(a) Residence. No. 1219 Front Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male ~~Married~~ | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, and year) May 26, 1861

7. AGE: Years 75 | Months 1 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) Marion (State or country) Ohio

FATHER
13. NAME Fredrick Lauer
14. BIRTHPLACE (city or town) ? (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Marie Funk
16. BIRTHPLACE (city or town) ? (State or country) Germany

17. INFORMANT Amelia Lauer (Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Forest Rem. Cem. Date July 5, 1936

19. UNDERTAKER Hazen & Jaeger (Address) Spokane, Wash.

20. FILED July 6, 1936 E. C. Lyons M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935, to July 1, 1936
I last saw h~~im~~ alive on July 1, 1936: death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Feb 1935
Coronary Thrombosis	July 1, 1936
Other contributory causes of importance:	
Arteriosclerosis	1935

Name of operation — Date of —
What test confirmed diagnosis? Physical findings Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Fred Benson M. D.
(Address) Coeur d'Alene, Idaho

Dr. Woods.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99268

Registration District No. 30

JUL 8 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 122

(No. 915 Front St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Minnie Lewis

(a) Residence. No. 915 Front St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Miles B Lewis. (12-1925)

6. DATE OF BIRTH (month, day, and year): 4-11-1846

7. AGE: Years 90 | Months 2 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: No Occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington, Penn

FATHER

13. NAME: Arthur K Chamberlin

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Eliza Horne

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Mrs. Jno M. Lewis Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL: Place Forest Cem. CDA Date July 3, 1936

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene.

20. FILED July 6, 1936 E. L. Graham, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to July 1, 1936

I last saw her alive on July 1, 1936: death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	June 26. 36

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos G Woods, M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99269

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 121

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel C. Morris

(a) Residence. No. —— St. 4 Miles. Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary V. Morris

6. DATE OF BIRTH (month, day, and year) 2-19-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Christian Church
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Morris
14. BIRTHPLACE (city or town) (State or country) U.S

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mrs. Mary V. Morris
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Lawn Cem. Date July 8, 1936

19. UNDERTAKER Wilson Mortuary
(Address)

20. FILED July 6, 1936 E. L. Sperling M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Organized attacks for past two yrs

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lucile Lasley M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99270

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 120

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerome Young

(a) Residence. No. N. 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Grace Young

6. DATE OF BIRTH (month, day, and year) 1861-9-22

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shutebuilder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for different Lbr Co.
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Quebec.

FATHER
13. NAME Young
14. BIRTHPLACE (city or town) (State or country) Quebec

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Quebec.

17. INFORMANT (Address) Frank Young

18. BURIAL, CREMATION OR REMOVAL Place Forest-Coeur d'Alene Date 7-6, 1936

19. UNDERTAKER (Address) Cassedy Funeral Home C'D'Alene Idaho.

20. FILED July 6, 1936 E. L. Lyon, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 3, 1936
I last saw him alive on July 2, 1936; death is said to have occurred on the date stated above, at 4:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	Unknown.
Other contributory causes of importance:	
Myocarditis Endocarditis	Several Years.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Alexander Cauley M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99271

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 119

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Myra Hilman

(a) Residence. No. / St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-25-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Manager

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Hillyard Furniture Co.

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Russ., Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) Elks Lodge

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn. Date June 30 1936

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED July 3, 1936 E. L. Gardner M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to June 28, 1936.

I last saw him alive on June 28, 1936: death is said to have occurred on the date stated above, at 1:10 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	June 1st

Other **contributory causes** of importance:

Diabetes Mellitus	not known
Arteriosclerosis	gradual

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Gardner, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99272

Registration District No. 3

Primary Registration District No. 1050

Local Registrar's No. 118

JUL 8 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Zetta Mae Drummond. 131

(a) Residence. No. Hayden Lake St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ J. A. Drummond

6. DATE OF BIRTH (month, day, and year): Jan 20 - 1879

7. AGE: Years 57 | Months 5 | Days 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (mo. and yr.): 6/18/36

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ontario

FATHER

13. NAME: Wilson

14. BIRTHPLACE (city or town) (State or country): England or Canada

MOTHER

15. MAIDEN NAME: Mac. Rightmeyer

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Leafy Cederholm

18. BURIAL, CREMATION OR REMOVAL

Place Forest Cem. Date June 25, 1936

19. UNDERTAKER (Address): Cassedy Coeur d'Alene Ida.

20. FILED July 6 -, 1936 E. L. Spahn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb -, 1936, to June 23, 1936

I last saw h~~e~~r alive on June 23, 1936: death is said to have occurred on the date stated above, at 9 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poly cystic Kidneys	
a Degeneration	6 years

Other contributory causes of importance:

Myocarditis	

Name of operation Laparotomy Date of June 2nd 36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Coeur d'Alene Idaho

Dr. Ted Brock.

PLACE OF DEATH

County of Bonneville

City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99273

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 116

JUL 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Laura A. Osborn

(a) Residence. No. Post Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

129

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. Harvey Osborn

6. DATE OF BIRTH (month, day, and year) 10-2-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alpena, Michigan

MOTHER FATHER

13. NAME James Huntington

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Catherine McGibbon

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT T. Harvey Osborn (Address) Post Falls.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Farmington, Wn. Date June 27 1936

19. UNDERTAKER Mooney Mortuary et al (Address)

20. FILED July 2, 1936 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1936 to June 23, 1936

I last saw her alive on June 22, 1936 death is said to have occurred on the date stated above, at 7:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Parenchymatous	
nephritis with	
resulting heart	
failure	

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Ted Brock M. D.

(Address) Post Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99274

JUL 8 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 115

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Ellis Everett

(a) Residence. No. 2018 Sherman Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Divored

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Elenor Everett

6. DATE OF BIRTH (month, day, and year) 1869-1-27

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER
13. NAME — Everett
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Virginia Everett
(Address) 2018 Sherman ave.

18. BURIAL, CREMATION OR REMOVAL
Forest Place C D'Alene Date 6-21, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'alene, Ida.

20. FILED July 3 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-19 1936

22. I HEREBY CERTIFY, That I never attended deceased from never, 193..., to ....., 193.....
I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died before I arrived - by a few minutes	
Body edematous - suspect death due to Cardiac Failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. M. Hunter, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3

JUL 8 1936 RECEIVED

Registration District No. 1850 (No.)

Local Registrar's No. 114

DO NOT WRITE IN THIS SPACE
State File No. 99275

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benj. Franklin Acton

(a) Residence. No. 1101 Miller St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863 - 12-11

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME David Acton
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mary Brackman
16. BIRTHPLACE (city or town) (State or country) Ohio Ken.

17. INFORMANT Mrs. K. V. Wilson
(Address) 204 Military Drive

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Ida. Date 6-16, 1936
Forest

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED July 3, 1936 E. L. Sophus, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1936, to 6-13, 1936
I last saw h[illegible] alive on 6/12, 1936, death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Senility	

Name of operation None Date of
What test confirmed diagnosis? Physical Finding Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Fleming, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hurted

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99276

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 113

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conrad Kohl

(a) Residence. No. ..... St. Post Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Don't know - 1851 or 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84 or 85 -			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) Don't know
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Jacob Kohl
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Barbara Shoop
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Chas. Kohl
(Address) Post Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 6/30, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene

20. FILED July 3, 1936 E. L. Lyon M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to June 28, 1936.
I last saw him alive on June 27, 1936; death is said to have occurred on the date stated above, at 7:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	June 19 -
Other contributory causes of importance:	
Arteriosclerosis.	
& Hypertension	gradual

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. M. Hazlett M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH,
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99277

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 112

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benj. O'dell

(a) Residence. No. 106 - Wallace Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred. 1 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Meta O'dell

6. DATE OF BIRTH (month, day, and year) 1874 - 8 - 23

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwall N. Y.

FATHER
13. NAME B. B. O'dell
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Meta O'Dell (Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place C D Alene Rd Date 6 - 7 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene

20. FILED July - 3 1936 E L Lyons M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 - 5 1936

22. I HEREBY CERTIFY, That I ~~attended~~ did not attend deceased from 6 - 5 1936, to 6 - 5 1936, I ~~saw~~ did not see her alive on 6 - 5 1936; death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99278

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 111

JUL 8 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis H. Meader

(a) Residence. No. 8 Best Ave St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Jennie Meader

6. DATE OF BIRTH (month, day, and year) 1865-8-22

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barn Boss
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roger Ltr Co
10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1933
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Pittsfield Me.

FATHER
13. NAME Sumner Meader
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Jennie Meader
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place CD'Alene Date 6-13, 1936
Tuesday

19. UNDERTAKER Casady Funeral Home
(Address) CD'Alene Idaho

20. FILED July 3, 1936 E. L. Sparks, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to June 9, 1936
I last saw h~~im~~ alive on June 9, 1936; death is said to have occurred on the date stated above, at 2:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	July 1935
Other contributory causes of importance:	
Senile Pneumonia	June 1936

Name of operation ~~Typical~~ Date of
What test confirmed diagnosis? ~~Typical finding~~ Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in ~~also the~~ following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Geo. H. Benson, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Post-Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99279

Registration District No. 30
Primary Registration District No. 10 50
Local Registrar's No. 110

JUL 8 1936 RECEIVED

(No. ..... Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Randall

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Jennie C. Randall

6. DATE OF BIRTH (month, day, and year) 5-17

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 1934-9
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ? (State or country) England

FATHER
13. NAME — Randall
14. BIRTHPLACE (city or town) ..... (State or country) England

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Maude C. Painter (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Thomas Council Grove Date 6-29, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Idaho

20. FILED July 3, 1936 E. A. Spahn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934, to June 25, 1936, last saw h[illegible] alive on June 25, 1936; death is said to have occurred on the date stated above, at 2.20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Tongue	June 30 1934
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. J. Jensen Grade M. D.
(Address) Post Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99280

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 109

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Elingan

(a) Residence. No. 0 St. Coeur d'Alene Ida R 4
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of E. H. Elingan

6. DATE OF BIRTH (month, day, and year) 8-12-1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 47 yr

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Dont-Know
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dont-Know
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT A C Roper Rt R 4
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place CD Alene Ida Date 6-8, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) CD Alene Idaho

20. FILED July 3, 1936 E. L. Lyon, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 - 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to 4th June, 1936, I last saw her alive on 4th June, 1936; death is said to have occurred on the date stated above, at 8.30 p. m. ?
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Debilitity	
Other contributory causes of importance:	
Rheumatic History	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold L Sluyter, M. D.
(Address) Coeur d'Alene Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99281

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 108

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Coeur d'Alene Nursing Home)

2. FULL NAME Mrs. Ellis M. Alger

(a) Residence. No. 1001 N 6th St

(Usual place of abode) St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of A. E. Alger

6. DATE OF BIRTH (month, day, and year) May 26 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME Edward Mattson

14. BIRTHPLACE (city or town) (State or country) Mich

15. MAIDEN NAME Mrs. Geo. Sidman

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Russell Alger Spokane +
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wn. Date June 17, 1936

19. UNDERTAKER Warren Mortuary
(Address)

20. FILED July 3, 1936 E. L. Sparks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1936, to June 16, 1936.
I last saw her alive on Jan. 15, 1936. death is said to have occurred on the date stated above, at 10:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7 mo ago
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) [illegible], M. D.

(Address) Coeur d'Alene

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

DO NOT WRITE IN THIS SPACE
State File No. 99282

JUL 8 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 107

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sabra L. Clark

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds.
(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Oliver M Clark

6. DATE OF BIRTH (month, day, and year) Oct. 11 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Highgate (State or country) Vermont

MOTHER
13. NAME Georgia E. McCoy
14. BIRTHPLACE (city or town) Canada (State or country)

FATHER
15. MAIDEN NAME Lucretia Melchell
16. BIRTHPLACE (city or town) Vermont (State or country)

17. INFORMANT Mrs. Myrtle Fabo (Address) Post Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Place Greenwood Cemetery, Post Falls Date 5-14-1936

19. UNDERTAKER Cassidy Funeral Home (Address) Coeur d'Alene Idaho

20. FILED July 8, 1936 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to May 11, 1936.
I last saw her alive on May 11, 1936; death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the neck of the left femur	

Other contributory causes of importance:

Lobar pneumonia	

Name of operation None Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury May 7 1936
Where did injury occur? Her home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In her home
Manner of injury Fall
Nature of injury Fracture of the femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. J. Van Brook M. D.
(Address) Post Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Ted.

DO NOT WRITE IN THIS SPACE

State File No. 99284

Registration District No. 30

Primary Registration District No. 1030 Local Registrar's No. 104

JUL 8 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) Coeur d'Alene Hospital

2. FULL NAME Ole Larsen

(a) Residence. No. Route 1 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 9 1861

7. AGE: Years 75 | Months 9 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: W.C.A. Camp

10. Date deceased last worked at this occupation (mo. and yr.): 1935

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Clark Fleming Coeur d'Alene

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Lawn Cemetery Date: May 27 1936

19. UNDERTAKER (Address): Mooney Mortuary

20. FILED June 2, 1936 E. L. Sparkman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1936, to 5-24-, 1936.

I last saw him alive on 5-24, 1936; death is said to have occurred on the date stated above, at 4, P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other **contributory causes** of importance:	
Burgers Disease	

Name of operation Amputation of Rt Leg Date of 3-30-36

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. H. Teed M. D.

(Address) Coeur d'Alene Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99285

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 103

JUL 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Ethel M. Michaelis

(a) Residence. No. 1502 Lakeside St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Richard E. Michaelis

6. DATE OF BIRTH (month, day, and year) 9 23 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie County New York State

MOTHER FATHER

13. NAME Harrison P. Clapp

14. BIRTHPLACE (city or town) (State or country) New York State

15. MAIDEN NAME Mrs. Nellie Himes

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Richard E. Michaelis

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Place Coeur d'Alene Date 5/31, 1936

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene Ida.

20. FILED May 2, 1936. June 1 E. L. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27-, 1936., to 5-27-, 193.6

I last saw her alive on 5-27 193.6: death is said to have occurred on the date stated above, at P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. H. Lind, M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99286

JUN 1 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 97

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Everett Hogue

(a) Residence. No. 206 Indiana St.
(Usual place of abode)
Length of residence in city or town where death occurred. 33 yrs. - mos. - ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, and year) 5- 24- 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lineman U. S. Forestry
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) Greenwood
(State or country) Wisconsin

FATHER
13. NAME Chas. T. Hogue
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Nellie M. Potter
16. BIRTHPLACE (city or town) Wisconsin
(State or country)

17. INFORMANT Harvey Hogue
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest, C.D.A. Date 5/17/ 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED May 18, 1936 E. L. Spohn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Feburary, 1936, to May 14, 1936
I last saw him alive on May 14, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemmorrhage	Feb. 1936
Other contributory causes of importance:	
Myocarditis chronic	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Ivar W. Lessle, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 7

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99287

JUL 13 1936 RECEIVED

2. FULL NAME Howard W. LeBlanc.

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 27 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
37	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Roosburg Wash.

FATHER

13. NAME John LeBlanc.

14. BIRTHPLACE (city or town) (State or country) Essex Vermont.

MOTHER

15. MAIDEN NAME Norah Linnard

16. BIRTHPLACE (city or town) (State or country) Caverna. Mo.

17. INFORMANT Harvey J. LeBlanc
(Address) Star Route Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bellingham Wash. Date 6-26 1936

19. UNDERTAKER Cossedy Funeral Home
(Address) Rathdrum Idaho

20. FILED 6-24 1936 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 23 1936.

I last saw h[illegible] alive on June 23 1936; death is said to have occurred on the date stated above, at 7.35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	June 7-36
Other **contributory causes of importance:** Acute Bronchitis and Chronic Sinusitis	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Naturc of injury ____

24. Was disease or injury in any way related to occupation of deceased No If so, specify ____

(Signed) C M Schmidt M. D.

(Address) Spirit Lake Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99288

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 6

JUN 23 1936 RECEIVED

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dode Henry Rooks. 1016

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20 - 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
19	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Boyview Idaho.

FATHER

13. NAME Dean F. Rooks.

14. BIRTHPLACE (city or town) (State or country) Gault Mo.

MOTHER

15. MAIDEN NAME Francis E. Ames.

16. BIRTHPLACE (city or town) (State or country) Amery Wis.

17. INFORMANT (Address) Dean F. Rooks Spirit Lake Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Spirit Lake Cem. Date 5-17, 1936

19. UNDERTAKER Wilson Funeral Home
(Address) Coeur d'Alene Ida

20. FILED 5-16, 1936 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 14, 1936.

I last saw him alive on May 14, 1936.: death is said to have occurred on the date stated above, at 5:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	May 9

Other **contributory causes** of importance:

Chronic Nephritis.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ____

Manner of injury ____

Naturc of injury ____

24. Was disease or injury in any way related to occupation of deceased No If so, specify ____

(Signed) C M Schmidt, M. D.

(Address) Spirit Lake, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99289

Registration District No. 45

Primary Registration District No. ..... Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME James Carey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wh.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER/FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT A B Nelson
(Address) Rathdrum Ida

18. BURIAL, CREMATION OR REMOVAL
Place Evergreen Cemetery Spirit Lake Date 5-7, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Rathdrum Ida

20. FILED 5-20, 1936. A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1935, to Jan 28, 1936.

I last saw h~~e~~ alive on Jan 28, 1936.: death is said to have occurred on the date stated above, at 5:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	Jan 28-36 4 P.M.
Other **contributory causes** of importance:	
Chronic valvular heart disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Spooner, M. D.

(Address) Spirit Lake Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99290

Registration District No. 3
Primary Registration District No. 2304 Local Registrar's No. 126

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Lydia G. Stott

(a) Residence. No. ..... St. Dayton, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of W. T. Stott

6. DATE OF BIRTH (month, day, and year) 1852-10-3

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation 65 Yrs.

12. BIRTHPLACE (city or town) (State or country) Matches Miss.

FATHER
13. NAME ——— Aldrich
14. BIRTHPLACE (city or town) (State or country) Don't Know "

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Mrs J A Stott Harrison Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dayton, Wash. Date 6-29, 1936

19. UNDERTAKER Cassed Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED June 29, 1936 Paul Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from June 26, 1936, to June 26, 1936
~~last saw her~~ alive on June 26, 1936; death is said to have occurred on the date stated above, at 12:35 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cause of Death	
Acute Cardiac Failure	
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theophilus D. Hammond M. D. Coroner
(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99294

PLACE OF DEATH

County of Latah
City of Potlatch
Registration District No. 65
Primary Registration District No. 2165
Local Registrar's No. 1886
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph MIRITICH

(a) Residence. No. Elk River - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known.
6. DATE OF BIRTH (month, day, and year): Not
7. AGE: Years: About 46; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods
10. Date deceased last worked at this occupation (mo. and yr.): 5/27/36
11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER (MAIDEN)
13. NAME: Not Known.
14. BIRTHPLACE (city or town) (State or country): Not Known.

MOTHER
15. MAIDEN NAME: Not Known.
16. BIRTHPLACE (city or town) (State or country): Not Known.

17. INFORMANT (Address): D. D. Kimball Palouse Wash.

18. BURIAL, CREMATION OR REMOVAL. Place: Spokane Wash. Date: 5-29, 1936

19. UNDERTAKER (Address): D. D. Kimball Palouse Wash

20. FILED 5/28/..., 1936. D. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/27/..., 1936.., to 5/27/..., 1936..
I last saw him alive on 5/27/..., 1936.: death is said to have occurred on the date stated above, at 2.35 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Compound Fracture of Left Leg.	5/27/36

Other **contributory causes** of importance:

Loss of Blood & Shock	

Name of operation: Amputation. Date of: 5/27/36
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Yes. Date of injury: 5/27/1936
Where did injury occur? Near Elk River Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Industry
Manner of injury: Crushed by a log.
Nature of injury: Compounded fracture

24. Was disease or injury in any way related to occupation of deceased?. Yes If so, specify: Logging
(Signed) F. C. Gilbert, M. D.
(Address) Potlatch

JUN 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99295

PLACE OF DEATH

County of Latah

City of Potlatch Idaho

Registration District No. 65

Primary Registration District No. 2165 Local Registrar's No.

(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis William McManamin

(a) Residence. No. 805 Lauderdale Ave. St. Council Ave 11a

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Deborah

6. DATE OF BIRTH (month, day, and year): 12-25-1874

7. AGE: Years 61 | Months 5 | Days 6 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logging Contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Potlatch Forests Inc.

10. Date deceased last worked at this occupation (mo. and yr.): 5 1936

11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): Fredericton New Brunswick

FATHER

13. NAME: Edward McManamin

14. BIRTHPLACE (city or town) (State or country): New Brunswick

MOTHER

15. MAIDEN NAME: Mary Sullivan

16. BIRTHPLACE (city or town) (State or country): New Brunswick

17. INFORMANT (Address): Mrs. Deborah McManamin Council Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Council Idaho Date 6/3, 1936

19. UNDERTAKER (Address): Mooney Mortuary Council Idaho

20. FILED June 4, 1936. W. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1936, to May 31st, 1936

I last saw ~~him~~ alive on May 31, 1936; death is said to have occurred on the date stated above, at 1:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	May 20

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) T. C. Tibbon, M. D.

(Address) Potlatch

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99296

PLACE OF DEATH

County of Latah

City of Potlatch

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No.) 890

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Dean LaVoy

(a) Residence. No. 1010 Cedar St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. X mos 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 13 1933

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	3	X	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

FATHER

13. NAME Dewey LaVoy

14. BIRTHPLACE (city or town) Duluth
(State or country) Minn,

MOTHER

15. MAIDEN NAME Margaret Vevle

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Dewey LaVoy
(Address) Potlatch Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Potlatch Ida, Date July 1, 1936

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED June 30, 1936 D. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to June 28, 1936

I last saw him alive on June 25, 1936; death is said to have occurred on the date stated above, at 130 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	June 1
Other **contributory causes** of importance:	
Acute Rheumatic fever	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) F. C. Gibson, M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.....

PLACE OF DEATH

County of Latah

City of North of Potlatch

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No. 99297

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME James Brooks Mackay

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily Mackay

6. DATE OF BIRTH (month, day, and year) March 4 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Owner

10. Date deceased last worked at this occupation (mo and yr.) 6-1936

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Iron Prior
(State or country) Quebec Canada

FATHER

13. NAME James Mackay

14. BIRTHPLACE (city or town) Iron Prior
(State or country) Quebec Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Emily Mackay
(Address) Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place.... Palouse Wash, Date June 28, 1936

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED June 30th 1936. Dr. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...

I last saw h. ✓ alive on ✓, 193...: death is said to have occurred on the date stated above, at 120a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died Suddenly:	
Angina Pectoris	
Senility	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. No If so, specify.....

(Signed) ..... T. C. Gibson M. D.

(Address) Potlatch Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---MARGIN RESERVE
information should be carefully supplied. AGE she
state CAUSE OF DEATH in plain terms, so that
OCCUPATION is very important. See instructio
be properly classified. L
ack of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99298

PLACE OF DEATH

County of Latah

City of Helmer

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Elizabeth Ross

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Ross

6. DATE OF BIRTH (month, day, and year) June 24 - 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebr

FATHER

13. NAME Jacob C Swerkert

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Susana Havens

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT William Ross (Address) Helmer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Deary Date May 27, 1936

19. UNDERTAKER John J. Peckford (Address)

20. FILED May 26, 1936 Lucy M. Peckford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to May 23, 1936

I last saw her alive on May 23, 1936.: death is said to have occurred on the date stated above, at 10 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	5-23-36
Other contributory causes of importance:	
Bronchial Asthma	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99299

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Christian Aasved

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie E Aasved

6. DATE OF BIRTH (month, day, and year) Dec 4 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Thorn H Aasved (Address) Lewiston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Deary Date May 26 1936

19. UNDERTAKER John J Pickard (Address)

20. FILED May 24 1936 Lucy M Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to May 24, 1936

I last saw him alive on May 24, 1936; death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 22 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Meyer, M. D.

(Address) Troy Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99300

JUL 1 1936 RECEIVED

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No. 64 / 48 15

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Augusta Nelson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. O. Nelson

6. DATE OF BIRTH (month, day, and year) June 22 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME — Ortstrom
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME — —
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Edward Nelson (Address) Troy Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Westlake Cem Troy Date April 21 1936

19. UNDERTAKER John J Pickerd (Address) Troy Ida

20. FILED April 21, 1936 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 18 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 193..., to April 18 1936, I last saw her alive on April 18, 1936.; death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Decompensation	March 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. A. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99301

Registration District No. 64
Registration District No. 9144
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie B. Stanford

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~Male~~ Fem.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of W. A. Stanford

6. DATE OF BIRTH (month, day, and year) June 7-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME William Kitley
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Katherine Riggles
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT (Address) Mrs. A. Stanford

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Apr. 9, 1936

19. UNDERTAKER (Address) John J. Puckett

20. FILED Apr. 9, 1936 Lucy M. Puckett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Apr. 7, 1936
I last saw her alive on Apr 6, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Apoplexy	4/5/36
Other contributory causes of importance: Cerebral Thrombosis	1934

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. A. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99302

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Ole Olson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 22 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Olof Johnson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Fritz Olson Clarkston Wash

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek cem Date April 4, 1936

19. UNDERTAKER John J. Pickerd
(Address) Troy Ida

20. FILED April 4 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1936, to April 1, 1936
I last saw him alive on April 1, 1936; death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death, and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. B. Thayer, M. D.
(Address) Troy Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99303

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

JUL 1 1936 RECEIVED

1887

(If death occurred in a hospital or institution, give its name instead of street and number) Troy Hospital

2. FULL NAME Victor Harold Carlson

(a) Residence. No. Rt. # 1 St. Moscow

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Moscow Idaho

FATHER

13. NAME Adolph Carlson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mary A. Olson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Adolph Carlson (Address) Moscow

18. BURIAL, CREMATION OR REMOVAL

Place Genesee Valley Date 6/5, 1936

19. UNDERTAKER H.R. Short (Address) Moscow

20. FILED 6/4/36, 1936 Lucy M. Puckett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2/36, 193..., to 6/3/36, 193..

Last saw him alive on 6/2/36, 193...: death is said to have occurred on the date stated above, at 130 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumothorax L Hemithor.	
Shock.	
Other contributory causes of importance:	
Crushing of R Chest	
from Horse Power.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/2, 1936.

Where did injury occur? Latah Co. Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Logging Camp.

Manner of injury Caterpiller Tractor ran

Nature Injuries, Crushing R Chest.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Industry accident

(Signed) H.C. Hammathorp, M. D.

(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

DO NOT WRITE IN THIS SPACE
State File No. 99304

Primary Registration District No. 111 Local Registrar's No. 131

JUL 9 1936 RECEIVED

1. (If not in hospital or institution, give street address or location) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel M. Rowland

(a) Residence. No. Main and First Streets St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Rowland

6. DATE OF BIRTH (month, day, and year) July 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Moscow
(State or country) Idaho

FATHER
13. NAME Henry A. DeBolt
14. BIRTHPLACE (city or town)
(State or country) Ind.

MOTHER
15. MAIDEN NAME Martha McQueen
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Geo. Rowland
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 6/6, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 6/4, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2 193 6

22. I HEREBY CERTIFY, That I attended deceased from 5/24/33, 193..., to 6/2/, 193 6
I last saw her alive on 6/2/36, 193...: death is said to have occurred on the date stated above, at 11:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malta Fever	4/20/36
Other contributory causes of importance:	
Positive agglutination test.	

Name of operation See above Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M. Lochr, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99305

Registration District No. 6 1

Primary Registration District No. 1 0 1 1 Local Registrar's No. 133

JUL 9 1936 RECEIVED

(No.) Gritman Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Wesley Pixley

(a) Residence. No. St. Viola, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosella Pixley

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1847

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	88	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 6/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Stubin Co. N.Y.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John S. Pixley
(Address) Viola, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Viola/ Ida. Date 6/26, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 6/25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/23/36, 193..., to 6/25/36, 193...
I last saw him alive on 6/25/36, 193...: death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	6/24/36
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Doyle M. Lueby, M. D.

(Address) M.D. Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99306

Registration District No. 61
Public Registration District No. 1011 Local Registrar's No. 132
JUL 9 1936 RECEIVED
(No.) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Mae Carstens

(a) Residence. No. St. Princeton, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Reimer Carstens

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Palouse
(State or country) Wash.

FATHER
13. NAME John Bunch
14. BIRTHPLACE (city or town)
(State or country) Mo.

MOTHER
15. MAIDEN NAME Bertha Curtis
16. BIRTHPLACE (city or town) Palouse
(State or country) Wash.

17. INFORMANT John Bunch
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date 6/8, 1936

19. UNDERTAKER H.R Short
(Address) Moscow, Ida.

20. FILED 6/8, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2/36, 193..., to 6/5/36, 193...
I last saw her alive on 6/5/36, 193...: death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclamptic toxemia of pregnancy with convulsions	?
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Doyle A Lochr..., M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 50
Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 99307

Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME William Bare

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Josephine Bare

6. DATE OF BIRTH (month, day, and year) Aug. 3 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Peter R. Bare
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Mahala King
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Josephine Bare. 2728 E 18 Ave. Spokane, Wn.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date June 15 1936

19. UNDERTAKER C.E. Clare
(Address) Craigmont, Idaho.

20. FILED 6/16/36, 193 R.G. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 13, 1936
I last saw him alive on June 13, 1936; death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Disease	1929

Other contributory causes of importance:
Pulmonary Oedema 1936

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) H. McLaughlin M. D.
(Address) Winchester, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] PLACE OF DE[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99308

County of Lewis
City of Craigmont
Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alex J. Mathews

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Clove Mathews

6. DATE OF BIRTH (month, day, and year) Nov 4 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMENT (Address) W. H. Mathews Craigmont

18. BURIAL, CREMATION, OR REMOVAL Place Cold Springs Date 6/4, 1936

19. UNDERTAKER C. C. Cox (Address)

20. FILED 6/4, 1936 R. C. Dunlop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to June 2, 1936
I last saw him alive on May 30, 1936; death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 29
Other contributory causes of importance: Arteriosclerosis	some yrs

Name of operation yes Date of July 7 '33
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. C. Dunlop, M. D.
(Address) Craigmont Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kingston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16-17

Primary Registration District No. ..... Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 99309

JUN 6 1936 RECEIVED

1610

2. FULL NAME Aurora Louisa Mallon

(a) Residence. No. ..... Kingston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): June 8 - 1936

7. AGE: Years | Months | Days: — | — | — If LESS than 1 day 14 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Kingston Idaho

MOTHER FATHER

13. NAME: Jos Mallon

14. BIRTHPLACE (city or town) (State or country): Spain

15. MAIDEN NAME: Maria Churta

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Jos Mallon

18. BURIAL, CREMATION OR REMOVAL
Place: Kingston Idaho Date: June 10 1936

19. UNDERTAKER (Address): —

20. FILED 6-10, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936 to June 9, 1936

I last saw her alive on June 8 1936 death is said to have occurred on the date stated above, at 7 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	June 8-36
7½ mos.	

Other **contributory causes** of importance:

Pregnant at time of Mother to about

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T. E. Daniels M. D.

(Address) Kingston Idaho

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99310

Registration District No. 16-17

Primary Registration District No. ....

Local Registrar's No. 69

JUL 6 1936 RECEIVED

(No. .... Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Lawrence Albright

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. .... mos .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Shoshone (State or country)

FATHER

13. NAME John Albright

14. BIRTHPLACE (city or town) Lewis Iowa (State or country)

MOTHER

15. MAIDEN NAME Myrtle Pearce

16. BIRTHPLACE (city or town) Lewis Iowa (State or country)

17. INFORMANT John Albright (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Shoshone Date June 22, 1936

19. UNDERTAKER A. E. Thompson (Address)

20. FILED June 29 1936 J O Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 21, 1936.

I last saw h....alive on June 21, 1936: death is said to have occurred on the date stated above, at 10.9 ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paleus: Foramen Mg,	
Foramen Ovale	
Mvor clust	
Causing a blue baby,	

Other **contributory causes** of importance:

Lack of Nourishment
a blue baby.

Name of operation .... Date of ....

What test confirmed diagnosis? Dead Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) .... M. D.

(Address) Shoshone Idaho

(This child buried 6-22-36) No permit asked for until 6-29 J O Baker, R

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Shoshone Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16-17

DO NOT WRITE IN THIS SPACE

State File No. 99311

JUN 6 1936 RECEIVED

Registration District No. ..... Local Registrar's No. 68

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Willis Hile Miles

(a) Residence. No. ..... St. Shoshone Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Belle Bone - deceased

6. DATE OF BIRTH (month, day, and year): not known

7. AGE: Years: 63; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Foreman on

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: canal

10. Date deceased last worked at this occupation (mo. and yr.): May - 1936

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Clarence Arkansas

FATHER

13. NAME: Bill John Miles

14. BIRTHPLACE (city or town) (State or country): Knoxville Tenn.

MOTHER

15. MAIDEN NAME: Nora Wetherford

16. BIRTHPLACE (city or town) (State or country): Arkansas

17. INFORMANT: Lee Miles

(Address) Shoshone

18. BURIAL, CREMATION OR REMOVAL

Place Shoshone Date 6/18, 1936

19. UNDERTAKER: Myrtle C. Burdett

(Address) E 290

20. FILED 6-17, 1936 J. O. Baker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to June 16 1936.

I last saw him alive on June 16 1936: death is said to have occurred on the date stated above, at 7 A. ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of	
Bladder	2/1/36
Other **contributory causes** of importance:	

Name of operation Cystotomy Date of 5/14/36

What test confirmed diagnosis? B. P. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. C. Burdett M. D.

(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99312

Registration District No. 100
Primary Registration District No. 278 Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

JUL 13 1936 RECEIVED

2. FULL NAME Lewis A Jones

(a) Residence. No. 1192 Franklin Av St. Astoria Oregon
(Usual place of abode) Astoria Oregon (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Cummings married

6. DATE OF BIRTH (month, day, and year) Feb. 23-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3.	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer.
9. Industry or business in which work was done, as saw mill, bank, etc. O.W.R.R. Rail Road Co.
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs.
11. Total time (years) spent in this occupation 43 yrs.

12. BIRTHPLACE (city or town) (State or country) Lynn County Oregon

FATHER
13. NAME John Jones.
14. BIRTHPLACE (city or town) (State or country) N.K.

MOTHER
15. MAIDEN NAME N.K.
16. BIRTHPLACE (city or town) (State or country) N.K.

17. INFORMANT Mrs Charlotte Jones.
(Address) 1192 Franklin Avenue Astoria, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Albany, Oregon Date June 17, 1936

19. UNDERTAKER Vern L. Keller
(Address) Rupert Idaho

20. FILED Jun 29, 1936 Mrs Heyrman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to June 16, 1936
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was dead when I arrived	
Acute Coronary Thrombosis	Instant death
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) Farley Nelson, M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99313

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 34

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

JUL 7 1936 RECEIVED

2. FULL NAME Infant Love

(a) Residence. No. Fa Bell St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 6-8-36

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or ..... min.
	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME John Hugh Love
14. BIRTHPLACE (city or town) (State or country) Raysville Utah

MOTHER
15. MAIDEN NAME Theda May Ringle
16. BIRTHPLACE (city or town) (State or country) Redlands California

17. INFORMANT (Address) John Hugh Love Rigby Ida. R#2.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 6-9, 1936

19. UNDERTAKER A B Eckersell
(Address) Rigby Ida.

20. FILED 7-8, 1936 Mrs. H. Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8-36 193..., to 6-9-36, 193...
I last saw her alive on 6-9, 1936; death is said to have occurred on the date stated above, at 5:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. H. Gaffaney M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99314

PLACE OF DEATH
County of Madison
City of Archer

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 35

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

JUL 1 1936 RECEIVED

2. FULL NAME Harvey Marshall Grover

(a) Residence. No. ..... Archer Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Archer Ida.

FATHER

13. NAME Thomas Marshal Grover

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Vesta Olsen

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Marshall Grover Thornton Ida

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Cemetery Date 6-25, 1936

19. UNDERTAKER Russel J. Hammon
(Address) Rexburg Idaho

20. FILED 7-8, 1936 Mrs. M. Egbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 1936, to June 23, 1936
I last saw h/m alive on June 22, 1936; death is said to have occurred on the date stated above, at 3307 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	June 23-36

Other contributory causes of importance:
Premature Birth.
Nephritis of Mother.

Name of operation None Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

23 (Signed) John L. Rick, M. D.
36 (Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99315

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mark Bratio Hodgson

JUL 13 1936 RECEIVED

(a) Residence. No. St. Thornton,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Elizabeth Higgee

6. DATE OF BIRTH (month, day, and year) May 18, 1868

7. AGE: Years 68 | Months 0 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stock Man
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) ../../..
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER/FATHER

13. NAME Jeffrey Hodgson
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Delos Nelson
(Address) Thornton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Archer Date... 6/20, 193.6

19. UNDERTAKER Russell Adamson
(Address) Rexburg, Idaho

20. FILED 6/19/36 Tina H. Eggsen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to June, 1934.
I last saw h/M alive on June, 1934.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular	
renal disease	
Other **contributory causes** of importance:	
Cerebral hemorrage	April 1934

Name of operation None Date of
What test confirmed diagnosis? symptoms & laboratory tests Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

6/19/36 (Signed) Louis A. Tucker M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison.

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

H. H. Beck.

DO NOT WRITE IN THIS SPACE

State File No. 99316

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 37

(No. 180)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dallas G. Stocks.

(a) Residence. No. Newdale Idaho. St.

(Usual place of abode) " "

(If nonresident give city or town and state)

JUL 13 1936 RECEIVED

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16-1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7.	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schild.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newdale Ida.

FATHER

13. NAME Adrin D. Stocks

14. BIRTHPLACE (city or town) (State or country) Lewiston Utah.

MOTHER

15. MAIDEN NAME Wanda Shoendinger

16. BIRTHPLACE (city or town) (State or country) Teton Idaho.

17. INFORMANT (Address) Adrin D. Stocks Newdale Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Teton Ida. Date June 22 1936.

19. UNDERTAKER (Address) Thorn & Rudd Rexburg Idaho

20. FILED 7-2-, 1936 Mae V. Erquiaga Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 19, 1936

last saw h.. alive on June 19 1936: death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hit by automobile	
Fractured skull	June 18, 1936

Other contributory causes of importance:

Fractured left femur	
Extensive abrasions of face.	

Name of operation None. Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 18 1936

Where did injury occur? Newdale Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. On street

Manner of injury Hit by automobile

Nature of injury Fract. skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Beck Jr. M. D.

(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99317

Registration District No. 20
Primary Registration District No. 2-7 Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Luthy. JUL 1 3 1936 RECEIVED 195

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) Rexburg Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 8-1909.
7. AGE: Years 27. Months 2 Days 15 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Working for Himself
10. Date deceased last worked at this occupation (mo. and yr.): June 23-1936.
11. Total time (years) spent in this occupation: Life Time

12. BIRTHPLACE (city or town) (State or country): Herbert Idaho.

FATHER
13. NAME: Albert Luthy.
14. BIRTHPLACE (city or town) (State or country): Switzerland.

MOTHER
15. MAIDEN NAME: Ellen Bean.
16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Albert Luthy Jr. Rexburg Idaho.
18. BURIAL, CREMATION OR REMOVAL Place: Rexburg Idaho Date: June 26. 1936
19. UNDERTAKER (Address): Vern D. Kelley. Rexburg Idaho.
20. FILED: 7 1, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June. 23. 1936
22. ~~I HEREBY CERTIFY, That I attended deceased from~~ ....., 193..., to ....., 193...
~~I last saw h... alive on ....., 193...~~: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death.	
Struck by Lightening	
While Plowing with	
a Tractor on What is	
known as the old John Gardner Place.	
~~Other contributory causes of importance:~~	
in Madison County, Idaho.	
18 Miles South West	
of the City of Rexburg	
Idaho.	

~~Name~~ of operation: ..... Date of:
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: June 23 1936
Where did injury occur? about 18 Miles South West of Rexburg. Idaho Madison County.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury: Struck by Lightening.
Nature of injury: on Head

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Vern D. Kelley. M. D. Madison County Idaho
(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Salem

Rexburg R.F.D. 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99318

Registration District No. 100

Primary Registration District No. 2172 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME James Peter Jensen

(a) Residence. No. Rexburg R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 13 1936 RECEIVED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Olsen

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hyrum, Utah

MOTHER FATHER

13. NAME James P. Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Inger Nelsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Caroline Jensen Rexbur R.2

18. BURIAL, CREMATION OR REMOVAL
Place Parker, Ida. Date 7/1, 1936

19. UNDERTAKER Russell Adamson
(Address) Rexburg, Idaho.

20. FILED ....., 193.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 26, 1936.
I last saw him alive on June 26, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	1935

Other **contributory causes** of importance:

Arteria sclerotic Heart Disease	

Name of operation None Date of ....

What test confirmed diagnosis? —. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. W. Beall Jr., M. D.
(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minn
City of Rupert

STATE OF IDAHO Jen
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99319

Registration District No.
Primary Registration District No. Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number)

JUL 3 1936 RECEIVED

2. FULL NAME Billy Howard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) do not know

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Dont Know
14. BIRTHPLACE (city or town) Dont Know (State or country)

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) Dont Know (State or country)

17. INFORMANT Roy Bailey (Address) Rupert Idaho
18. BURIAL, CREMATION OR REMOVAL Place Rupert Cem Date May 26, 1936
19. UNDERTAKER W. A. Bergtman (Address) Rupert Idaho
20. FILED 6-30, 1936 E. E. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to May 24, 1936
I last saw him alive on May 24, 1936: death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Unknown
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 3 1936 RECEIVED

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99320

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William A. Dunham

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Dunham

6. DATE OF BIRTH (month, day, and year) June 9 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Section
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horseman
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wisconsin (State or country)

FATHER
13. NAME Wallace Dunham
14. BIRTHPLACE (city or town) W. (State or country)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Lola Dunham (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date June 20, 1936

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 6-19, 1936 O. H. Ehmann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936 to June 15, 1936
I last saw ~~her~~ alive on June 13, 1936 death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	6/10/36
Myocarditis	" 1926
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Jones M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99321

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 31

JUL 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lars C. Christensen

(a) Residence No. Heyburn Ida St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelly Christensen

6. DATE OF BIRTH (month, day, and year) Jan 25-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rodel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
	4 y.

12. BIRTHPLACE (city or town) (State or country) Hyde Park Ut.

FATHER
13. NAME Lars Christensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Christene Hansen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Nels Christensen (Address) Heyburn

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Date 6-16 193 6

19. UNDERTAKER J. S. Taylor (Address) Burley

20. FILED 6-26 193 6 E. Blanchard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25-35 193..., to 6-13 1936
I last saw him alive on 10-12 1936; death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-11-36
Other contributory causes of importance: Essential Hypertension	Prior to 1935

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99322

Registration District No. 12
Primary Registration District No. 2015 Local Registrar's No. 34

JUL 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerry L. Hymas

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 23 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Cecil Hymas

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Loreta Thompson

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Cecil Hymas
(Address) Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date ____, 193__

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 6-30, 1936 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1936, to 5-9, 1936
I last saw h[illegible] alive on 1100 A M 5-9-36, 1936: death is said to have occurred on the date stated above, at 21.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	5-8-36
Other contributory causes of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? Postmortem Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. C. Hyman, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO Jerome
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99323

Registration District No. 19
Primary Registration District No. 2013 Local Registrar's No. 35

JUL 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E Stuart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Ben Stuart
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Rose Knox
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs W E Stuart
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date Mar 12, 1936

19. UNDERTAKER W A Goodsman
(Address) Rupert Idaho

20. FILED 6-30, 1936 Elsie Snow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 9, 1936
I last saw ~~him~~ alive on 3:00 AM 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic, parenchymatous	Unknown
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E E Jensen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99327

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 608

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Cormel Pecora

(a) Residence. No. 1211-12th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1838

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
98			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

MOTHER FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mike Pecora (Address) Lewiston Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Lewiston Ida. Date 6/22/36 193

19. UNDERTAKER Vassar-Shaughnessy-Rawls (Address) Lewiston, Idaho

20. FILED July 7, 1936 M E Caskey Registrar.

M C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-7-1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to June 22, 1936

I last saw her alive on June 14, 1936.: death is said to have occurred on the date stated above, at 12 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture R Hip	June 6 1936

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Broadbent, M. D.

(Address) Lewiston Idaho

McCrea

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99329

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 610

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Joseph's Hospital

2. FULL NAME Mary Agnes Eastman

(a) Residence. No. ... St. Westlake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: F.W. Eastman
6. DATE OF BIRTH (month, day, and year): Aug. 21, 1867
7. AGE: Years: 68; Months: 11; Days: 2; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Springdale Wisconsin

MOTHER FATHER
13. NAME: August Pierstorff
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Elizabeth Segnick Mitchel
16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT (Address): Mrs L. E. Mochel Lewiston, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Craigmont, Idaho Date: June 25 1936
19. UNDERTAKER (Address): Brower Wann Company Lewiston, Idaho
20. FILED: July 7 1936. M. W. Cantey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 23 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936, to 6-23, 1936
I last saw her alive on 6-3, 1936: death is said to have occurred on the date stated above, at 9:00 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General visceral failure	
following hypertensive	
heart disease	Unknown
Other **contributory causes** of importance:	
Arteriosclerosis	Unknown
Paralytic Ileus	6-20-36

Name of operation: None Date of:
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **Industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. J. McRae M. D.
(Address) Lewiston, Idaho

Dr. H. O. Clark

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99330

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 611

JUL 1 1936 RECEIVED

(No. 1827 - 7th Avenue
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Elwood Fred Moore

(a) Residence. No. 1827 - 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie Moore

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1885

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
51	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman, retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Grocery
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benton County Indiana

MOTHER FATHER
13. NAME Levi Moore
14. BIRTHPLACE (city or town) (State or country) Indiana
15. MAIDEN NAME Rebecca Rowe
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. E. F. Moore
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date June 26 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston Idaho

20. FILED July 7, 1936 M. W. Caskey
Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to June 24, 1936.
I last saw h. (m) alive on June 24 1936. death is said to have occurred on the date stated above, at 3. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Chronic Nephritis	
Heart disease	

Name of operation. None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W. C. Clark, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99331

Registration District No. 1009

JUL 10 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 612

(If death occurred in a hospital or institution, give its name instead of street and number) (INDIAN HOSPITAL LAPWAI SANATORIUM)

2. FULL NAME Spedis Pachito

(a) Residence. No. ..... St. CELILO, OREGON.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	INDIAN	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 11/22/18

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spearfish (State or country) Washington.

FATHER
13. NAME George Pachito
14. BIRTHPLACE (city or town) Paulma (State or country) California

MOTHER
15. MAIDEN NAME Nettie Spedis
16. BIRTHPLACE (city or town) (State or country) Washington.

17. INFORMANT Father - George Pachito (Address) Celilo, Oregon.

18. BURIAL, CREMATION OR REMOVAL Place Lapwai, Idaho Date 6/26, 1936.

19. UNDERTAKER Brower-Wann (Address) Lewiston, Idaho.

20. FILED July 7, 1936 M W Caskey Registrar. M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to ~~June 25~~ June 25 1936
I last saw him alive on June 25, 1936; death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glandular Tuberculosis	??
Tuberculosis, Childhood	??
Empyema - right	2/17/36
Other contributory causes of importance:	
Influenza	5/15/36

Name of operation Rib resection Date of 3/5/36
What test confirmed diagnosis? ~~Was~~ blood & X Ray Was there an autopsy? NO

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99332

Registration District No. 1009

JUL 10 1936 RECEIVED

Primary Registration District No. 96

Local Registrar's No. 613

No. 304-15th Ave.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Elizabeth Ann Bennett

(a) Residence. No. 304- I5th ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March I2 I844

7. AGE — Years: 82 | Months: 3 | Days: I3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Thomas Willoughby

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary E. Lindsay

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: P.B.Willoughby (Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Idaho Date 7/ 27/ 36

19. UNDERTAKER: Vassar-Rawls (Address) Lewiston Idaho.

20. FILED July 7, 1936 M W Carkey Registrar. M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25/3 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 25, 1936

last saw h alive on June 21, 1936.: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Hypostatic Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W O Clark, M.D.

(Address) Juniata Idaho

Dr Scott

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99333

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 614

JUL 1? 1936 RECEIVED

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Herman J Grand

(a) Residence. No. Culdesac St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Grand

6. DATE OF BIRTH (month, day, and year): Nov 23 1858

7. AGE: Years 77 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Grand Ave Store

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: owner

10. Date deceased last worked at this occupation (mo. and yr.): 1924

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: H J Grand

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ? Cassella

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Emma Grand Culdesac

18. BURIAL, CREMATION OR REMOVAL
Place Pullman Date 6-7-6 1936

19. UNDERTAKER (Address): Dale E Fairfield Culdesac

20. FILED July 7 1936 M. C. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 26, 1936.

I last saw him alive on June 25, 1936: death is said to have occurred on the date stated above, at 5:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Benign hypertrophy of Prostate	

Other **contributory causes** of importance:

Name of operation: Transurethral Resection Date of: 4/25/36

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99334

JUL 10 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 615

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Mrs Ethel Oldham

(a) Residence. No. Pierce Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roscoe Oldham

6. DATE OF BIRTH (month, day, and year) April 15, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME I. Harris

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ethel Harris

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Steinhauer (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston Idaho Date 7-3-36, 193

19. UNDERTAKER Vassar-- Rawls Co. (Address) Lewiston, Idaho

20. FILED July 7, 1936 M. McCaskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to ....., 193..

I last saw her alive on June 27, 1936: death is said to have occurred on the date stated above, at 5 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crush-Cerebral injury	6-27-36
Crushing injury to Chest and both	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6-27, 1936

Where did injury occur? Nez Perce County (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. public highway

Manner of injury Auto accident

Nature of injury injury to head and chest

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A B Pappenhagen, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99335

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 616

JUL 10 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Roscoe Oldham

(a) Residence. No. Pierce, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel Oldham

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Steinhauer
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 7-3-36 193

19. UNDERTAKER Vassar-- Rawls Co.
(Address) Lewiston, Idaho.

20. FILED July 7, 1936 T. W. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to ——, 193—
I last saw him alive on ——, 193—: death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cranio-cerebral injury	6-27-36
Other contributory causes of importance:	
drowning as in war under car a few minutes	6-27-36

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 27, 1936
Where did injury occur? Public Highway Nez Perce Co. (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto accident.
Nature of injury Cranio-cerebral injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Pappenhausen M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99336

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 617

JUL 10 1936 RECEIVED

(No.) St. Joseph Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Madden

(a) Residence. No. 307 -6th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Madden

6. DATE OF BIRTH (month, day, and year)
Nov. 23 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME S. Riggs

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Jane Lambert
(Address) Enterprise Ore.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho. Date 6/30/36 193..

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED July 7, 1936 M W Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to June 28, 1936

I last saw h[illegible] alive on June 28, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Typ

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in ~~home~~, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. A. Carson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99337

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 618

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. James W. Mullinix

(a) Residence. No. 128 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bake Oven
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cross Ville
(State or country) Tennesse

FATHER

13. NAME John P. Mullinix
14. BIRTHPLACE (city or town)
(State or country) Tennesse

MOTHER

15. MAIDEN NAME Elinor Loyall
16. BIRTHPLACE (city or town)
(State or country) Tennesse

17. INFORMANT W. S. Mullinix
(Address) Seattle Wash.

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Walla Walla Wash. Date 7/1/36 193

19. UNDERTAKER Vassar-Rawls
(Address) Lewiston, Idaho

20. FILED July 7, 1936 M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935 to June 29, 1936.
I last saw him alive on June 29, 1936; death is said to have occurred on the date stated above, at 9:15 p m.
The principal cause of death and related causes of importance were as follows:

Cancer of Intestines
Tract.

Other contributory causes of importance:

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Nelson O. Hilton, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99338

Registration District No. 1009

JUL 10 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 590

1. (If death occurred in a hospital or institution, give its name instead of street and number) White's Hospital

2. FULL NAME Harriet Palmer Kester

(a) Residence. No. Donzac Bldg St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 22, 1936
7. AGE: Years — Months — Days 1 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

FATHER
13. NAME: Herbert Kester
14. BIRTHPLACE (city or town) (State or country): Moscow Idaho

MOTHER
15. MAIDEN NAME: Dorothy Brown
16. BIRTHPLACE (city or town) (State or country): New Castle Colorado

17. INFORMANT (Address): Herbert Kester Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date May 24 1936

19. UNDERTAKER (Address): Brower Wann Company Lewiston, Idaho

20. FILED July 7 1936. M. E. Caskey M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 23, 1936.
I last saw her alive on May 23, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 5½ months	
non viable.	
Other **contributory causes** of importance:	
~~Pla~~ Marginal Placenta	

Name of operation none Date of
What test confirmed diagnosis? Events. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. A. White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99339

JUL 10 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 291

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) No. Fort Lapwai Sanatorium

2. FULL NAME Leonard Wesley Whitefoot

(a) Residence. (Usual place of abode) White Swan, Washington. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

37

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/4/29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient Fort Lapwai Sanatorium

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Caleb Whitefoot

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Not known, deceased

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT Sanatorium Records, (Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place White Swan, Wash Date June 2, 1936

19. UNDERTAKER Brower-Wann (Address) Lewiston, Idaho

20. FILED July 7, 1936 M. W. Cooke M. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1/36

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to June 1, 1936

I last saw him alive on June 1, 1936; death is said to have occurred on the date stated above, at 10:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the meninges	5/5/36
Childhood tuberculosis	????
Other contributory causes of importance: Influenza	4/10/36

Name of operation none Date of

What test confirmed diagnosis? Lab & X-Ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99340

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 572

JUL 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Lewiston Orchards

2. FULL NAME Sarah Anna Waters

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. N. Waters

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Not known
(State or country) Oregon

FATHER

13. NAME Wm. Frazier

14. BIRTHPLACE (city or town) Not known
(State or country) Mo.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Amos Burr
(Address) Lewiston, Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Moscow, Ida. Date 6/4, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Ida.

20. FILED July 7, 1936 M. W. Cawley M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 4, 1936
I last saw her alive on ....., 193.. ; death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Symptom of organic heart disease - Sick only half an hour.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Johnson, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Lyle

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE
State File No. 99341
Local Registrar's No. 593

JUL 1? 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 1202 Prospect Ave.

74a

2. FULL NAME Uriah S. Miller

(a) Residence. No. 1202 Prospect Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ermana C. H. Miller

6. DATE OF BIRTH (month, day, and year) June 11, 1864

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cabinet maker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Jeremiah Miller
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Elizabeth Swartzendruver
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. U. S. Miller
(Address) 1202 Prospect Ave. Lewiston

18. BURIAL, CREMATION OR REMOVAL
Place. Lewiston, Idaho. Date. June 9 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED July 7, 1936. M. W. Cooley Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to June 6, 1936.
I last saw h. alive on June 6 1936.: death is said to have occurred on the date stated above, at 11 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Wm Lyle, M. D.
(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99342

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 594

JUL 10 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

701

2. FULL NAME Julia Ellen Miller

(a) Residence. No. 502 4th ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of B. F. Miller

6. DATE OF BIRTH (month, day, and year) Oct, 1 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockford, Ill

FATHER

13. NAME Dan Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Moore

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) B. F. Miller, Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 6/9/36, 193

19. UNDERTAKER Vassar-Shaughnessy-Rawls
(Address) Lewiston Idaho.

20. FILED July 7, 1936 M. W. Cooley M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/7 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936., to June 1, 1936.

I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Leg (Left & Right)	May 24/36.
Myocarditis Pneumonia.	June 1 1936
Myocardial Insufficiency.	June 1 1936

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury ....., 193...
Where did injury occur? June 26 - 1936.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Accident Fell downstairs in street.
Manner of injury Fell in gutter coming to.
Nature of injury Fracture of Left Femur.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Baldwin, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99343

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 595

JUL 10 1936 RECEIVED

(No.) St. Joseph Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole O. Maland

(a) Residence. No. Pacific Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not Obtainable

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE: Years 75 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Obtainable

MOTHER FATHER

13. NAME Not Obtaintable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtaintable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J.P. Wallace
(Address) Pelican Rapids, Minn

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Pelican, Minn. Date 6/10/36

19. UNDERTAKER Vassar-Shaughnessy-Rawls
(Address) Lewiston Idaho

20. FILED 6/11/, 1936 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 18, 193 6 to June 8, 193 6

I last saw him alive on June 8, 193 6: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	6/2/36.

Other **contributory causes** of importance:

Chronic	
Interstitial	Unknown
Nephritis	

Name of operation..... Date of..... None

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. A. Strowbridge, M. D.

(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9934

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 596

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Joseph's Hospital

2. FULL NAME William H. Hostettler

(a) Residence. No. 25th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not on record

6. DATE OF BIRTH (month, day, and year) August 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME W. H. Hostettler

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. C. A. Parker
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date June 10 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Ida.

20. FILED July 7, 1936 T. W. Caskey Registrar.
M. C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 8, 1936.
I last saw him alive on June 8 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia Right Side	4 days
(b)	
(c)	
(d)	

Other **contributory causes** of importance:

Empyema Left Chest	3 weeks

Name of operation Thoracic Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Carson, M. D.
(Address) Lewiston, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99345

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 597

JUL 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel C. Hutchings

(a) Residence. No. 1238 F. St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 24 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Calif.

FATHER

13. NAME Samuel C. Hutchings

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary McQueen

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Sam C. Hutchings
(Address) Boise Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho. Date 6/10/36

19. UNDERTAKER Vassar-Shaughnessy-Rawls
(Address) Lewiston Idaho.

20. FILED July 7, 1936 M. W. Caskey Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 9, 1936.
I last saw him alive on June 8, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
apoplexy	June 6-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul B. Johnson M. D.
(Address) Lewiston Idaho

PLACE OF DEATH

County of Nez Perce

City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99346

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 598

JUL 1[illegible] 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Louise Digus

(a) Residence. No. Peck Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10 1936

7. AGE — Years: 76 | Months: 10 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Lenoard Digus Peck Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Idaho Date 6/13/36

19. UNDERTAKER (Address) Vassar-Shaughnessy-Rawls Lewiston Idaho.

20. FILED July 7 1936 H. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10/36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934 to June 10, 1936

I last saw her alive on Nov. 5, 1934; death is said to have occurred on the date stated above, at 8; A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis and Myocardial Degeneration	1919
Arterio sclerosis	1918
Other **contributory causes** of importance:	
Arthritis deformans	1929

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Harlan P. Kahler M. D.

(Address) Orofino, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99347

Registration District No. 1009

JUL 10 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 599

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

2. FULL NAME Lola Raino Lovegett

(a) Residence. No. Reubens St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter David Lovegett

6. DATE OF BIRTH (month, day, and year) April 14 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washburn Missouri

FATHER
13. NAME Reuben Raino
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Jane Marshall
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 6/11, 1936

19. UNDERTAKER (Address) O. C. Clowe Craigmont, Ida

20. FILED July 7, 1936 M. W. Cooley Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 10, 1936.
I last saw her alive on June 10, 1936. Death is said to have occurred on the date stated above, at 3:05 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock - following	
trauma - multiple	
fractures of arms, legs	
ribs & skull -	
multiple lacerations	
Other **contributory causes** of importance:	
Tornado destroyed	
house & caused injury	

Name of operation None Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 7, 1936
Where did injury occur? Home - Lewiston
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home - Tornado
Manner of injury House blown down
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul G. Hennessy M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Pearson

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99348

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 600

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 434 - 17th St

2. FULL NAME Mattie H. Johnson

(a) Residence. No. 434-17th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. C. Johnson

6. DATE OF BIRTH (month, day, and year) May 22 - 1864

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	0	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Toledo (State or country) Illinois

FATHER
13. NAME John Cromie
14. BIRTHPLACE (city or town) Not on record (State or country)

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) Not on record (State or country)

17. INFORMANT M. C. Johnson (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date June 14, 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston Idaho

20. FILED July 7, 1936. M. W. Cooley Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to June 11, 1936.
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at about 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	6/11/36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Signs of Failure of Respiration Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Dr. J. C. Pearson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BIN

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99349

Registration District No. 1009

JUL 10 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 601

(No. 10 St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L Fenton

(a) Residence. No. Clarkston, Washington St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margret L Reed

6. DATE OF BIRTH (month, day, and year) Jan 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	72	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Frank Fenton

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known (Meyers

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs. M L Fenton Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL

Place. Clarkston Wash Date. 6/15, 1936

19. UNDERTAKER H R Merchant

(Address) Clarkston, Washington

20. FILED July 7, 1936 C. M. W. Costey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 13, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholecystitis	about June 9th 1936
Other **contributory causes** of importance:	

Name of operation. Cholecystectomy Date of Jan 10 36

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Paul W. Johnson M. D.

(Address) Clarkston Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99350

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 602

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leona Madison

(a) Residence. No. Clarkston Washington St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Madison

6. DATE OF BIRTH (month, day, and year) Dec 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
56	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Birch Run (State or country) Michigan

FATHER

13. NAME Levi Proper

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Martha Burton

16. BIRTHPLACE (city or town) Ontario (State or country) Canada

17. INFORMANT ... Clarence Madison (Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL Place. Clarkston ash Date 6/16, 193..

19. UNDERTAKER ... H. R. Merchant (Address) Clarkston, Washington

20. FILED July 7, 1936 M. W. Curley Registrar.

M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/14 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed in Auto Accident	6/14/36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/14/1936

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Highway

Manner of injury. Auto Accident

Nature of injury. Basal fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. W. Mayer, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99351

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 603

JUL 10 1936 RECEIVED

1. (If not in hospital or institution, give street address or location) Fort Lapwai Sanatorium
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Bart.

(a) Residence. No. ..... St. Arlee, Montana.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	Indian	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Ignatius
(State or country) Montana.

FATHER
13. NAME Eneas Bart.
14. BIRTHPLACE (city or town) St. Ignatius
(State or country) montana.

MOTHER
15. MAIDEN NAME Margaret Sherwood.
16. BIRTHPLACE (city or town) Wellpinit
(State or country) Washington.

17. INFORMANT Father-Eneas Bart.
(Address) Arlee- Montana.

18. BURIAL, CREMATION OR REMOVAL
Place TREVALLI, MONT. Date 6/19, 1936

19. UNDERTAKER Brower-Wann
(Address) Lewiston, Idaho.

20. FILED July 7, 1936 M. W. Conkey
M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/18 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935, to June 18, 1936
I last saw him alive on June 18, 1936: death is said to have occurred on the date stated above, at 3:27 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the meninges:	6/9/36.
Tuberculosis, pulmonary minimal	???
Other contributory causes of importance:	
Measles	Feb. 6-36
Influenza	May 5-36.

Name of operation none Date of
What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph M. Alley, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99352

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 604

JUL 10 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) Ft. Lapwai Sanatorium

2. FULL NAME LORETTA CORBETT. 31

(a) Residence. No. (Usual place of abode) St. Kamiah, Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Indian.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/20/16.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kamiah, Idaho

FATHER

13. NAME Paul Corbett

14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER

15. MAIDEN NAME Lydia Smith

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Sanatorium Records Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place KAMIAH, IDAHO Date 6/21, 1936

19. UNDERTAKER Brower-Wynn (Address) Lewiston, Idaho

20. FILED July 7, 1936. M. W. Cooley Registrar. M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to June 20, 1936.

I last saw her alive on June 19, 1936: death is said to have occurred on the date stated above, at 1:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary	93 ?
mod. advanced	
Tuberculous enteritis	1935
Other contributory causes of importance:	
Influenza	5/1936

Name of operation none Date of

What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raeph M. Alley M. D.

(Address) Lapwai, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99353

Registration District No. 1009

JUL 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 606

(No.) St. Joseph Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juston Henry Clear

(a) Residence. No. Clarkston, Wash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Traut

6. DATE OF BIRTH (month, day, and year) July 31, 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) To Date

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Buffalo, N Y

MOTHER FATHER

13. NAME Henry Clear

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Frances Richville Clarkston, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 6/24, 193 6

19. UNDERTAKER (Address) H R Merchant Clarkston, Washington

20. FILED July 7 193 6 M. W. Cooley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/28 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 2, to June 28, 193 6.

I last saw him alive on June 28 193 6; death is said to have occurred on the date stated above, at 9:30 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days ago.

Other **contributory causes** of importance:

Hypertrophy of prostate	years.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Paul D Johnson M. D.

(Address) Clarkston, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99354

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 607

JUL 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

2. FULL NAME H C Burns

(a) Residence. No. Clarkston, Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Wright

6. DATE OF BIRTH (month, day, and year) Feb 16, 1856

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Williamsville Virginia

FATHER

13. NAME P Burns

14. BIRTHPLACE (city or town) (State or country) Brownsville Virginia

MOTHER

15. MAIDEN NAME Sarrah Wallace

16. BIRTHPLACE (city or town) (State or country) Burnsville Vir

17. INFORMANT Mrs. Clara Burns
(Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash Date 6/24, 193 6

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Washington

20. FILED July 7, 193 6 M. W. Cooley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/21 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 193 6, to 6/21, 193 6.
I last saw h. m alive on 6/21, 193 6: death is said to have occurred on the date stated above, at 12 Noon
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension	
& Myocardial	
decompensation	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? C Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** C
Manner of injury C
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify C

(Signed) Dane G. Hanna M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9935

PLACE OF DEATH
County of Nez Perce
City of Reubens
Registration District No. 22
Primary Registration District No. 2170
Local Registrar's No. 60

JUN 6 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter David Lough

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lola Rainsbrough

6. DATE OF BIRTH (month, day, and year) Nov 21 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Perry Co
(State or country) Wisconsin

FATHER
13. NAME Samuel Lough
14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER
15. MAIDEN NAME Sarah West
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMENT Belle Stephens
(Address) Myrtle Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston Date 6-10, 1936

19. UNDERTAKER C. E. Cloon
(Address) Craigmont, Idaho.

20. FILED 6-10, 1936 E E Watt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from See additional remarks., 193..., to ..., 193...
I last saw h... alive on ..., 193... death is said to have occurred on the date stated above, at 12-15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	6-7-36
Fracture left scapula	6-7-36
Fracture left radius	6-7-36
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-7, 1936
Where did injury occur? Farm - Nez Perce County Ida.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Cyclone
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. H. Collins, M. D.
(Address) Craigmont Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 93
Primary Registration District No. 2371
File No. 9935 6

1. PLACE OF DEATH. Boise + Washington Counties
County of Ada Canyon
City of Meldrum JUL 3 1936 RECEIVED (St.)
Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dicey Evelyn Berry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

6. DATE OF BIRTH. April 28 (Month) (Day) 1849 (Year)

7. AGE: 86 Yrs. 9 Mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: S. N. McClanahan

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Adair

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louise Berry
(Address) Peck Idaho

15. Filed 7/9 1936 Daniel Lyle Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 18 (Day) 193[redacted]

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h... alive on ..... 191...,
and that death occured on the date stated above, at 1- P. M.
The CAUSE OF DEATH* was as follows:

Senility -
no Physician atten[redacted]
(Duration) ..... Yrs. ..... mos. [redacted]

Contributory (Secondary)
(Duration ..... Yrs. ..... mos. ..... ds.
(Signed) Daniel Lyle Registrar [redacted]
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENCE, MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF BURIAL OR [redacted]AL: Melrose Cemetary
DATE OF BURIAL: 7/20 1936
20. UNDERTAKER: None
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 24654

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99357

Registration District No. 128

Primary Registration District No. ____ Local Registrar's No. ____

PLACE OF DEATH

County of Nez Perce

City of near Lewiston (Culdesac Idaho)

(No. Culdesac R.F.D#3)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Nellie Carroll Scully

(a) Residence. No. Culdesac R.#.3 St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Scully

6. DATE OF BIRTH (month, day, and year) Dec6 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Bloomington
(State or country) Illinois

FATHER

13. NAME James Carroll

14. BIRTHPLACE (city or town) ____
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Flannery

16. BIRTHPLACE (city or town) ____
(State or country) Ireland

17. INFORMANT John Scully
(Address) Culdesac Idaho

18. BURIAL, ~~CREMATION~~ or REMOVAL
Place Lewiston Idaho Date 4/6/36, 193

19. UNDERTAKER Vassar-Shaughnessy Co
(Address) Lewiston Idaho

20. FILED April, 1936 George Gammond
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/4/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-31-, 193 6, to 4-4-, 193 6

I last saw h[illegible] alive on 4-2-, 193 6: death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	3-31-36
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) George Gammond M. D.

(Address) Culdesac, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99359

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No.

JUN 12 1936 RECEIVED

No. St. Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME George Hartman

(a) Residence. No. 1121-15th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Hartman

6. DATE OF BIRTH (month, day, and year) July 4, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burke,
(State or country) Idaho

FATHER

13. NAME D. M. Hartman

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Carrie Egbert

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mrs. Minnie Hartman
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wash. Date May 18, 1936

19. UNDERTAKER Vassar-Shaughnessy Co.
(Address) Lewiston, Idaho

20. FILED May 15, 1936 O. M. Lyle
By M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to May 14, 1936
I last saw him alive on May 14, 1936; death is said to have occurred on the date stated above, at 1:10 P/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head — accidental	May 14

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Peck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99360

Registration District No. 93

Primary Registration District No. 2371

Local Registrar's No.

JUL 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

110

2. FULL NAME Miles M. Parks

(a) Residence. No. St. Peck Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Parks

6. DATE OF BIRTH (month, day, and year) 3/31/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	II	I5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iona Mich.
(State or country)

FATHER

13. NAME Miles Parks

14. BIRTHPLACE (city or town)
(State or country) Canada

MOTHER

15. MAIDEN NAME Ella Brown

16. BIRTHPLACE (city or town) Courtland
(State or country) New York

17. INFORMANT Ford Parks
(Address) Leland Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida. Date 3/18/36 193

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 3-18, 1936 Daniel Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 16, 1936.
I last saw him alive on March 16, 1936.: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Influenza)	3/12/36
Other contributory causes of importance: None	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Robertson, M. D.

(Address) Orofino, Idaho.

MARGIN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...d should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City of Oreana

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99361

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 100

JUL 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer Joseph Allen

(a) Residence. No. 1882 St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Allen

6. DATE OF BIRTH (month, day, and year) April 27, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) June-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aurora Sopris, Colo.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME /

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Victor Allen (Address) Oreana, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Nampa Idaho Date 7-1 193 6

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

FILED July 6, 193 6 Lydd Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28 1936 to ....., 193.... I last saw him alive on No, 193....: death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Cervical vertebra 7th.	6-28-36
Fractured scull with intra-cranial injury, accp. nt.	
Fractured	

Other contributory causes of importance:
Fractured rt. clavicle, Compression Wedge fract. 12th Dorsal, Fall, accidental, under wheel of Farm wagon

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 6-28 1936
Where did injury occur? Oreana, Idaho, Owyhee Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Off Farm Land.
Manner of injury Crushed under wagon wheel.
Nature of injury Intracranial hemorrhage

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Acquired while working

(Signed) Ralph H. Kelson, M. D.
(Address) Oreana, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Power.
City of Fort Hall Reservation

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99362

Registration District No. ~~121-R 25~~

JUN 6 1936 RECEIVED

Primary Registration District No. ~~2194-R 2072~~ Local Registrar's No. 99 65

(No. Fort Hall Reservation)
(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Timothy Broncho.

(a) Residence. No. Star Route Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Ind. 3/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Sumner

6. DATE OF BIRTH (month, day, and year) 1880 ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	/ ?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman & Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10-6-35

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation

FATHER

13. NAME James Broncho

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

MOTHER

15. MAIDEN NAME Tahrah Smiler

16. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

17. INFORMANT Mary Broncho,
(Address) Star Route, Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Idaho Date 3-17, 1936

19. UNDERTAKER None
(Address)

20. FILED June 3, 1936 Gertrude Ronsdill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from - - - - , 193..., to - - - - , 193...

I last saw h... alive on - - - - - , 193...: death is said to have occurred on the date stated above, at - - - - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury of left knee (Auto accident)	10-6-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accidental Date of injury ..., 193..

Where did injury occur? - - -
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place on road

Manner of injury Auto collision

Nature of injury No Physician attending

24. Was disease or injury in any way related to occupation of deceased? - - If so, specify

(Signed) E. E. Gordon R. N., M. D.

(Address) Field Nurse, Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Fort Hall Res.
East on Snake River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99363

Registration District No. ~~121-R~~ 25
Primary Registration District No. ~~2194-R~~ 2072 Local Registrar's No. 64

JUN 6 1936 RECEIVED

(No. Fort Hall Indian Reservation)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Pascolita Pocatello~~ Pascelita Broncho

(a) Residence. No. P.O.Route: Pocatello, Star Route. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

37

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind. 3/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6. DATE OF BIRTH (month, day, and year) — — — —

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	II		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Reservation,
(State or country) Bingham County, Idaho

FATHER
13. NAME Daniel Broncho
14. BIRTHPLACE (city or town) Power Co., Idaho
(State or country)

MOTHER
15. MAIDEN NAME Lillian Teton
16. BIRTHPLACE (city or town) Bingham Co., Idaho
(State or country)

17. INFORMANT Mrs. Rebecca Pocatello
(Address) Star Route, Pocatello, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Idaho Date May 7, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED June 3, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5- 4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5- I, 1936, to 5- I, 1936
I last saw him alive on 5- I-, 1936: death is said to have occurred on the date stated above, at I: P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis- tubercular	3- 21-36
Other contributory causes of importance:	
Otitis Media	4- I- 35
Death attended by Daniel Broncho & Mike Pocatello	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) E. L. Woodson R. N.
(Address) Field Nurse, Ft. Hall Idaho

Fort Hall Reservation E on R

PLACE OF DEATH

County of Power.

City of Fort Hall Reservation.

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pascelita Broncho

(a) Residence. No. Star Route Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 3/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 6- 3- 31

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	II	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Res. Bingham Co. Idaho

FATHER

13. NAME Daniel Broncho

14. BIRTHPLACE (city or town) (State or country) Power Co., Idaho

MOTHER

15. MAIDEN NAME Lillian Teton

16. BIRTHPLACE (city or town) (State or country) Bingham Co., Idaho

17. INFORMANT (Address) Mrs. Rebecca Pocatello Idaho Star Route

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall Idaho Date May 7, 1936

19. UNDERTAKER None
(Address)

20. FILED ....., 193..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-I, 1936, to ....., 193..... I last saw h.. alive on 5-I-, 1936: death is said to have occurred on the date stated above, at I:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Tubercular.	5-2I-36
Other contributory causes of importance:	
Otitis Media	4-I- 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. A. Woodson, M. D.
(Address) U.S.Gov.Field Nurse Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

W. E. PATRIE
PHYSICIAN AND SURGEON
HENISH BUILDING
BLACKFOOT, IDAHO

Set. 6, I936.

SEP 8 1936 RECEIVED

Mrs. Dillingham:

Enclosed please find corrected death certificate of Pascelita Broncho. It appears that Pascelita Pocatello is not dead, or that she never existed.

I am enclosing a carbon copy that you may elect to send to the Local Registrar at American Falls. Also a carbon copy of the supposed death of Pascelita Pocatello which I mailed you in my May Reports.

The attached is self explanatory.

Yours truly
Mrs Walter E Patrie
Mrs. Walter E.Patrie
Local Registrar,
Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUL 15 1936 RECEIVED

Registration District No.

Primary Registration District No. 20

DO NOT WRITE IN THIS SPACE

State File No. 9936

Local Registrar's No. 67

(No. Schulz memorial Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Mildred Carol Stroschein

(a) Residence. No. — St. Aberdeen Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 17 1936

7. AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): American Falls Idaho

FATHER

13. NAME: Bert E. Stroschein

14. BIRTHPLACE (city or town) (State or country): Milwaukee, Wisconsin

MOTHER

15. MAIDEN NAME: Esther A. Babb

16. BIRTHPLACE (city or town) (State or country): Grinnell Iowa

17. INFORMANT (Address): Esther Stroschein Aberdeen Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Pocatello Ida Date: June 20 1936

19. UNDERTAKER (Address): A W Davis American Falls Ida

20. FILED June 20, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 18, 1936.

I last saw her alive on June 18, 1936; death is said to have occurred on the date stated above, at 12 PM.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Difficult delivery due to Breech presentation overtime 44 hrs gestation	
Injuries to brain at birth	

Other **contributory causes** of importance:

Contracted pelvic outlet of mother	

Name of operation: None Date of:

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify...

(Signed) M. Cannon, M. D.

(Address) Aberdeen Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99366

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 68

JUL 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Home Am. Falls,)

90

2. FULL NAME Earnest C. Wilson

(a) Residence. No. Am. Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marguerite J. Wilson

6. DATE OF BIRTH (month, day, and year): Dec - 18 - 1882

7. AGE: Years 53 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Owner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Boomerang Sport Shop

10. Date deceased last worked at this occupation (mo. and yr.): 6-15-36

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Rock Springs Wyo.

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): X X

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): X X

17. INFORMANT (Address): Marguerite J. Wilson Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place. Pocatello, Ida. Date July 3 1936

19. UNDERTAKER (Address): A. W. [illegible] Am. Falls, Ida.

20. FILED 7-3, 1936. Gertrude Thornbrough Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to 6-28, 1936.
I last saw him alive on 6-28, 1936: death is said to have occurred on the date stated above, at 9:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other **contributory causes** of importance:

None	

Name of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. [illegible] M. D.

(Address) Am. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power & on R.
City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99367

Registration District No. 25

JUL 7 1936 RECEIVED

Registration District No. 2022 Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Charlie Ingovonookah

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) No record.- 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	- - -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bannock Creek Agency Carpenter. Date 7- 3 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED July 7, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6- 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on 6-29, 1936: death is said to have occurred on the date stated above, at 3. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
M.D. attending	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Frank A. Wilson, M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power.

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99368

JUL 13 1936 RECEIVED
JUL 7 1936 RECEIVED

Registration District No. 25

Registration District No. 2072 Local Registrar's No. 69

(No. ..... Street, ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernestine Pokibro

(a) Residence. No. Star Route, Pocatello, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Ban-Sho. Ind. 3/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) 5-5-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Power Co., Idaho
(State or country)

FATHER

13. NAME John Pokibro

14. BIRTHPLACE (city or town) Power Co., Idaho
(State or country)

MOTHER

15. MAIDEN NAME May Pocatello

16. BIRTHPLACE (city or town) Power Co.,
(State or country) Star Route

17. INFORMANT John Pokibro
(Address) Pocatello, Ida., Star Route

18. BURIAL, CREMATION OR REMOVAL
Place Fort Hall, Idaho Date 6-2-, 1936

19. UNDERTAKER None
(Address)

20. FILED July 4, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-31 1936

22. I HEREBY CERTIFY, That I attended deceased from ----- , 193..., to ----- , 193...
I last saw h-- alive on ----- , 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	5-25-36
No Physician attending.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Woodson, M. D.
(Address) Field Nurse Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99369

Registration District No. 30
Primary Registration District No. 1011 Local Registrar's No. 55

JUN 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Wallace Hospital)

2. FULL NAME William Husser

(a) Residence. No. Near Infirmary west of St. Wallace Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ione Husser

6. DATE OF BIRTH (month, day, and year): April 21 1881

7. AGE: Years 55 | Months 1 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Lead-Silver
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: mine

12. BIRTHPLACE (city or town) (State or country): Bigstone City South Dakota

FATHER
13. NAME: Mathias Husser
14. BIRTHPLACE (city or town) (State or country): Munzenheim France

MOTHER
15. MAIDEN NAME: Augusta Moede
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Wm. Husser Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Wallace, Ida Date: June 13 1936

19. UNDERTAKER (Address): B. G. Worstell Wallace Idaho

20. FILED June 26 1936 John Buer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 at., 1936., to June 11 1936
I last saw him alive on June 11 1936 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Mau... Smith, M. D.
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99370

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 40

JUL 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WALTER KOSKI (KOSKI)

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Koski
6. DATE OF BIRTH (month, day and year): May 19, 1905
7. AGE: Years 31 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ironwood Michigan

MOTHER
13. NAME: Isaac Koskinen
14. BIRTHPLACE (city or town) (State or country): Finland

FATHER
15. MAIDEN NAME: Mary
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Mary Koski Kellogg Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Kingston Cem. Date: June 28 1936
19. UNDERTAKER (Address): M. C. Thurlby Kellogg Idaho
20. FILED 7-10 1936 Mrs. Helen M. Reid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936, to June 25 1936.
I last saw him alive on June 25 1936: death is said to have occurred on the date stated above, at 5:15 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	
Thrombosis of Mesenteric Artery	6-18-36
Other **contributory causes** of importance:	

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harold T. Anderson M. D.
(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Enaville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99371

Registration District No. 123

JUL 13 1936 RECEIVED

Primary Registration District No. 2207 Local Registrar's No. 39

(No. 182)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter James Carr

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 29, 1912

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
23	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Smelting Mine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME David S. Carr

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elsie Dugan

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs. Carr Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date June 16, 1936

19. UNDERTAKER (Address) W. C. Thompson Kellogg Idaho

20. FILED July 10, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in North Fork of Coeur d'Alene River	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury was
Where did injury occur? North Fork Coeur d'Alene River
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. North Fork Coeur d'Alene River
Manner of injury Drowned in river
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. C. Thompson Coroner

(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99372

Registration District No. 123

JUL 13 1936 RECEIVED

Primary Registration District No. 3201 Local Registrar's No. 38

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Louise Moffat

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
6. ~~HUSBAND of~~ (or) WIFE of: A. N. Moffat

6. DATE OF BIRTH (month, day, and year): May 23 1918

7. AGE: Years 18 | Months — | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: homemaker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER FATHER
13. NAME: Ayld Solomon
14. BIRTHPLACE (city or town) (State or country): Finland
15. MAIDEN NAME: Irene Rousseau
16. BIRTHPLACE (city or town) (State or country): Minnesota

17. INFORMANT (Address): Irene Solomon Bedard Kellogg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Date: July 15 1936

19. UNDERTAKER (Address): M. P. Mulvihill Kellogg Idaho

20. FILED 7-10-1936. Mrs. Helen M. Brade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to June 21 1936
I last saw her alive on June 21 1936: death is said to have occurred on the date stated above, at 1:50 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Laceration Right thigh	
Compression fracture 11th dorsal vertebrae with	
Complete paralysis	
Crushing injury of Chest	
Other **contributory causes** of importance:	

Name of operation ~~—~~ Date of ~~—~~
What test confirmed diagnosis? ~~—~~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-20 1936
Where did injury occur? Kellogg (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Street
Manner of injury Auto - motorcycle
Nature of injury Head bone

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) Harold T. Anderson M. D.
(Address) Kellogg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wardner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99373

Registration District No. 123

JUL 13 1936 RECEIVED

Primary Registration District No. 2201 Local Registrar's No. 37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William David Williams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, and year) Sept 22 1881

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	54	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME David Williams

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Jane —

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs W. D. Carder Wardner, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date June 22 193 6

19. UNDERTAKER Mc Cleery Mortuary
(Address) Kellogg Ida.

20. FILED 7-10, 193 6. Mrs. Helen M. Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936 to June 5, 1936.
I last saw him alive on June 5, 1936; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	1930
Other **contributory causes** of importance:	
Silicosis, tuberculosis	1900 ?

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Mining
(Signed) Glenn McDaffey, M. D.
(Address)

PLACE OF DEATH

County of Shoshone

City of Near Enaville, (If outside city limits, give township)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99374

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 36

JUL 13 1936 RECEIVED

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1889

2. FULL NAME Andrew Kauffman

(a) Residence. No. .... St. Cataldo, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Kauffman

6. DATE OF BIRTH (month, day and year) Jan 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Penna

FATHER

13. NAME Mr. Kauffman

14. BIRTHPLACE (city or town) .... (State or country) Penna

MOTHER

15. MAIDEN NAME Mrs. ....

16. BIRTHPLACE (city or town) .... (State or country) ....

17. INFORMANT Ruth Kauffman (Address) Cataldo Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Idaho Date June 14 1936

19. UNDERTAKER M. P. Thornhill (Address) Kellogg Idaho

20. FILED 7-10, 1936. Mrs. Helen B. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

6/12/36

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ...., 193..., to ...., 193....

I last saw ... alive on ...., 193...: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broken back	
Crushed left foot, amputated	
Shock	
Other **contributory causes** of importance:	
Alcoholism	
Acute dilatation of heart	
Broken back	6/12/36

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home** or in **public place** ....

Manner of injury .... Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) .... M.D. Coroner

(Address) .... Wallace Idaho

INSTRUCTIONS

Information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state AGE in months, days, hours or minutes. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

5-17-36
5-20-36

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

DO NOT WRITE IN THIS SPACE
State File No. 99375

JUL 13 1936 RECEIVED

Primary Registration District No. 2201 Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Gard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE: Years 53 | Months — | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Norup
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Norup
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT M. C. Thornhill
(Address) Kellogg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Idaho Date May 23 1936

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Idaho

20. FILED 7-10, 1936 Mrs. Helen M. Zeale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to May 20, 1936.
I last saw him alive on May 20, 1936.: death is said to have occurred on the date stated above, at 5:20 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	May 16, 36
Other **contributory causes**, of importance: Thyro-toxicosis	May 1, 36

Name of operation. none Date of.....
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) Glenn McAffee M. D.
(Address) Kellogg, Idaho

99376

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUN 9 1936 RECEIVED

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. ~~9-1966~~

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 37
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlene Ruth Twisselton

1612

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 11 1936
7. AGE: Years / Months / Days / If LESS than 1 day, hrs. or 43 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wallace Ida.

MOTHER/FATHER
13. NAME: Russell W Twisselton
14. BIRTHPLACE (city or town) (State or country): Mont.
15. MAIDEN NAME: Ruth Cecelia Tibbals
16. BIRTHPLACE (city or town) (State or country): Spokane Wash.

17. INFORMANT (Address): M. R. G. Tibbals Kingston Mont.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Wallace Ida. Date: May 12 1936

19. UNDERTAKER (Address): J. A. Brown (Warfield) Wallace Ida.

20. FILED May 12, 1936 John Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 10:17 A.M. 5-11 1936., to 2 A.M. 5-11 1936.
I last saw h. alive on May., 1936.; death is said to have occurred on the date stated above, at 2 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity Birth	
Atelectasis	5-11-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 19..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Fuller M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99377

Registration District No. 70
Primary Registration District No. 1911
Local Registrar's No. 59

JUN 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital)

2. FULL NAME Estelle Lamb. (Wife)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 30 - 1936.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

FATHER
13. NAME Leslie Lamb.
14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER
15. MAIDEN NAME Kathleen Williams
16. BIRTHPLACE (city or town) (State or country) Butte Mont.

17. INFORMANT Leslie Lamb. (Address) Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Idaho Date June 30, 1936

19. UNDERTAKER J. A. Beyer (Wards) (Address) Wallace Ida.

20. FILED June 30, 1936 John Beyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 193 6, to 6/30, 193 6
I last saw h.. alive on 6/30, 193 6: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	6/30/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99378

Registration District No. 10

Primary Registration District No. 1011

Local Registrar's No. 47

JUL 6 1936 RECEIVED

(No.) Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conrad Baedeman

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No Information Austria

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Cemetery Date May 21, 1936

19. UNDERTAKER M. C. Trumbull
(Address) Kellogg, Idaho

20. FILED June 8, 1936 John Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage, Cerebral	Mar. 10 1936
Pneumonia, Lobar	Mar. 20 1936

Other **contributory causes** of importance:

Name of operation ..... Major Circumstances of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/19 1936

Where did injury occur? Wardner Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In home

Manner of injury Fell Striking head on Stone

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Conrad M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99379

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 48

JUN 6 1936 RECEIVED

(No. Ce Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Purcell 31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernice Purcell

6. DATE OF BIRTH (month, day and year) Oct 27 - 1900

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
35	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Clerk
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sweets Hotel
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER/FATHER
13. NAME G Purcell
14. BIRTHPLACE (city or town) (State or country) Canada
15. MAIDEN NAME Margaret Lowson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) J E Pickard Burke Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date June 8 1936

19. UNDERTAKER (Address) J A Bowers (Wood) Wallace Ida

20. FILED June 5, 1936 John Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936 to June 4, 1936.
I last saw him alive on June 2, 1936.: death is said to have occurred on the date stated above, at 1 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other **contributory causes** of importance:

Influenza	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Lindsay M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99380

Registration District No. 70

JUN 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 49

(No. Providence Hospital)

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME James C. Keiffer

(a) Residence No. Mullan Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella M. Keiffer

6. DATE OF BIRTH (month, day, and year): April 29 1890

7. AGE: Years 46 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 5/29/36

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Ella M. Keiffer Mullan Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Mullan, Ida. Date: June 6th 1936

19. UNDERTAKER (Address): Bruce G. Worstell Wallace Ida

20. FILED June 26, 1936 John Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 193.., to 6/4, 193.6

I last saw person alive on 6/3, 193.6, death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4 da

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. W. Erb M.D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99381

Registration District No. 10

JUL 6 1936 RECEIVED

Primary Registration District No. 1014 Local Registrar's No. 50

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances E Horlick

(a) Residence. No. 310 Placer Creek St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C Horlick

6. DATE OF BIRTH (month, day, and year) Oct. 28. 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	6.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ore

FATHER
13. NAME Nelson Shuck
14. BIRTHPLACE (city or town) (State or country) Ore

MOTHER
15. MAIDEN NAME Julia Elliot
16. BIRTHPLACE (city or town) (State or country) Ore

17. INFORMANT Ed C Horlick
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date June 6, 1936

19. UNDERTAKER J A Bower Co
(Address) Wallace Ida.

20. FILED June 5, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 193[illegible], to June 4, 1936
I last saw her alive on June 3, 1936; death is said to have occurred on the date stated above, at 4:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis Chron	
Pyelonephritis Bilateral	4 Days
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension	several yrs

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr [illegible] Horlick M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99382

Registration District No. 70
JUN 6 1936 RECEIVED
Primary Registration District No. 1011 Local Registrar's No. 51
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A. Cartwright

(a) Residence. No. Gem Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gabriel M Cartwright

6. DATE OF BIRTH (month, day, and year) June 20 - 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quartz Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Charles Cartwright
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Gibbons
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Chas Cartwright
(Address) Wallace Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane Wash. Date June 10, 1936

19. UNDERTAKER J. A. Bower & Woods
(Address) Wallace Ida

20. FILED June 9, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to June 7, 1936
I last saw him alive on June 6, 1936 death is said to have occurred on the date stated above, at 3:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
& Metastases to	
Liver	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Jones M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99383

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 52
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

JUN 6 1936 RECEIVED

2. FULL NAME Florian Gulas 90

(a) Residence. No. Murray Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Unknown.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary.

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Discharge Papers.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date June 20, 1936.

19. UNDERTAKER J.A. Bower & Wards.
(Address) Wallace Ida.

20. FILED June 8, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 8, 1936.
I last saw him alive on 6/8, 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion, Coronary	6/8/36.
Other contributory causes of importance:	

Name of operation ——— Date of ———
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. H. Fitzgerald M.D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99384

Registration District No. 70

JUL 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 53

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances E Brophy

(a) Residence. No. Rathdrum St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 21 — 1914

7. AGE: Years 22 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rathdrum Idaho

FATHER
13. NAME: Thomas Brophy
14. BIRTHPLACE (city or town) (State or country): Tipperary Ireland

MOTHER
15. MAIDEN NAME: Frances Gill
16. BIRTHPLACE (city or town) (State or country): West Plains Mo.

17. INFORMANT (Address): Mrs. J. B. Schaller Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Rathdrum Ida Date 6—11, 1936

19. UNDERTAKER (Address): Cozedy Funeral Home Rathdrum Ida

20. FILED June 9, 1936 John Buser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1936 to June 9th, 1936.
I last saw her alive on June 9, 1936: death is said to have occurred on the date stated above, at 7:30a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	
Other **contributory causes** of importance:	
Coma pre-ceding death	

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99385

Registration District No. 10

JUN 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 54

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leonard A. Hultner

(a) Residence. No. ____ St. ____ 117
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 1 1915
7. AGE: Years 20 | Months 11 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wallace Ida.

FATHER
13. NAME: Chas L Hultner
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Christina Peterson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Hultner Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: ____, 193...
19. UNDERTAKER (Address): J A Bower (words illegible) Wallace Ida.
20. FILED: June 12, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 11 1936
22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to June 11, 1936
I last saw him alive on June 11, 1936; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 Wks
Other contributory causes of importance: Pneumonia of Left Lung	2 wks
Operation	5 Hrs

Name of operation: Appendectomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Ralph Powell M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Mowery.

DO NOT WRITE IN THIS SPACE
State File No. 99386

Registration District No. 70
JUL 6 1936 RECEIVED
Primary Registration District No. 1011 Local Registrar's No. 56
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Joseph Allen
(a) Residence, No. Prichard Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Allen

6. DATE OF BIRTH (month, day, and year) May 6-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash.

FATHER
13. NAME James Allen
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Mrs Joseph Allen (Address) Prichard

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date June 15, 1936

19. UNDERTAKER J. J. Bower (Stouts) (Address) Kellogg Ida.

20. FILED June 15, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h.. alive on ....., 193.....: death is said to have occurred on the date stated above, at 11:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Pulmonary Larynx	
Contributory Heart Trouble	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. Wert Avery M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99387

Registration District No. 70

JUL 6 1936 RECEIVED

Registration District No. 1011 Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Irene Olson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19 - 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silva N Dak.

FATHER

13. NAME August Olson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Susie Sterry

16. BIRTHPLACE (city or town) (State or country) Wisconson

17. INFORMANT Carl Olson
(Address) Silva North Dakota

18. BURIAL, CREMATION OR REMOVAL
Place Silva N Dak. Date June 20, 1936

19. UNDERTAKER J A Boyer (Ward)
(Address) Wallace Idaho

20. FILED June 19, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1936 to 6/17, 1936
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injuries, fracture of Hemorrhage, intra cerebral	6/17/36
Pelvis, fracture of	
Other contributory causes of importance: Shock,	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/17, 1936
Where did injury occur? Mullan, road
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto collision
Nature of injury abrasions

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. O. Small, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70

DO NOT WRITE IN THIS SPACE

State File No. 99388

JUL 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 60

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME John August Dewan

(a) Residence. No. Burke, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Clara Swan

6. DATE OF BIRTH (month, day, and year) Aug 17th 1862

7. AGE: Years 73 | Months 10 | Days 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Johann Johannson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Joseph Swan Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Ida Date June 27 1936

19. UNDERTAKER (Address) E.S. Marshall Wallace Ida

20. FILED July 7, 1936 John Bwn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to June 25, 1936.

I last saw him alive on June 25 1936: death is said to have occurred on the date stated above, at 7.05 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	
Abscess, Suppurative	
Other **contributory causes** of importance:	
Chr. Myo cardeks	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. Pike Turnbull M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99389

Registration District No. 70

JUL 6 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 58

(No. Co Hospital. 31)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed Burooms

(a) Residence, No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Hospital Records (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date June 24, 1936

19. UNDERTAKER J. A. Bover (Leonard) (Address) Wallace Ida.

20. FILED June 23, 1936 John Bover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936.

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1936, to June 21, 1936
I last saw him alive on June 11, 1936; death is said to have occurred on the date stated above, at 9A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. L. Lindsay, M. D.
(Address) .....

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Driggs R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 99390

JUL 6 1936 RECEIVED

Local Registrar's No. 11

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darleene Jeane Higley.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 10 - 1936
7. AGE: Years | Months | Days | If LESS than 1 day, 16 hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Driggs Idaho R.F.D. 2.
13. NAME: Alfred Higley
14. BIRTHPLACE (city or town) (State or country): Utah.
15. MAIDEN NAME: Grace Humphrey
16. BIRTHPLACE (city or town) (State or country): Utah.
17. INFORMANT (Address): Alfred Higley Driggs Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Cache Cemetery Date: June 11 1936
19. UNDERTAKER (Address): ....
20. FILED 7-3-, 1936 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11-, 193 3., to 6-10, 193 6.

I last saw her alive on June 10, 1936; death is said to have occurred on the date stated above, at 6:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia Hemorrhage Internal	June 10, 36

Other **contributory causes** of importance:

Occiput Posterior	

Name of operation Forceps Obstetrical Date of 6-10-36

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) David E. Harris, M. D.
(Address) Ashton Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99391

PLACE OF DEATH
County of Teton
City of Driggs
Registration District No. 97
Primary Registration District No. 2176
Local Registrar's No. 13

JUL 6 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Rex L. Denton. 18 V

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
2		24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... Infant.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME Lester Denton.
14. BIRTHPLACE (city or town) (State or country) Idaho.

MOTHER
15. MAIDEN NAME Edith Elizabeth Burnside
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMENT (Address) Lester Denton Driggs Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Darby Date June 23 1936

19. UNDERTAKER Wm Hayden
(Address) Driggs Idaho

20. FILED 7-3-, 1936 Olive M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... , 193.... , to ..... , 193....
I last saw h.... alive on ..... , 193.... : death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidently Drowned.	

Other contributory causes of importance:

Reported By Father

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Olive M. Greene
(Address) Driggs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Teton

City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 9176

DO NOT WRITE IN THIS SPACE

State File No. 99392

Local Registrar's No. 12

JUL 6 1936 RECEIVED

No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna S. Cordon

(a) Residence. No. Driggs, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: R. R. Cordon
6. DATE OF BIRTH (month, day, and year): March 5, 1864
7. AGE: Years 72 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Mendon Utah

FATHER

13. NAME: Andrew P. Shumway
14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Ann Mary Christensen
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): R. R. Cordon Driggs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Driggs Date: June 21, 1936

19. UNDERTAKER (Address): Russell & Hamm Kellogg Idaho

20. FILED: 7-2-, 1936. Alex G. McMurrin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to June 16, 1936.
I last saw h[illegible] alive on June 15, 1936.: death is said to have occurred on the date stated above, at 8.30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	June, 1935

Other **contributory causes** of importance:

Mitral Regurgitation	

Name of operation... None ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) ..... R. R. Redman, M. D.
(Address) ..... Driggs, Idaho

1. PLACE OF DE

STATE OF IDAHO—DIVISION OF PUBLIC HEALTH

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99393

JUL 11 1936 RECEIVED

Registration District No. 37 Hospital

Primary Registration District No. 1005 Local Registrar's No. 141

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

188c

2. FULL NAME Chas. Edward Spedden

(a) Residence. No. Twin Falls Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22/1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash

MOTHER FATHER

13. NAME W C Spedden

14. BIRTHPLACE (city or town) (State or country) Wash "

15. MAIDEN NAME Otha Hardenbrook

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) W C Spedden Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Jun 13 1936

19. UNDERTAKER (Address) Fred E Drake Twin Falls

20. FILED 6-15-, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1936, to 6-10, 1936
I last saw him alive on 6-10, 1936: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Brain	
& infection of Leg	
due to auto accident	6-7-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-7, 1936
Where did injury occur? on Hi Way Nearing Buhl Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Brain Inj. Leg + scratches
Nature of injury Accident

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. S. Markegard, M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUL 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99394

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 140

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Nettie A. Howe

(a) Residence. No. Rex Arms Apartments St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~
~~(or) HUSBAND of~~
(or) WIFE of Henry H. Howe

6. DATE OF BIRTH (month, day, and year) February 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Lewis
14. BIRTHPLACE (city or town) (State or country) Wales, England

MOTHER
15. MAIDEN NAME Mary Stone
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. Edna Edwards
(Address) Boise, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 6/14/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6-13- 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/11/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to June 11, 1936
I last saw her alive on June 11, 1936: death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal vascular disease	
Other contributory causes of importance: Senility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) A. E. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99395

JUL 11 1936 RECEIVED

Registration District No. Hospital
Primary Registration District No. 2085
Local Registrar's No. 139

(No. None (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J R Maxwell

(a) Residence No. Rogerson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

146

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn
(State or country)

FATHER
13. NAME Alton J Smith
14. BIRTHPLACE (city or town) Mt Kroun
(State or country)

MOTHER
15. MAIDEN NAME Mt Koun
16. BIRTHPLACE (city or town) Mt Knoun
(State or country)

17. INFORMANT R R Maxwell
(Address) Rogerson

18. BURIAL, CREMATION OR REMOVAL
Place Martindale Date ....., 193...

19. UNDERTAKER Fred E Drake
(Address) Twin Falls Ida

20. FILED 6-13-, 193.6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 193.6, to June 12, 193.6.
That I last saw her alive on June 12, 193.6; death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia & Bacteremia	June 6, 1936
Staphlococcic Pelvic Infection & Peritonitis	June 6, 1936
Other contributory causes of importance: Pregnancy - Delivery	May 19-1936

Name of operation None Date of No
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles R. Baumer, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99396

JUL 11 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 138

(No. 2nd St. & 2nd Ave. E.)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Mrs. Jessie Bisbee

(a) Residence. No. 2nd St. & 2nd Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C.E. Bisbee

6. DATE OF BIRTH (month, day, and year) August 15, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hastings
(State or country) Nebraska

FATHER

13. NAME Wm. H. Robinson

14. BIRTHPLACE (city or town)
(State or country) Ind.

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT C.E. Bisbee
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 6/9, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Ida.

20. FILED July 9, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to ~~June 6~~, 1936
I last saw her alive on 6/6, 1936: death is said to have occurred on the date stated above, at 4:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C.D. Weaver, M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUL 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 9939

Local Registrar's No. 137

(No. 220 9th Ave. E.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Miss Catherine Hewitt

(a) Residence. No. 220 9th Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 13, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Matron of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. the University of Valparaiso

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Patrick Hewitt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Reedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Frank Wagner (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls, Ida. Date 6/9, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Ida.

20. FILED 6-9, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1930, 193.. to June 7th, 193.. last saw her alive on May 26, 193..: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1925

Other contributory causes of importance:

Arterial Hypertension	1920

Name of operation ..... Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify .....

(Signed) [signature] M.D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99398

JUL 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 136
(No. Twin Falls County General Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME William B. Newman.

(a) Residence. No. Kimberly, Idaho, Route #1. St. Kimberly, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara F. (divorced)

6. DATE OF BIRTH (month, day, and year) Sept. 13, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

FATHER
13. NAME Henry J. Newman,
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Josephine Brown,
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT (Address) Fred J. Newman, Ogden, Utah.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Rem. Date 6-8-, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 6-8-, 1936 J. Rumsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1935, to June 5, 1936
I last saw him alive on June 4, 1936: death is said to have occurred on the date stated above, at 12:15A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcers duodenal 4 plus with obstructions.	about 12 yrs
Ulcer gastric ploric end 3 plus	~~12 yrs~~
Other contributory causes of importance:	
Pneumonia infection 1 plus	2 days
hyperstatic congestion	
Paresis of intestines	P.O.

Name of operation gastroenterostomy Date of 6/1/36
What test confirmed diagnosis? Lab. x-rays Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 193...
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. Strandberg, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99399

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

R.F.D.

11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 135

(No.) Twin Falls Co. Gen. Hospital
(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Gage

(a) Residence. No. Buhl, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5 - 1936

7. AGE Years ✓ Months ✓ Days 5 Hrs. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country)

FATHER
13. NAME Floyd Gage
14. BIRTHPLACE (city or town) Trenwanton (State or country) Utah

MOTHER
15. MAIDEN NAME Xuestra Tatlock
16. BIRTHPLACE (city or town) San Diego (State or country) Calif

17. INFORMANT Floyd Gage (Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date June 7, 1936

19. UNDERTAKER Evans & Thompson (Address) Buhl Ida

20. FILED 6-6-, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-6-36, 193..., to 6-6, ..., 1936.
I last saw him alive on 6-6, 1936, death is said to have occurred on the date stated above, at 12:05 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mal Nutrition	6 hrs
(Premature 4½ mo.)	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. T. Parkinson M. D.
(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99400

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 134

JUL 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Bobby Alger

(a) Residence. No. Twin Falls St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

160

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 4 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Twin Falls

FATHER

13. NAME Dallas Burnett Alger

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Kendell

16. BIRTHPLACE (city or town) (State or country) [redacted] Utah

17. INFORMANT Dallas B Alger
(Address) 951 4 ave West

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cemetery Date June 6, 1936

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 6-5-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 5, 1936
I last saw her alive on June 4, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
seemed unusually weak	
served with difficulty	
at birth.	

Other contributory causes of importance:
Mother gives a history of numerous abortions and one premature child died soon after birth

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify
(Signed) [signature], M. D.
(Address) Buhl, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls.

City of Buhl, Idaho.

DEPA[redacted] WELFARE
BU[redacted]TISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99401

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

JUL 8 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) No. Buhl, Idaho. R.F.D.

2. FULL NAME Alonzo E. Hibner

(a) Residence. No. Buhl, Idaho. R.F.D. St.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

75

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14 -- 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payton, Ill

FATHER

13. NAME George Hibner

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Julia Collins

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Willis Hibner
(Address) Buhl Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL Id.
Place Chesterfield Date 6/6 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED June 30 1936 O. L. Parkenson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 31, 193 6, to June 4, 193 6.
I last saw him alive on May 31, 193 6: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Exhaustion following Paralysis of right side for 2 years

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 31 193 6
Where did injury occur? At his home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At his home
Manner of injury Fracture of right ankle
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Magelssen, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99402

JUL 11 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 155

(No. Twin Falls County Farm)

(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Lawrense J. Marchal

(a) Residence. No. Twin Falls, R.F.D. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lefa Marchal

6. DATE OF BIRTH (month, day, and year) April 29, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Versailles (State or country) Ohio

FATHER

13. NAME Lewis Marchal

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Adeline Lafette

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT W.L. Marchal (Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Versailles, Ohio Date 7/4, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 7/8, 193[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/3 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 193[illegible] to July 3, 1936

last saw h[illegible] alive on July 1st, 1936: death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925

Other contributory causes of importance:

Tuberculosis of left tonsil & pharynx	Apr. 1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193[illegible]

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Laughlin, M.D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 99403

JUL 11 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 154

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gloria Jean Harding,

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME H. H. Harding,

14. BIRTHPLACE (city or town) (State or country) Cedar Falls Iowa

MOTHER

15. MAIDEN NAME Janice Wing

16. BIRTHPLACE (city or town) (State or country) Gladbrook, Iowa

17. INFORMANT (Address) H. H. Harding, Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 6/27/36, 193..

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED 6/27/36, 193.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 193.6, to June 27, 193.6
I last saw h.. alive on June 27, 193.6: death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Laceration of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 99404

Registration District No.

JUL 11 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 153

(No. 301 Quincy St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

100 0

2. FULL NAME Leonard Shockey

(a) Residence. No. 301 Quincy St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lola Shockey

6. DATE OF BIRTH (month, day, and year) November 25, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chatauka
(State or country) Kansas

FATHER

13. NAME Jack Shockey

14. BIRTHPLACE (city or town)
(State or country) Kansas

MOTHER

15. MAIDEN NAME Evelyn Gidney

16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Lola Shockey
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida Date 6/30, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6/27, 1936 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to June 26, 1936
I last saw him alive on 6-26-, 1936: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 Days before 6-26-36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. A. Partridge M. D
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99405

JUL 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 152

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecelia Harriet Stearns

(a) Residence. No. 310 2 ave east St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	3 Hours

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day .2. hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

FATHER
13. NAME Frank Stearns
14. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho

MOTHER
15. MAIDEN NAME LaVelle Harr
16. BIRTHPLACE (city or town) Fort Worth (State or country) Texas.

17. INFORMANT Frank Stearns (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 6/26/36, 1936

19. UNDERTAKER White Mortuary, Inc., (Address) Twin Falls, Idaho

20. FILED 6-26-36, 193... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to June 24, 1936
I last saw her alive on June 24, 1936: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumaturia (7 months)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Fuendeling M.D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99406

Registration District No. 27
Primary Registration District No. 2085 Local Registrar's No. 151

JUL 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Jane Wood

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Apr 1 1863
7. AGE: Years 73 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER
13. NAME: P. K. Franklin
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Elizabeth Kirk
16. BIRTHPLACE (city or town) (State or country): Kirksville Mo.

17. INFORMANT (Address): Mrs Gilbert Hull Twin Falls Ida
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Buhl Date: 6/25/36
19. UNDERTAKER (Address): Evans & Hopper Buhl Ida
20. FILED 6/25/36 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23 1936
22. I HEREBY CERTIFY, That I attended deceased from 6/21, 1936, to 6/23, 1936.
I last saw her alive on 6/23, 1936.: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abcess	(?)
Other contributory causes of importance:	
Otitis media (suppurative)	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Warner, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99407

JUL 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 150
(No. Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

188 C

2. FULL NAME Alvin Slater
(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Ben Slater
14. BIRTHPLACE (city or town) Colo
(State or country)

MOTHER
15. MAIDEN NAME Helen Chapman
16. BIRTHPLACE (city or town) Neb
(State or country)

17. INFORMANT Ben Slater
(Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date 22 1936

19. UNDERTAKER Fred E Drake
(Address) Twin Falls

20. FILED 7-24-, 1936 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1936 to June 20, 1936
I last saw him alive on June 20, 1936; death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Scalp wounds and fracture femur	
Other contributory causes of importance:	
Shock	

Name of operation ..... Date of .....
What test confirmed diagnosis Autopsy Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury June 20 1936
Where did injury occur? Near Filer, Twin Falls Co
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto driven skid Traveler
Nature of injury Fracture femur and scalp wounds

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H E Lemp M.D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 11 1936 RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99408

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 149

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Floyd B. Gage

(a) Residence. No. Dietrich, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta V. Gage

6. DATE OF BIRTH (month, day, and year) March 13, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Chas. D. Gage

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town) (State or country) No Info.

17. INFORMANT Mrs. Etta V. Gage
(Address) Dietrich, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shoshone, Idaho Date 6/22, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-22, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/20 1936

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from 6/20, 1936, to , 193..

I last ~~saw him~~ alive on 6/20, 1936: death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Other contributory causes of importance: Arterio-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99409

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 146

JUL 11 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Lee Murray

(a) Residence. No. Route #1 Filer Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Filer, Idaho
(State or country)

FATHER
13. NAME Jennie B. Murray
14. BIRTHPLACE (city or town) Wellsville, Utah
(State or country)

MOTHER
15. MAIDEN NAME Margaret Kerr
16. BIRTHPLACE (city or town) Salt Lake
(State or country)

17. INFORMANT Mrs. J. B. Murray
(Address) Filer, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Wellsville, Utah Date 6/19/, 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Ida

20. FILED 6-18, 193 6 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/17/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 193 6, to 6-17, 193 6
I last saw her alive on ~, 193 6: death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning (Falling from car and struggling details)	Instant

Other contributory causes of importance:

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury, 193
Where did injury occur? Filer, Twin Falls Co Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ~
(Signed) W. H. Anderson, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 99410

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

JUL 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 145

(No. 1002 Polk St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lee Murphy

(a) Residence. No. [illegible] Shoshone St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Child

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard H. Murphy

6. DATE OF BIRTH (month, day and year) Nov. 22 - 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	6		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hazelton
(State or country) Idaho

FATHER
13. NAME Richard H. Murphy
14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER
15. MAIDEN NAME Lovina C. Osmond
16. BIRTHPLACE (city or town) Richmond
(State or country) Ind.

17. INFORMANT Richard H. Murphy
(Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Idaho Date 7-14 1936

19. UNDERTAKER Geo. L. Tapper
(Address) Shoshone Idaho

20. FILED 7-11-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-13-1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to June 13, 1936
I last saw him alive on June 12, 1936 death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hypertrophic Lytic Leukemia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. H. Greenfield M.D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JUL 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99411

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 144

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

15

2. FULL NAME William N.Cecil

(a) Residence. No. 130 8th ave.east St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Lulu J.Cecil

6. DATE OF BIRTH (month, day, and year) May 31,1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	0	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Carlisle,
(State or country) Ohio

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth McMurray
16. BIRTHPLACE (city or town)
(State or country) Tennesee

17. INFORMANT Carrie Cecil
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Twin Falls Cem Date 6/16/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 6-15-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936, to June 15, 1936
I last saw him alive on June 14, 1936: death is said to have occurred on the date stated above, at 1:43 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	
Other contributory causes of importance:	
Arteriosclerosis	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. D. Weaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JUL 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99413

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 142

(No. Twin Falls R.F.D. 3)

(If death occurred in a hospital or institution, give its name instead of street and number)

18 W

2. FULL NAME Rowene Mae Ainsworth

(a) Residence. No. Twin Falls R.F.D. 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME L.M. Ainsworth

14. BIRTHPLACE (city or town) Carey
(State or country) Idaho

MOTHER

15. MAIDEN NAME Myrtle Barlow

16. BIRTHPLACE (city or town) Chesterfield
(State or country) Idaho

17. INFORMANT L.M. Ainsworth
(Address) Twin Falls R.F.D. 3

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida. Date 6/15, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 6-15-, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11-36, 193..., to 6-11-36, 193...

I last saw her alive on 6-11-36, 193...: death is said to have occurred on the date stated above, at 11:45P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned — in ditch	

Other contributory causes of importance:

Dr. Sisk visit 2-2-6	
Baby alive	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-11- 1936

Where did injury occur? Twin Falls Canal
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home or in public place. In Canal

Manner of injury Fell in ditch & drowned.

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) R.J. Brandt, M. D.

(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of Arling Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99415

Registration District No. 15

JUL 10 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. 9

(City) .....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Dee Cline

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 3 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Malta Ida
(State or country)

MOTHER FATHER

13. NAME Mitchell H Cline

14. BIRTHPLACE (city or town) Lebanon
(State or country) Mo

15. MAIDEN NAME Esther E Ferguson

16. BIRTHPLACE (city or town) Cottage Grove
(State or country) Ore

17. INFORMANT Mitchell H Cline
(Address) Arling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Melba Ida. Date July 1, 1936

19. UNDERTAKER C E Tobe
(Address) Caldwell Ida

20. FILED June 29, 1936 R Gardner Healy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1936

22. I HEREBY CERTIFY, That I attended deceased from not at all, 193.., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death by	
drowning in	
irrigation ditch	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) Roscoe D Ward, M. D.

(Address) Cascade Idaho
Valley County Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Idaho

JUL 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99416

Registration District No.

Primary Registration District No. Local Registrar's No. 1

(No. 88)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Schwabauer

(a) Residence. No. St. Midvale Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Louisa Schwabauer

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Russia. (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Emma Sifers (Address)

18. BURIAL ~~CREMATION OR REMOVAL~~ Place Midvale Ida Date 6-11, 1936

19. UNDERTAKER J A Hudelson (Address) Cambridge Idaho

20. FILED 6-20-, 1936 W. E. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-9-1936

22. I HEREBY CERTIFY, That I attended deceased from ~~March~~ April 30, 1936, to May 24, 1936

I last saw him alive on May 24, 1936; death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	April 2 1936

Other contributory causes of importance:

Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. ~~If death was due to external causes (violence) fill in also the following:~~

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F A Schmidt, M. D.

(Address) Midvale Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 11 1936 RECEIVED

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99417

Registration District No. 86
Primary Registration District No. 1610
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ola Alberta Smith

(a) Residence. No. Payette St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME J. U. Smith

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Edna Birkenmeier

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) J. U. Smith Payette - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 6-16-, 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED July 8, 1936 Teresa Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 14, 1936
I last saw h[illegible] alive on Jun 14, 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burns on	
by spring wagon	6-14-36
crushing chest	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Johnson, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

JUL 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99418

Registration District No. East Weiser dont know 86
Primary Registration District No. 1010. Local Registrar's No. East Weiser 32

(No. Weiser Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Winford Bryant

(a) Residence. No. East 5th and Washington St. Street
(Usual place of abode) 30 Weiser Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Margaret Bryant

6. DATE OF BIRTH (month, day, and year) March 12- 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation dont Know

12. BIRTHPLACE (city or town) (State or country) Grayson Co Va

FATHER
13. NAME Jason Bryant
14. BIRTHPLACE (city or town) (State or country) Grayson Co Va

MOTHER
15. MAIDEN NAME Elvira Bryant
16. BIRTHPLACE (city or town) (State or country) Grayson Co Va

17. INFORMANT Margaret Bryant
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hill Crest Date June 8 193 6

19. UNDERTAKER L C Northrop
(Address) Weiser Idaho

20. FILED July 8, 193 6 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 6 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 27, 193 6, to June 6, 193 6
I last saw him alive on June 6, 193 6. death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 27 193 6
Other contributory causes of importance:	
Hypertension.	Unknown

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L C Northrop M. D.
(Address) Weiser Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 10 1936 RECEIVED

CERTIFICATE OF DEATH

99414

DO NOT WRITE IN THIS SPACE

State File No. 99419

PLACE OF DEATH

County of Bingham

City of Blackfoot

(If outside limits of city or village, write the name of township)

on Highway 27

25 miles West Blackfoot

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ben H. Dutlinger

(a) Residence. No. 1422 East Fanden St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 24-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46.	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mechanic

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chester Idaho

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Wilda Dutlinger

18. BURIAL, CREMATION OR REMOVAL

Place: Rockville Utah Date: July 8, 1936

19. UNDERTAKER (Address): [illegible] Pocatello Idaho

20. FILED July 6 1936 M. Mallatus Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Injury- Fracture Base Parietal & and at base of Skull	
Death instantaneous	

Other contributory causes of importance: Auto accident: Car blown- out, auto leaving highway No 27, Crushed on rocks

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Auto accident

Nature of injury: Skull crushed

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Peterson M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99420

99420

Registration District No. 29

JUL 2 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 713

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Wallace Rice

(a) Residence. No. 959 West Lander St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Aug. 24, 1877~~

6. DATE OF BIRTH (month, day, and year) Aug. 24 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58.	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Price clerk in store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. department - retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown (State or country) Illinois

MOTHER FATHER

13. NAME George Rice

14. BIRTHPLACE (city or town) unknown (State or country) Penn.

15. MAIDEN NAME Cole Smith

16. BIRTHPLACE (city or town) unknown (State or country) Penn.

17. INFORMANT Harvey W. Rice Jr. (Address) Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mt. View Cem. Date July 3, 1936

19. UNDERTAKER McMan Funeral Home (Address) Pocatello Idaho

20. FILED 7-3, 1936 D. C. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 10, 1936

I last saw h~~im~~ alive on June 10, 1936: death is said to have occurred on the date stated above, at 11:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	June 4 1936
Other contributory causes of importance:	

Name of operation Laparotomy Date of June 4 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——, 193—
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) W. W. Hall M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

99421

DO NOT WRITE IN THIS SPACE
State File No. 99421

Registration District No. 28
Registration District No. 2161 Local Registrar's No. 715
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME William LeVern Hensen

(a) Residence. No. 310 East Buell St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 3, 1930.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME August Hensen
14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Ellen Livingston
16. BIRTHPLACE (city or town) (State or country) Thomas, Idaho.

17. INFORMANT August Hensen
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place American Falls, Ida. Date July, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 3, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to July 3, 1936
I last saw him alive on 7-03, 1936. death is said to have occurred on the date stated above, at 12:05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Enteritis	Feb. 1936
Appendicitis	
Acute	
Intussusception	Feb 1936

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D C Kay, M. D.
(Address) Pocatello, Idaho.

99422

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. ~~99424~~

Registration District No. 70
JUL 1936 RECEIVED
Primary Registration District No. 1011 Local Registrar's No. 99422
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A Mayer

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Marie Mayer

6. DATE OF BIRTH (month, day, and year) Nov-18-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leroi Ill.

FATHER
13. NAME Charles Mayer
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Mary J Gibbs
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Mrs Marie Mayer Wallace Ida

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Stanton Neb Date July 11 1936

19. UNDERTAKER (Address) J A Beer (Wards) Wallace Ida.

20. FILED July 10, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1936, to 7/7, 1936.
I last saw him alive on 7/7, 1936, death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscess, Liver	6/30/36
Other contributory causes of importance:	
Myocarditis, Chronic ?	
Pneumonia, Bronchial	6/30/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E D Kinsel, M. D.
(Address) Wallace Idaho.

99423

99423

PLACE OF DEATH

County of Valley

City of Cascade

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99423

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Dillon

(a) Residence. No. ..... Emmett, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

18 yr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11, 1922

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
14	1	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Emmett Ida
(State or country)

MOTHER | FATHER

13. NAME Elbert Dillon ~~Smith Center~~

14. BIRTHPLACE (city or town) ~~Not known~~
(State or country) Kansas

15. MAIDEN NAME Alice Crabtree

16. BIRTHPLACE (city or town) Emmett
(State or country) Ida

17. INFORMANT Hugh Crabtree
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place... Emmett Ida Date.. July 13 1936

19. UNDERTAKER C.D. Buckmaster
(Address) Emmett Ida

20. FILED July 11..., 1936 M. Gardner Keady
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~August~~ ~~Tetany~~	
Accidental Drowning	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?... accident Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Forrest E. Ward M. D.
(Address) Valley County Coroner
Cascade, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9964

DO NOT WRITE IN THIS SPACE
State File No. 99424

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No.
(No.)

JUL 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Spruce McCoy Gibbs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Gibbs

6. DATE OF BIRTH (month, day and year) Nov. 9, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (mo. and yr.) Not Known

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) "

17. INFORMANT Mrs. Adeline Hildreth
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Boyer Cem.
Place Kootenai Ida Date July 6, 1936

19. UNDERTAKER L. L. Swan
(Address) Sandpoint Ida

20. FILED 7-6, 193 6 J. B. Evans
M. C., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from June, 193 6, to July 4, 193 6
I last saw him alive on July 4, 193 6: death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal disease	2 yrs
Diabetes	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Floyd G. Meade M.D.
(Address) Sandpoint, Idaho.

JUL 2 - 1936 RECEIVED

99425

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99425

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 89

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME COOK, Edward H.

(a) Residence. No. Box 1785 St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Mrs. Mildred Cook

6. DATE OF BIRTH (month, day, and year) August 1, 1897

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	38	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER/FATHER

13. NAME Sheldon Cook

14. BIRTHPLACE (city or town) (State or country) Minnesota

15. MAIDEN NAME Clara Gray

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Boise, Idaho Date. 7/25, 1936

19. UNDERTAKER (Address) McBratney Funeral Home, Boise, Idaho

20. FILED 7-25-1936 M. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to July 22, 1936.
I last saw him alive on July 22, 1936.: death is said to have occurred on the date stated above, at 5:40p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Addison's Disease	Unknown
Tuberculosis, adrenals	Unknown

Other **contributory causes** of importance:

None

Name of operation --- Date of ---

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. E. BAKER, M. D.
(Address) V. A. Facility, Boise, Idaho

99426

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99426

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 733

JUL 28 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. James Fuller Miller.

(a) Residence. No. 1235 South 5th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Pearl Miller.

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1876.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	20.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. doctor (medical)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jonsboro. (State or country) Tennessee.

FATHER
13. NAME Henry Miller.
14. BIRTHPLACE (city or town) unknown. (State or country) Tennessee.

MOTHER
15. MAIDEN NAME Mary Kroup.
16. BIRTHPLACE (city or town) unknown (State or country) Tennessee.

17. INFORMANT Mrs. Pearl Miller (Address) 1235 South 5th Pocatello

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Place Family Mt. Pleasant Cem. Date July 20 1936.

19. UNDERTAKER W. H. Hays Funeral Home (Address) Pocatello Idaho.

20. FILED July 20, 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 18, 1936
I last saw him alive on July 18, 1936; death is said to have occurred on the date stated above, at 9:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Other contributory causes of importance:	
Myocarditis	1935

Name of operation ~~Clinical~~ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) William J. Howard M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99427

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99427

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 219

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Carey Adams

(a) Residence. No. 1502 West Jefferson St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cecil M. Adams

6. DATE OF BIRTH (month, day, and year) November 9, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. business mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Statesman
10. Date deceased last worked at this occupation (mo. and yr.) July, 1936
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Prospect, Ohio

FATHER
13. NAME Spencer J. Adams
14. BIRTHPLACE (city or town) (State or country) Prospect, Ohio

MOTHER
15. MAIDEN NAME Nancy Alice Williams
16. BIRTHPLACE (city or town) (State or country) Prospect, Ohio

17. INFORMANT Alice Adams
(Address) 1502 W. Jefferson - Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill, Boise Date July 14, 1936

19. UNDERTAKER Schreiber & McCoure
(Address) Boise, Ida.

20. FILED 7-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1930, to July 11th, 1936
I last saw him alive on July 11th, 1936: death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	
Hypertension and	
Chronic myocarditis	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99428

Registration District No. 108

JUL 29 1936 RECEIVED

Primary Registration District No. 2186 Local Registrar's No. 217

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phillip D Beaver

(a) Residence. No. 8632 Indiana Riverside Calif. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edith Beaver.

6. DATE OF BIRTH (month, day, and year) June 26 1897

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
39		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ~~Laborer~~

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Disabled War Veteran

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Omaha (State or country) Neb.

FATHER

13. NAME Emmett Beaver

14. BIRTHPLACE (city or town) ..... (State or country) Neb.

MOTHER

15. MAIDEN NAME Gertrude Kampoff

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Edith Beaver (Address) 8632 Indiana Riverside Calif

18. BURIAL, CREMATION OR REMOVAL
Place Challis Ida. Date July 27, 1936.

19. UNDERTAKER ..... (Address) Marvel Funeral Home Arco, Ida.

20. FILED July 26, 1936. Edna M. McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot in head	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? suicide Date of injury July 25 1936
Where did injury occur? on Jordan Creek Nr Challis
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. Camp ground public place
Manner of injury gun shot wound
Nature of injury Gun wound

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Erick Burstedt Coroner M. D.
(Address) Challis Idaho

99429

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99429

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 91
(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kantaro Muratani

(a) Residence. No. 115 S. 7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT (Address) Harry Kurihara

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-30-1936

19. UNDERTAKER Schreiber-McCann
(Address) Boise

20. FILED 7-30 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1936, to 7-28, 1936
I last saw h[illegible] alive on 7-29, 1936 death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. Callaway, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99450 V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99430

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 224

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Abendroth

(a) Residence. No. 712 N. 8th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, and year) 9-5-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn. (State or country)

FATHER

13. NAME Wm. Philip Abendroth

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Amelia Cook

16. BIRTHPLACE (city or town) Penn. (State or country)

17. INFORMANT Charles P. Abendroth (Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 7/20/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-22, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17/36

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to July 17, 1936

I last saw him alive on July 10, 1936; death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
and	
acute nephritis	
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Fred Boeck M. D.

(Address) Boise Ida.

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99431

AUG 1 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 234

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norville. W. Booth.

(a) Residence. No. 1220. N. 7 Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine. E. Booth.

6. DATE OF BIRTH (month, day, and year) November. 13. 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	9	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Appraisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Housing

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pueblo, Colorado.

FATHER

13. NAME William. T. Booth.

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Reba Withers.

16. BIRTHPLACE (city or town) (State or country) Colorado.

17. INFORMANT (Address) Mrs. Katherine. E. Booth. 1220. N. 7 Street, Boise,

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date July. 31 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 7-29 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1936, to 7-29- 1936

I last saw him alive on 7-29 1936: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7-24-36
& Acute Dilatation of Heart	
Other contributory causes of importance:	
Cronic Sore Throat	
Congested Tonsils	
and Teeth.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.C. If so, specify .....

(Signed) Arvid T. Nyman, M. D.

(Address) Boise, Idaho.

Burg 4-73-6/99432

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99432

AUG 1 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 92

(No. Route 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Zetta Louise Swain

(a) Residence. No. Route 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas B.

6. DATE OF BIRTH (month, day, and year) 11/4/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas (State or country)

FATHER

13. NAME Warren B. Warner

14. BIRTHPLACE (city or town) Illinois (State or country)

MOTHER

15. MAIDEN NAME Louise Carpenter

16. BIRTHPLACE (city or town) France (State or country)

17. INFORMANT Mrs. William Rhodes (Address) Boise

18. BURIAL, CREMATION OR REMOVAL 2

Place Morris Hill Date 7/30/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-30 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28/36 193

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to July 28, 1936

I last saw h-er alive on July 28, 1936: death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	
Edema	
Pneumonia, interstitial	
Stomach	Two years
to death	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 7-14-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Boeck M. D.

(Address) Boise Ida

A. Boeck

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99433

AUG 3 1936 RECEIVED

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 158

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aron V. Alvey

(a) Residence. No. 2nd Ave. S. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Escolonti Utah

FATHER

13. NAME Aaron Alvey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Van Lewan

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT George Alvey (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Twin Falls, Ida Date 7/9, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 7-9-, 1936 J. C. Swanson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1936, to 7-7, 1936

I last saw h.. alive on 7-7, 1936: death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 26, 1936
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Weaver, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Burg 99434

DO NOT WRITE IN THIS SPACE

State File No. 99434

Registration District No. 2

Primary Registration District No. 1002

Local Registrar's No. 238

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Agustus Ross

(a) Residence. No. 27th. & Regan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, and year) 7/29/1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Dan Ross

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Fannie McFarland

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Florence Ross, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 7/29/36 10 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-30, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/27/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to July 27, 1936

I last saw h[er] alive on July 26, 1936; death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	July 26-36

Other contributory causes of importance:

Perforated Ulcer Duodenum Radical Resection Pylorus & Adhesions Adhesions Gall Bladder

Name of operation Exploration Date of July 18

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury June 11, 1936

Where did injury occur? Boise Ada
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Flying piece of steel

Nature of injury Severed Arteries

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Blacksmith

(Signed) A. V. Boeck, M. D.

(Address) Boise Ada

J. Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Edmore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 99435

Local Registrar's No.

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Harriet Jane Ruberry

(a) Residence. No. Rudy Hill Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E Ruberry

6. DATE OF BIRTH (month, day, and year) Oct. 20-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
78	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carnwall England

FATHER

13. NAME William Bettens

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) William E. Ruberry Rudy Hill Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Glenns Ferry Date Aug 2, 1936

19. UNDERTAKER (Address) Thacher Funeral Home Mt. Home Idaho

20. FILED July 30, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to July 29, 1936

I last saw her alive on July 25, 1936; death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hawley E Snyder, M. D.

(Address) Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

91736

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99436

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 93

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Monty E. Buster

(a) Residence. No. ..... St. North Fork, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lorena Buster

6. DATE OF BIRTH (month, day, and year) August 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Thomas Buster

14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Mary Plummer

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place San Francisco, Calif. Date 8/5/ 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 8-5, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to August 3, 1936.
I last saw him alive on August 3 1936.: death is said to have occurred on the date stated above, at 4:13p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Abscess, pulmonary, right lung	About 6-25-36
Other **contributory causes** of importance:	
Diabetes Mellitus	About 1926
Toxemia, secondary to pulmonary abscess	About 7-15-36

Name of operation... Thoracentesis Date of. 7-22-36
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. BAKER, M. D.
(Address) V. A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99437 (99437)

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 134

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Elmer Alden

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alden

6. DATE OF BIRTH (month, day, and year) March 19, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sunman Ind.

FATHER
13. NAME James Alden
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Coburn
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) J. W. Alden Bovill, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date 7/21, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 8/2/36, 193 Mary Emmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 193 4, to July 21, 1936
I last saw him alive on July 21, 1936; death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1934
Other contributory causes of importance: Fracture of femur	1934

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. T. Meyer M. D.
(Address) Troy Idaho

94438

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99438

Registration District No. 7
Primary Registration District No. 2906 Local Registrar's No. 116
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 5 1936 RECEIVED

2. FULL NAME Eva Louisa Dickey 1182

(a) Residence. No. Marsing Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth Dickey

6. DATE OF BIRTH (month, day, and year) 6-26-79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan (State or country)

FATHER
13. NAME W.B. Graham
14. BIRTHPLACE (city or town) Mich (State or country)

MOTHER
15. MAIDEN NAME Hattie Helmer
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT L.C. Dickey (Address) Marsing Ida

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date 8-4, 1936

19. UNDERTAKER F.K. Robinson (Address) Nampa Ida

20. FILED Aug 4, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1936, to 8-2, 1936
I last saw h[illegible] alive on 8-2, 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation heart	
Other contributory causes of importance:	
Partial obstruction	
bowel 5 days	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace Belknap M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99439

1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 238

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. alphonsus Hospital)

2. FULL NAME Mr. Elton Isaah Gunter

(a) Residence. No. ... St. Grangeville Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Opal

6. DATE OF BIRTH (month, day, and year) Feb 10-1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Town Marshall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Grangeville Ida

10. Date deceased last worked at this occupation (mo. and yr.) July 2-36

11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (city or town) (State or country) mo.

MOTHER FATHER

13. NAME Morton Gunter

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Lilly Hayes

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Bro. Willard Gunter
(Address) Stites Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date July 31, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 8-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 31, 1936
last saw h.. alive on July 30, 1936; death is said to have occurred on the date stated above, at 5:32 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-dural hemorrhage	May 29 or June 1936
Other contributory causes of importance:	

Name of operation L. Temporal Decompression Date of 7-29-36
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-29, 1936
Where did injury occur? Grangeville Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury Struck on head
Nature of injury Intra dural hemorrhage

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify By duty as Marshall

(Signed) M. D. Sharp M. D.
(Address) 405 Eastman Bldg Boise Idaho.

99440

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99440

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 247

(No. St. Alphonsus Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie ~~Ockander~~ Ockander

(a) Residence. No. 304 Ninth an North St. Nampa, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Ockander

6. DATE OF BIRTH (month, day, and year): June 29 1879

7. AGE — Years: 57 | Months: 1 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: James Bennett

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Ann Mugford

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Charles Ockander

18. BURIAL, CREMATION OR REMOVAL — Place: Morris Hill Date: 8-6, 1936

19. UNDERTAKER (Address): Schreiber & McCann

20. FILED: 8-6, 1936 — E. Clark, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Aug. 4, 1936

I last saw h[illegible] alive on Aug 3, 1936: death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	
	Dec 1935

Other contributory causes of importance:

Metastases Carcinoma involving Colon + liver

Name of operation: —— Date of:

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ....., 193....

Where did injury occur? ——
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Terrell M. D.

(Address) Boise Idaho

99441

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99441

Registration District No. 28

AUG 11 1936 RECEIVED

Registration District No. 2161 Local Registrar's No. 745 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augustus C. W. Wilson

(a) Residence. No. 162 Hawthorne St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 14, 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. druggist (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Knoxville
(State or country) Iowa

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Mrs. G. A. Parsons
(Address) 162 Hawthorne St. Pocatello

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemt. Date July 25, 1936

19. UNDERTAKER McMahan Funeral Home
(Address) Pocatello, Idaho

20. FILED 7/23, 1936 D. Clay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1936, to July 22, 1936
I last saw h... alive on July 22, 1936: death is said to have occurred on the date stated above, at 8:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Hypertension	

Name of operation no Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. K. Call, M. D.
(Address) Pocatello, Idaho

99442

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99442

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 717

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) No. Lynn Brother's Hospital

2. FULL NAME Charles E. Krueger

(a) Residence. No. Robin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred: 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Hattie Weller

6. DATE OF BIRTH (month, day, and year): July 22, 1875.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): EauClair, Wisconsin.

FATHER
13. NAME: August Krueger
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Eva Zonaret
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Mrs. Charle E. Krueger, Robin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: July 7, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED July 7, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to July 4, 1936
I last saw h[illegible] alive on July 4 1936; death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:
Emaciated

Name of operation: None Date of:
What test confirmed diagnosis? X Ray & Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. Lynn, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 2 1936 RECEIVED

99443

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99443

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 619

(No. 3rd Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen J. Bell

(a) Residence. No. 3rd St. (Usual place of abode) St. Lapwai

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5th 1855

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
80	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McMinnville (State or country) Oregon

FATHER

13. NAME Shadden

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Mariah Adams

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Stan J. Maxwell (Address) Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Idaho Date 6/14 1936

19. UNDERTAKER Brower-Wann Co (Address) Lewiston Idaho

20. FILED July 17, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936, to June 13, 1936.

I last saw her alive on June 12 1936; death is said to have occurred on the date stated above, at 1. a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	? ?
Chronic Interstitial nephritis	? ?
Other **contributory causes** of importance: Hypostatic Pneumonia	6/9/36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Ralph M. Alley M. D.

(Address) Lapwai Idaho

99444

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99444

PLACE OF DEATH
County of Fremont
City of St. Anthony

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 238

AUG 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian Isabell Morgan

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Thomas V. Morgan

6. DATE OF BIRTH (month, day, and year) July 17-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springville Utah

FATHER
13. NAME Walter Clegg
14. BIRTHPLACE (city or town) (State or country) Sheffield Eng.

MOTHER
15. MAIDEN NAME Deborah Smith
16. BIRTHPLACE (city or town) (State or country) Manti Utah

17. INFORMANT T. V. Morgan
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 7/12, 1936

19. UNDERTAKER W. M. Hancey
(Address) St. Anthony Idaho

20. FILED Aug 7, 1936 Sarah B. Hunt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 9, 1936
Last saw her alive on July 8, 1936; death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Few days before 7-9-36
Other contributory causes of importance: As there was no autopsy—cause undetermined	

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy? none

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

7/23/36 (Signed) Louis L. Tieh, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99445

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 210

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Alphonsus Hospital.

84

2. FULL NAME Helen Mayne Hailey.

(a) Residence. No. 510. N. 17 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yr 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John. T. Hailey.

6. DATE OF BIRTH (month, day, and year) December. 31. 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER
13. NAME Joe Mayne.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Jessie Mc Millan.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT John. T. Hailey.
(Address) 510. N. 17 Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery, Date July. 8, 1936.

19. UNDERTAKER Summers Funeral Home
(Address)

20. FILED 7-7, 1936 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1936, to 7/6, 1936.
I last saw her alive on 7/5, 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral edema	7/3/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W. Stapp M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99446

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 1

AUG 3 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pilar Sabala

204

(a) Residence. No. 1 1/2. Miles N.E. of Eagle St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albino Sabala

6. DATE OF BIRTH (month, day, and year) Nov. 12 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nachitua Spain

FATHER

13. NAME Juan Naveran

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Maria Cariaga

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place St. John's Date 6/5 193 6

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 6/6 193 6 Dorris Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193..., to ..... 193...
I last saw her alive on Dead 6/2 193 6: death is said to have occurred on the date stated above, at About 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown. But Natural	
Died Suddenly. No	
Medical Attendance	
No Indication Of Foul Play	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. McCann Coroner, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99447

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 208

AUG 13 1936 RECEIVED

(No.) Salvation Army Rescue Home
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Garry Blaine Melchi

(a) Residence. No. Salvation Army Rescue Home
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/23/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Marguerete Melchi

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Adj. Alma Flippin
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/3/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/2/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1936, to 7-2, 1936

I last saw he alive on 7-2, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature baby	birth

Other contributory causes of importance:

Aberration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. Toomey, M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99448

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 225

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (N. St. Lukes Hospital)

2. FULL NAME Baby Coon

(a) Residence. No. 1808 Boise Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-22-1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	---	--	--	6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER
13. NAME Everett Coon
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Bernice Ballantyne
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT E. Coon, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/22/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-22, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/22/36 93

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 193 6, to 7-22, 193 6.
I last saw h[illegible] alive on 7-22, 193 6: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage at birth	7-22-36
Other contributory causes of importance: Epilepsy Real Twin Birth	7-22-36

Name of operation [illegible] Date of [illegible]
What test confirmed diagnosis? [illegible] an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) David L. Budge M.D.
(Address) Boise Idaho

Budge

HW-0161

APPLICATION FOR AN IDAHO DEATH CERTIFICATE

Note: Death records have been filed in Idaho since July 1911.

ADDRESS CORRESPONDENCE AND MAKE MONEY ORDER PAYABLE TO:

VITAL STATISTICS
450 W. State Street
Boise, ID 83720

1. Full name of deceased at death Carolyn Cook
2. Place of death Boise, Idaho (City/Town) Ada (County)
3. Date of death July 22, 1936 (Month/Day/Year) (If unknown, need approximate year or range to search)
4. Signature of applicant Carol Jayne Coon Arndt
   Address P.O. Box 271 Stayton, OR 97383
   Relationship to person named in item #1 twin sister
5. If legal representative — name and relationship of client to deceased

PLEASE COMPLETE THE FOLLOWING (If known): Purpose

Birth Date 7.22.36 (Month/Day/Year) Birth Place Boise, Idaho (City/State) Spouse

Mother's Maiden Name Ballentyne Father's Name Emmett P Coon

Number of certified copies requested: 1 The fee for each certified copy and/or search is $8.00.

L. L. A. Beach

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99449

AUG 13 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 218

(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Evaelyn Lee Guffey

(a) Residence. No. 1003 Vermont St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8 1936

7. AGE Years	Months	Days	If LESS than 1 day 1 hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida
(State or country)

FATHER

13. NAME Emmerson Guffey

14. BIRTHPLACE (city or town) Texas,
(State or country)

MOTHER

15. MAIDEN NAME Geraldine Hoyt

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mrs. Leola Hoyt Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise, Ida Date 7-10 1936

19. UNDERTAKER Schreiber & Mc Cann
(Address) Boise Ida

20. FILED 7-13 1936 L. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 8, 1936.
I last saw her alive on July 8, 1936.: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus at navel	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. L. A. Beach, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99451

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 226

AUG 13 1936 RECEIVED

(No.) St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William M. Cook

(a) Residence. No. 614 Grove St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/12/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danville Pa. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Ray Cunningham - Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place M. H. Date 7/21/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-22 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19/36 193

22. I HEREBY CERTIFY, That I attended deceased from March 31 1936, to July 19 1936

I last saw him alive on July 19 1936: death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - acute	
Chronic Myocarditis	

Other contributory causes of importance:

Valvular Heart Lesions -	
Senile Dementia -	
Dropsy -	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury ..... 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Bouck M. D.

(Address) Boise Ida

Bouck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99452

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 223

AUG 13 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in hospital or institution, give its name instead of street and number) St. Alphonsus Hospital
2. FULL NAME Emma Pope
(a) Residence. No. Rt. #3 St. Caldwell Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. L. Pope
6. DATE OF BIRTH (month, day, and year): January 6th 1890
7. AGE: Years 46 | Months 6 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rapperswil Switzerland

FATHER
13. NAME: Frank D'uspiva
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Anna Smolik
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT (Address): Mr. A. L. Pope Caldwell, Ida
18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Nampa, Ida. Date 7-21, 1936
19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa, Idaho
20. FILED 7-21, 1936 E. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21 1936
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 21, 1936
I last saw her alive on 7-20, 1936: death is said to have occurred on the date stated above, at 6:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-nephritis	1935
Other contributory causes of importance:	
Tumor, ovarian Cyst	1934
Pleurisy, healed	

Name of operation Laparotomy Date of 7-14-36
What test confirmed diagnosis? Path. Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. B. Stern, M. D.
(Address) 405 Eastman Bldg. Boise, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99453

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 225

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna G. Mueller

(a) Residence. No. Kuna, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24. 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Richardt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lucile Fulfer
(Address) Kuna, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-17, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 7-17, 1936 L. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 th, 1936, to July 13, 1936.
I last saw her alive on July 13th, 1936: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 10/36
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. A. Springer, M. D.
(Address) Boise Idaho

Kodrich.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99454

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 221

AUG 13 1936 RECEIVED

(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret K Williams

(a) Residence. No. Fairfield Ida. St. St Lukes Hos
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Williams

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogeola (State or country) Clark Co. Iowa

FATHER
13. NAME Ezekiel Smith
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Lucy Sawtyer
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Myrtle M Williams Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Pla[redacted] Payette Date July 15, 1936

19. UNDERTAKER (Address) Geo Chandler Payette Ida

20. FILED 7-17, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 14, 1936.
I last saw her alive on July 13, 1936: death is said to have occurred on the date stated above, at ..... A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A. Forbush M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99455

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 220

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vincal Germain

(a) Residence. No. 2421 Madison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. N. Germain

6. DATE OF BIRTH (month, day, and year) March 4-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER
13. NAME J. L. Sigler
14. BIRTHPLACE (city or town) Kentucky
(State or country) Hebron Co

MOTHER
15. MAIDEN NAME Sarah J Banks
16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT R. N. Germain
(Address) 2421 Madison St

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise Date 7-16 1936

19. UNDERTAKER Schreiber & Mc Evers
(Address)

20. FILED 7-16 1936 L. Sharp, Boise, Ida
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1936, to 7/14, 1936
I last saw her alive on 7/14, 1936; death is said to have occurred on the date stated above, at about 6:45 PM. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/12/36
from hypertension	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard M Chaleupka M. D.
(Address) 411 Eastman Bldg

B-127-7

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99456

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 216

AUG 13 1936 RECEIVED

(No. 515 N. 6th. Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Hettinger

(a) Residence. No. 518 N. 6th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Martin

6. DATE OF BIRTH (month, day, and year) 5/21/1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Alex. C. Gilcrest

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sophia Bliss

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Joel Priest, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/9/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/8/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193.., to Jul 8, 1936
I last saw h.. alive on Jul 18, 1936.: death is said to have occurred on the date stated above, at 8:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
High blood pressure	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. Reno Numbers, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Numbers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99457

Registration District No. 2
Primary Registration District No. 1094 Local Registrar's No. 215

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital

2. FULL NAME Andrew J. Pritchett

(a) Residence. No. W 9th St. 2 Boise Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

89

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Pritchett

6. DATE OF BIRTH (month, day, and year) Dec 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Junction City Kansas

FATHER

13. NAME David Pritchett

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Nancy Spears

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT L. A. Pritchett
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 7-9, 193 6

19. UNDERTAKER B W Robison
(Address) Meridian Ida

20. FILED 7-8, 193 6 R. S. Hays
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 193 6, to July 5th, 193 6
I last saw him alive on July 6th, 193 6; death is said to have occurred on the date stated above, at 730 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coryza a Pectoris	
Other contributory causes of importance:	
Valvular Heart Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....

(Signed) O. W. Bowen M. D.
(Address) Boise Ida

13-15e-5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99458

Registration District No. 2

Registrar's Registration District No. 1004

Local Registrar's No. 214

AUG 13 1936 RECEIVED

(No. 417 Jefferson St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME William Howell

(a) Residence. No. 417 Jefferson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, and year) 4/15/1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York State (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mrs. W. H. Innis, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 7/9/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-8, 193.6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 193.3, to 7-7-, 193.6.

I last saw him alive on 7-6, 193.6; death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Cullaway, M. D.

(Address) Boise Idaho

Calloway ✓

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99459

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 213

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda. M. Knox.

(a) Residence. No. 1017. Lincoln Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January. 4. 1850.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER
13. NAME Thomas. J. Knotts.
14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER
15. MAIDEN NAME Mary Mallory.
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT (Address) Mrs. Edith Dalrymple. 1017. Lincoln Ave. Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. July. 6, 1936.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 7-7, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15-, 1936, to 7-4-, 1936
I last saw her alive on 7-3-, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	
with Coronary Sclerosis	
Other contributory causes of importance:	
Uremia Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.
(Address) Boise, Idaho

McCall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99460

Registration District No. 2

AUG 13 1936 RECEIVED Registration District No. 1004 Local Registrar's No. 212

(No. St. Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME James Monroe Johnson.

(a) Residence. No. 2133. Longmont Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 29. 1845.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	9	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Michael Johnson.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Albertina Nelson.
(Address) R.D. # 5. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date July. 7. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-7, 1936 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to July 4, 1936.
I last saw him alive on July 4, 1936.: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	
Ascites	
Other contributory causes of importance:	
Profuse nose bleeding	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. L. McCall M. D.
(Address) 1415 Fort St., Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99461

AUG 13 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 211
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME William. R. Kemper.

(a) Residence. No. 1619. N. 6 Street. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Margaret Kemper.

6. DATE OF BIRTH (month, day, and year) September. 21. 1853.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	9	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Indiana.
(State or country)

FATHER

13. NAME Tilman Kemper.
14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Arnold Kemper.
(Address) 1619. N. 6 Streetm Boise.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date July. 9. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 7-7, 1936 L. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 6, 1936
last saw h[illegible] alive on March 15, 1935: death is said to have occurred on the date stated above, at about 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 6 1936

Other contributory causes of importance:
I had never examined this negro and he was dead when I saw him

Name of operation none Date of ....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) O. M. Bruntan, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99462

Registration District No. 2
Registration District No. 1004
Local Registrar's No. 207

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 204 State

2. FULL NAME James Mc Donald. 181

(a) Residence. No. 204. W. State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lula Brown Mc Donald.

6. DATE OF BIRTH (month, day and year) May. 8. 1890.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46.	2.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capitalist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio.

FATHER

13. NAME James Mc Donald.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Caroline Ruhl.
16. BIRTHPLACE (city or town) (State or country) Leadville, Col.

17. INFORMANT Leo. J. Falk.
(Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date July. 3 1936.

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 7-3, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 2, 1936.
I last saw h[illegible] alive on June 30, 1936: death is said to have occurred on the date stated above, at 5 Am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 1 1936
- Poisoning -	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 1 1936
Where did injury occur? Boise - Ada Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Drinking Poison mono[illegible]
Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Hewett, M. D.
(Address) Boise. Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99463

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 206

AUG 13 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital.

2. FULL NAME Rex Smith Yount, Jr.

(a) Residence. No. 1213. Grand Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 8. 1931.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	0	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

FATHER
13. NAME Rex Smith Yount. Sr.
14. BIRTHPLACE (city or town) Woodbine, Iowa.
(State or country)

MOTHER
15. MAIDEN NAME Ardyce Whipple.
16. BIRTHPLACE (city or town) Idaho.
(State or country)

17. INFORMANT Rex Smith Yount, Sr.
(Address) 1213. Grand Ave, Boise.

18. BURIAL, CREMATION OR REMOVAL
Meridian, Cemetery. July. 3 1936
Place Date

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho.

20. FILED 7-3 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24th 1936, to July 1 1936
I last saw him alive on July 1 1936: death is said to have occurred on the date stated above, at 11:23 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia with complications	June 22, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harman Tremaine, M. D.
(Address) 1314 N. 13th St. Boise
by Ruth Rehrer

2-22-2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99464

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 86

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Ada County Hospital

2. FULL NAME William E. Marshman

(a) Residence. No. 611 So. 13th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) 6/14/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tenn.
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mary Marshman
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/22/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-22, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20-36, 193

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 193 6, to 7-20, 193 6
I last saw him alive on 7-20, 193 6: death is said to have occurred on the date stated above, at 1:05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) M. McCluney, M. D.
(Address) Boise Idaho

Calloway

4-57-5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99465

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 87

AUG 13 1936 RECEIVED

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Madison Stivison

(a) Residence. No. 1407 N. 9th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes

6. DATE OF BIRTH (month, day, and year) 9-22-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER
13. NAME Jacob Stivison
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME — Goss
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Bert R. Stivison, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-18-36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-22, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-16- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-3-, 193.6, to 7-16-, 193.6
I last saw h/w alive on 7-15-, 193.6 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured by Fall	
Fracture at Anatomical Neck of femur	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway, M. D.
(Address) M. Calloway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99466

Registration District No. 2

Primary Registration District No. 2004 Ada County Hospital

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. A. Townsend

(a) Residence. No. County Hosp. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 9 - 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT J. T. McCann
(Address) 1010 N 6th

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7-24, 1936

19. UNDERTAKER Schrieber & McCann
(Address) 6th & Bannock

20. FILED 7-24-36 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 193 3, to 7-21, 193 6

I last saw him alive on 7-20, 193 6; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Acute Intoxication

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ext'l causes (violence) fill in ~~also~~ the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. McCarney M. D.

(Address) Boise Idaho

K-109-6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99467

AUG 13 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 84

(No.) Route 1

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Paul Clark

(a) Residence. No. Wylie Lane - Route 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann

6. DATE OF BIRTH (month, day, and year) 11/16/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Idaho Penitentiary

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland (State or country)

FATHER

13. NAME Paul Clark

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Grace Bartlett

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mary Ann Clark (Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 7/14/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 7-15, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1/7, 193.6, to 7/12, 193.6

I last saw h[illegible] alive on 7/8, 193.6; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

General Toxemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Were an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Pittinger, M. D.

(Address) .....

Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near The City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99468

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 83

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Ada County Hospital

2. FULL NAME Morris A. Devers

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6th. 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT J. M. Cann
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/14, 1936

19. UNDERTAKER Schreiber & McCann,
(Address) Boise Idaho

20. FILED 7-13, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2-, 1932, to 7-11, 1936
I last saw him alive on 7-10-, 1936.: death is said to have occurred on the date stated above, at 11:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Yellow Atrophy of Liver	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) M. Callaway, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City of Bois

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99469

AUG 13 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 82

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Marsh.

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Dont know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 3rd 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "
" "

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sarah Woodward
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/10, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3-34, 1934, to 7-10-, 1936

I last saw him alive on 7-9, 1936: death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Tumor of Liver Stem 4 Lo	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Greenaway, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99470

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 205

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Alphonsus Hospital.

2. FULL NAME Hubert. J. Mc Girr.

(a) Residence. No. 1035. Warm Springs Avenue. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Elma Mc Girr.

6. DATE OF BIRTH (month, day, and year) April. 27. 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ill.

FATHER

13. NAME William Mc Girr.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Winifred Mac Ilvane.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Mrs. Mary Elma Mc Girr. 1035. Warm Springs Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date July. 2, 193 6.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 8-3, 193 6 R. E. Blair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June. 30, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from May 1, 193 6, to June 30, 193 6.
I last saw h— alive on 6/30/36, 193 6: death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	April 36.
Cardiac D	
Other contributory causes of importance: Gastric Hemorrhage	6/18/36.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thos. E. Dunlavy M. D.
(Address) Boise, Idaho

Opens B-40-7

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99471

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 236

AUG 13 1936 RECEIVED

(No. 1119 N. 11th.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Gildea Davis

(a) Residence. No. 1119 N. 11th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/18/1843

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Claude Davis
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/30/36, 193.. 10

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/27/36 193

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ..... 193..
I last saw h.. alive on ....., 193..: death is said no attendance recently
to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) J. A. Springer, M. D.
(Address) Boise Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Koelch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99472

AUG 13 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 235

1. PLACE OF DEATH (No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philip Dean Weeks

(a) Residence. No. 1214 Manitou St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 20 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Henry Weeks
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Josephine Irons
16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Henry Weeks
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/27, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 7-30 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-24-1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to July 24, 1936
I last saw h[illegible] alive on July 24, 1936; death is said to have occurred on the date stated above, at 1.40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Exact Date May 36
(miliary)	
Other contributory causes of importance:	
Tuberculous Meningitis	About 7-16-36

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harmon Freeman M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99473

AUG 13 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 231

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

66

2. FULL NAME John Crone Hern

(a) Residence. No. ..... St. Walla Walla, Wn.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie C. Hern

6. DATE OF BIRTH (month, day, and year) May 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.W. Brewing Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) ..... (State or country) Sacramento, Calif.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Minnie Hern (Address) Walla Walla, Wn.

18. BURIAL, CREMATION OR REMOVAL Place Sacramento, Cal. Date 7-28-36

19. UNDERTAKER W. McBratney (Address) Boise, Idaho

20. FILED 7-27, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1936, to 7-26, 1936.

I last saw him alive on 7-26, 1936.: death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Uremia~~ Acute Alcoholism	7-20-36
Hypostatic Pneumonia	7-23-36
Uremia	7-25-36
Other contributory causes of importance:	
Chr. Alcoholism	1933?
Obesity	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Bruce Budge M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99474

AUG 13 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 232
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas. Hubert Asbury
(a) Residence. No. Boise St. Idaho R.F.D. #2
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 11, 1915

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
21	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Burlington Arkansas

FATHER
13. NAME Jesse Asbury
14. BIRTHPLACE (city or town) (State or country) Pennyville Ark.

MOTHER
15. MAIDEN NAME Arthula Goss
16. BIRTHPLACE (city or town) (State or country) Burlington Ark

17. INFORMANT (Address) Jesse Asbury Meridian Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Meridian Ida Date 7/27 1936

19. UNDERTAKER E. L. Robinson
(Address) Meridian Idaho

20. FILED 7/28 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 26, 1936.
Last saw h... alive on July 26, 1936: death is said to have occurred on the date stated above, at 1230 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lateral sinus Thrombosis	7-16
Meningitis	7-16
Chronic Mastoiditis	1931

Other contributory causes of importance:

Name of operation Opening of Lateral sinus Date of 7-19
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. L. McCalla, M. D.
(Address) Box 1907 Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99475

AUG 13 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 230

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Randa Johnson

(a) Residence. No. Emmett Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1184

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 18 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 7/15-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Evansville Maine

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Carl A. Westberg (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 7/22, 1936

19. UNDERTAKER O. Buckheim (Address) Emmett Idaho

20. FILED 7-24, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 20, 1936

I last saw her alive on July 19, 1936: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	July 15 '36
Strangulated Hernia - Ventral	

Other contributory causes of importance:

Name of operation Herniotomy Date of 7/17/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Forbes M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99476

AUG 13 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1964 Local Registrar's No. 229
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lo Nannie Womack

(a) Residence. No. St. Alphonsus Hospital St. Emmett Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter E. Womack

6. DATE OF BIRTH (month, day, and year): Feb. 22, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Forestville Minn.

FATHER
13. NAME: John W. Peery
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER
15. MAIDEN NAME: Minerva Orchid
16. BIRTHPLACE (city or town) (State or country): The Dalles Wisconsin

17. INFORMANT (Address): J R Peery Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date July 21 1936

19. UNDERTAKER (Address): C D Buckner Emmett Ida

20. FILED Aug 24, 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to July 19, 1936
I last saw her alive on July 18, 1936: death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal Malignancy of unknown primal origin	1931

Other contributory causes of importance:

Name of operation exploral Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Howard M Chadwick M. D.
(Address) 411 Coleman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99477

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 228

AUG 13 1936 RECEIVED

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Garretson

(a) Residence. No. 719 Main St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pansy I. Garretson

6. DATE OF BIRTH (month, day, and year) May 23rd. 1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Smith (State or country) Ark.

FATHER

13. NAME Henry David Garretson

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mrs Anna Bonner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Pansy I. Garretson 719 Main St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 7/18, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 7-23 1936 E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/16, 1936, to 7/16, 1936

I last saw h[illegible] alive on 7/16, 1936. Death is said to have occurred on the date stated above, at 5-17 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	
Other contributory causes of importance: Peritonitis	

Name of operation Lap. Exploratory Date of 7/16
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A Schneider M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Formerly

DO NOT WRITE IN THIS SPACE

State File No. 99478

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 227

AUG 13 1936 RECEIVED

(No.) St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME George. W. Goble.

(a) Residence. No. Smith Prairie, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 16. 1860.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois.

FATHER

13. NAME John Goble.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mayme Shealy.
(Address) 1905. Broadway Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date July. 22 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 7-22-, 1936 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1936, to 7-19, 1936

I last saw h[illegible] alive on 7-14, 1936: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/18/36

Other contributory causes of importance:

Senility

Myocarditis

Name of operation ~~Date of~~

What test confirmed diagnosis? ~~Was there an autopsy?~~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Torney, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99479

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 11

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mollie Gray

(a) Residence. No. R.F.D. #2 St. Meridian Ada
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

880

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Gray

6. DATE OF BIRTH (month, day, and year) July 11, 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville Tenn

FATHER
13. NAME Benson Smalls
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Mont Knox
16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Minnie Gray
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida 8/6 1936

19. UNDERTAKER B. W. Johnson
(Address) Meridian Ida

20. FILED 8—3, 1936 W. H. Teer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1936, to 8/1, 1936
I last saw her alive on 7/25, 1936: death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1932
Arterio-sclerosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Eugene Schreiber, M. D.
(Address) Meridian, Ida.

D-52-15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99480

Registration District No. 2

AUG 12 1936 RECEIVED

Primary Registration District No. 1004

Local Registrar's No. 237

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Robert Dean Welker

(a) Residence. No. 2515 Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/24/30

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridian Idaho
(State or country)

FATHER

13. NAME A. N. Welker

14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER

15. MAIDEN NAME Maud McDonald

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT A. N. Welker, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 7/31/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-30, 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/29/36 193

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 193 6, to 7/29, 193 6
I last saw him alive on 7/29, 193 6; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Shock.	
Fracture Left Humerus	
Left Clavicle & Possible	
Skull fracture	
Other contributory causes of importance:	
Auto Accident	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Falk, M. D.

(Address) Boise, Idaho

Smith - Falk's

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Indian Valley

AUG 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99482

Registration District No. 11

Primary Registration District No. ..... Local Registrar's No. 134

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Monroe Jackson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella R Jackson
6. DATE OF BIRTH (month, day, and year): January 1850
7. AGE: Years: 85 | Months: 11 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Peoria Illinois

FATHER
13. NAME: unk

14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): C L Jackson

18. BURIAL, CREMATION OR REMOVAL
Place: Indian Valley Date: July 15 1936

19. UNDERTAKER (Address): J A Crawford Cambridge Ida

20. FILED AUG 13 1936, 193... DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 1936

22. I HEREBY CERTIFY, That I attended deceased from dead 193..., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Self inflicted bullet wound	
Mid Brain & Brain	
Other **contributory causes** of importance:	
R malpractice	

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 19 36
Where did injury occur? Indian Valley Ida
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Self
Nature of injury G.S.W. Brain

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Council

AUG 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99483

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 133

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HENRY HAURY

(a) Residence. No. Meadows St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) unk

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84 yrs 4 d.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Fishing
10. Date deceased last worked at this occupation (mo. and yr.) 8-13-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unk
(State or country)

FATHER
13. NAME unk
14. BIRTHPLACE (city or town) unk
(State or country)

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Relative - Meadows Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hillside Cem. Date 8-13- 1936

19. UNDERTAKER L. E. Martens.
(Address)

20. FILED AUG 18 1936, 193.....
DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1-36, 193..., to 8-11-, 1936
I last saw h alive on 8-10-, 1936; death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1 day
Other contributory causes of importance: Senile Arteriosclerosis Rheumatism.	6 mos

Name of operation 0 Date of 0
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury....., 193...
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council

99484

AUG 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of Adams

City of New Meadows

Registration District No. 71

Primary Registration District No.

Local Registrar's No. 132

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Allen McMasters

(a) Residence. No. New Meadows St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen McMasters

6. DATE OF BIRTH (month, day, and year) 2/11/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kirkman Nebr (State or country) Lancaster Co.

FATHER

13. NAME Charles Crouch

14. BIRTHPLACE (city or town) unk (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk (State or country)

17. INFORMENT Mrs Gertrude Hunter New Meadows Idaho (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Crawford Mort. Date July, 1936

19. UNDERTAKER Crawford Mort. Crescent Ida (Address)

20. FILED July 27, 1936 Alvin J. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1936, to 7-23, 1936

I last saw her alive on 7-21, 1936: death is said to have occurred on the date stated above, at 12 m. Mst

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease & arteriosclerosis	2 mo.
Other contributory causes of importance: Gastric ulcer	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Don S. Thurston, M. D.

(Address) McCall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] 1936 RECE[redacted]

[redacted] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Adams

City of Cavalier Valley

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99485

Registration District No. 71

Primary Registration District No. ..... Local Registrar's No. 131

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David W Hutchison

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Harriet Hutchison

6. DATE OF BIRTH (month, day, and year) Aug 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Malad
(State or country) Utah

FATHER

13. NAME Thomas R. Hutchison

14. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Davidson

16. BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

17. INFORMANT Mary E. Bevans
(Address) Helena Mont

18. BURIAL, CREMATION OR REMOVAL
Place Indian Valley Date 7/21, 1936

19. UNDERTAKER J. A. Hotaling
(Address) Cambridge

20. FILED AUG 13 1936 193... DR. ALVIN S. THURSTON Registrar
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 7-18-36, 193..., to 7-21-36, 193....
I last saw him alive on 7-21-36 193...: death is said to have occurred on the date stated above, at 11 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	7-18-36
Pulmonary Edema	7-20-36
Other **contributory causes** of importance:	
Hypertension	?
Arterio-sclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....
(Signed) Alvin S. Thurston M. D.
(Address) Cambridge, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Tamarack

AUG 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99486

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 13
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Franklin

(a) Residence. No. 820 Dearborne St. St. Caldwell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Franklin

6. DATE OF BIRTH (month, day, and year) Oct. 12 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Store
10. Date deceased last worked at this occupation (mo. and yr.) March 36
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Brennan, Indiana
(State or country)

FATHER
13. NAME Benjamin Franklin
14. BIRTHPLACE (city or town) —
(State or country)

MOTHER
15. MAIDEN NAME Elisibeth —
16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT (Address) 820 Dearborn St. Caldwell Mrs. Clara Franklin

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Date ____, 193__

19. UNDERTAKER Peckam
(Address)

20. FILED 7, 20, 1936. AUG 13 1936 DR. ALVIN S. THURSTON COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20/1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 5:26 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Put Valley Resevoir	5:26 A.M.
Other contributory causes of importance:	

Name of operation 0 Date of 6
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to exter'l causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/20/36
Where did injury occur Put Valley Resevoir
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowning — fell in Resevoir
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Alvin S. Thurston, M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adamson
City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99490

AUG 3 1936 RECEIVED

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Lena Norma Childs

(a) Residence. No. Grace Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 9, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Grace Idaho

FATHER

13. NAME Leonard Childs

14. BIRTHPLACE (city or town) (State or country) Grace Idaho

MOTHER

15. MAIDEN NAME Lena Whitehead

16. BIRTHPLACE (city or town) (State or country) Grace Idaho

17. INFORMANT Leonard Childs
(Address) Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Cemetery Date April 13, 1936

19. UNDERTAKER None
(Address)

20. FILED Aug 1 — 1936 Mrs. G. G. Fitz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 13, 1936
I last saw her alive on April 12, 1936: death is said to have occurred on the date stated above, at 12:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death understood Premature Baby in Peritonitis Obstruction	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) E. S. Conner M. D.
(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99491

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 744

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Pocatello General Hospital

2. FULL NAME Rozina Crawford Woodland

(a) Residence. No. 229 North Hayes Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Henry S. Woodland

6. DATE OF BIRTH (month, day, and year): January 18 1874.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Paris, Idaho.

FATHER

13. NAME: Steven Kelsey

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Lydia Snyder

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Henry S. Woodland, Pocatello, Idaho.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place: Paris, Idaho. Date: July 25, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: July 23, 1936. D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1936, to 7-22, 1936
I last saw her alive on 7-21, 1936: death is said to have occurred on the date stated above, at 3.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia	
Other contributory causes of importance: Acute obstruction of Common Bile Duct	
Kidney involvement	

Name Operation Date of 7/19/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. L. Rowe, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Tyhee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99492

Registration District No. 28

AUG 11 1936 RECEIVED

Registration District No. 2161 Local Registrar's No. 443

(If death occurred in a hospital or institution, give its name instead of street and number) Residence

2. FULL NAME William A. Bringhurst

(a) Residence. No. Tyhee, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Martha Ann Grainger

6. DATE OF BIRTH (month, day, and year): September 29, 1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER

13. NAME: William A. Bringhurst

14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME: Selinda D. Palmer

16. BIRTHPLACE (city or town) (State or country): Pennsylvania.

17. INFORMANT (Address): Mrs. William A. Bringhurst, Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date July 25, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED July 23, 1936. D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 22, 1936, (I last saw h.. alive on July 21, 1936.): death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Senility — Date of onset

Other contributory causes of importance:

Myocardial degeneration

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. F. Teall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

AUG 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99493

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 740

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George LeRoy Henderson

(a) Residence. No. 225 West Bridger St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret Stanley

6. DATE OF BIRTH (month, day, and year): Jan. 27, 1904.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Butte Montana.

FATHER

13. NAME: John Henderson

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Martha Davis

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Mrs. John Henderson Watsonville, California.

18. BURIAL, CREMATION OR REMOVAL
Place: Watsonville Cal. Date: July 23, 1936.

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho.

20. FILED July 23, 1936. D. C. Rau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 21, 1936
I last saw h[illegible] alive on July 21, 1936: death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Toxemia	7/21/36
Other contributory causes of importance: Acute Alcoholism	Few days

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) William E. Howard M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99494

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 739

AUG 11 1936 RECEIVED

(If not in hospital or institution, give street and number) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Augusta Dahlstrom Cardon

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs 0 mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of John Roy Cardon

6. DATE OF BIRTH (month, day, and year): November 1, 1888.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	47	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shoshone, Idaho.

FATHER

13. NAME: Nephi Dahlstrom

14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER

15. MAIDEN NAME: Ann Lefgren

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMANT: John Roy Cardon
(Address): Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: July 23, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED July 23, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 21, 1936.
I last saw her alive on July 21, 1936: death is said to have occurred on the date stated above, at 0 B A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	

Other contributory causes of importance:

Post P. Pneumonia	
Cardiac Failure & Dilatation	Heart

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. L. Call M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99495

AUG 11 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 738

(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Rebecca Gates

(a) Residence. No. 448 N. 6th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mike Jordan

6. DATE OF BIRTH (month, day, and year) Mar. 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Edward Joseph
14. BIRTHPLACE (city or town) (State or country) London

MOTHER
15. MAIDEN NAME Mary Louise Thomas
16. BIRTHPLACE (city or town) (State or country) Cardiff Wales

17. INFORMANT (Address) Ralph Gates 448 N. 6th

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date July 24, 1936

19. UNDERTAKER (Address) Barnard's Funeral Home Pocatello Idaho

20. FILED 7/22, 1936 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 20, 1936
I last saw her alive on July 20, 1936; death is said to have occurred on the date stated above, at 12:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis, posterior inferior cerebellar artery	July 16, 1936
Other contributory causes of importance:	
Bulbar Paralysis, with respiratory failure	July 16, 1936

Name of operation None Date of
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ben S. Eisenberg, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99496

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 737

AUG 11 1936 RECEIVED

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blaine L. Bishoff

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 26, 1934.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
one	nine	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME John R. Bishoff

14. BIRTHPLACE (city or town) (State or country) Bern, Idaho.

MOTHER

15. MAIDEN NAME Margaret Lusk

16. BIRTHPLACE (city or town) (State or country) Malad, Idaho.

17. INFORMANT John Bishoff
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date July, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 21, 1936. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7/19, 1936, to 7-20, 1936
I last saw him alive on 7/20, 1936: death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phrenic Nerve Paralysis	
Other contributory causes of importance:	
Some Cerebral lesion	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99497

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 736

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Bell Buffalo

(a) Residence. No. 270 Taft St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irwin Buffalo.

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Yutan (State or country) Nebraska.

FATHER
13. NAME Henry E. Brutsman
14. BIRTHPLACE (city or town) Jersey Co. (State or country) Illinois

MOTHER
15. MAIDEN NAME Fanny Tucker
16. BIRTHPLACE (city or town) Godfrey (State or country) Illinois

17. INFORMANT Irwin Buffalo (Address) 270 Taft St. Pocatello, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemet. Date , 193..

19. UNDERTAKER McHan Funeral Home (Address) Pocatello, Idaho.

20. FILED July 20, 193 6 D. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 193 6

22. I HEREBY CERTIFY, That I attended deceased from , 193.., to , 193..
I last saw h[illegible] alive on , 193..: death is said to have occurred on the date stated above, at 11:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	July 15 1936
Other contributory causes of importance: Chronic Intestinal Constipation	July 18 1936

Name of operation Resection Ileum Date of July 18 1936
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Griffin M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Arimo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99498

AUG 11 1936 RECEIVED

28
Registration District No.
Primary Registration District No. 2161 Local Registrar's No. 1135

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Johnson

(a) Residence. No. Arimo, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 8, 1878.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Barber Shop
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Insurance Policy (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date July 26, 1936.

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.

20. FILED July 24, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck & Strangulation	
By Hanging, Self Inflicted.	
(Suicide)	
Other contributory causes of importance:	
Ill Health	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
~~Accident~~, suicide, ~~homicide~~? Date of injury July 18, 1936.
Where did injury occur? Arimo, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place. (Barber Shop)
Manner of injury Broken Neck & Strangulation
Nature of injury Hung Self with Rope

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Arthur W. Hall (Coroner) M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99499

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 725

AUG 11 1936 RECEIVED

City Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Phillip Atkinson

(a) Residence. No. Inkom, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Hazel Priest

6. DATE OF BIRTH (month, day, and year): March 24, 1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Holladay Utah

FATHER

13. NAME: Joseph Atkinson

14. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER

15. MAIDEN NAME: Francis Allen

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Phillip Atkinson, Inkom, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Inkom, Idaho Date July 8, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho

20. FILED July 7, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to July 5, 1936.
I last saw h[illegible] alive on July 4, 1936: death is said to have occurred on the date stated above, at 1.30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung with metastasis	Unknown.
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Shughart, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99500

Registration District No. 28
Primary Registration District No. 3161
Local Registrar's No. 724

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Leroy Kutch

(a) Residence. No. Hart Hall Idaho
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Naple

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hart Hall, Idaho

FATHER

13. NAME Sam Kutch

14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Edna Lavatta

16. BIRTHPLACE (city or town) (State or country) McCammon Idaho

17. INFORMANT (Address) Sam Kutch Hart Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hart Hall Id. Date July 11, 1936

19. UNDERTAKER (Address) H. L. McNaughton Pocatello Idaho

20. FILED Aug 10, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to July 9, 1936.
I last saw him alive on July 9, 1936; death is said to have occurred on the date stated above, at 6.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	July 2
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Campbell, M. D.
(Address) Pocatello, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 38

DO NOT WRITE IN THIS SPACE
State File No. 99503

AUG 11 1936 RECEIVED

Initial Registration District No. 2161 Local Registrar's No. 723

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George William Lish

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced Husband of Emma Williams

6. DATE OF BIRTH (month, day, and year): April 12, 1869.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Huntsville, Utah.

FATHER

13. NAME: George T. Lish

14. BIRTHPLACE (city or town) (State or country): Jackson County, Missouri.

MOTHER

15. MAIDEN NAME: Lydia Bingham

16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMANT: Dell R. Lish
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: McCammon, Idaho. Date: July 12., 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED July 9, 1936. D. C. Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to July 8, 1936.
I last saw h— alive on July 8, 1936.: death is said to have occurred on the date stated above, at 11 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	July 8, 36
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 1936.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. W. Urquhart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99504

Registration District No. 28

AUG 11 1936 RECEIVED

Primary Registration District No. 3161 Local Registrar's No. 729

Pocatello House (Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Nielson

(a) Residence. No. Pocatello House. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

105

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24, 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheep-Shearer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moroni, Utah.

FATHER

13. NAME Niels C. Nielson

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Annie Metta Sorenson

16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT Michael Nielson
(Address) Logan, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date July 21, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 21, 1936. D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	
Found dead in his room July 18, 1936.	
Other contributory causes of importance: Alcoholism	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall (Coroner) M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99505

AUG 11 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 728
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Charlotte Lucinda Adair Hamblin

(a) Residence. No. Victor, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J. P. Hamblin

6. DATE OF BIRTH (month, day, and year): October 2, 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington, Utah.

FATHER
13. NAME: John Adair
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Jane Richie
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. T. R. Birge
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Victor, Idaho. Date: July 14, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: July 13, 1936. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7-17-, 1936, to 7/12/36, 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - post operative ? appendectomy	
Pneumonia	
Other contributory causes of importance:	
Hypostatic pneumonia	

Name of operation: Appendectomy Date of: July 12/36
What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? NV Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. E. Coel, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99506

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 726

AUG 11 1936 RECEIVED

No. 303 East Buell St. Pocatello, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Evans Judkins

(a) Residence. No. Inkom, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of A. Franklin Judkins

6. DATE OF BIRTH (month, day, and year): November 4, 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England.

FATHER
13. NAME: Thomas Boam
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: George Judkins
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Inkom, Idaho. Date: July 13, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED: July 13, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to July 10, 1936.
I last saw her alive on July 9, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of rectum	1935
Senility	

Other contributory causes of importance:

Name of operation: Colostomy Date of: 3/14/36.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so specify
(Signed) W. W. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99507

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 437

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Mathers

(a) Residence. No. 1304 North Harrison St. 88 b
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26 - 1883.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toronto (State or country) Canada.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown (State or country) unknown.

17. INFORMANT Mrs. Hittman (Address) 1304 North Harrison

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mt. View Cmet. Date July 20 1936

19. UNDERTAKER McHan Funeral Home (Address) Pocatello Idaho

20. FILED July 20, 1936 D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 -, 1936 to July 18, 1936
I last saw h[illegible] alive on July 17, 1936: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99508

AUG 11 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 730

(No. 127)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Bradley

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 6/10/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Lars Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Christensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT David Bradley (Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Burley Ida Date 7/19, 1936

19. UNDERTAKER Wm. B. McCulloch (Address) Burley Idaho

20. FILED 7/17, 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1936, to 7-17, 1936

I last saw her alive on 7-17, 1936: death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulitis and Stasis in Pulmonary Circ.	1916

Other contributory causes of importance:

Name of operation Glucecystectomy Date of 7-16-36

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Storkey M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99509

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 720

AUG 11 1936 RECEIVED

1. (If death occurred in hospital or institution, give its name instead of street and number) 1012

2. FULL NAME Johannah Erickson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): August 17, 1862
7. AGE: Years 73 | Months 10 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: with Son
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Carl Engstrom
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Helix Erickson Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date July 7 1936
19. UNDERTAKER (Address): [illegible] Pocatello Idaho
20. FILED July 7, 1936 DC Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to July 5, 1936
I last saw her alive on July 4, 1936; death is said to have occurred on the date stated above, at 12:01 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor pneumonia	

Other contributory causes of importance:
Heart & Chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99510

Registration District No. 28
Primary Registration District No. 3161 Local Registrar's No. 722

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Pocatello General Hospital

2. FULL NAME Louis Francis Berrien

(a) Residence. No. Weller's Cabin Camp, South of Pocatello, City.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 dis. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Empress Street

6. DATE OF BIRTH (month, day, and year): January 7, 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Golf-Instructor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ross Park Course
10. Date deceased last worked at this occupation (mo. and yr.): July 1936.
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Clinton, Iowa.

FATHER
13. NAME: Eli B. Berrien
14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER
15. MAIDEN NAME: Anna Halpin
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Louis F. Berrien, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Jackson, Wyoming. Date: July 11, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: July 9, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 7, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to July 7, 1936
I last saw h[illegible] alive on July 7, 1936: death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7-2-1936

Other contributory causes of importance:
Inebriety — 1 week duration last time

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99511

Registration District No. 28

AUG 11 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 742

Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Burrup (Twin)

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME John L. Burrup

14. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

MOTHER

15. MAIDEN NAME Elva Julia West

16. BIRTHPLACE (city or town) (State or country) Forest Hill, California.

17. INFORMANT John L. Burrup
(Address) Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho. Date July 21, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 21, 1936. D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 21, 1936.
I last saw him alive on July 21, 1936: death is said to have occurred on the date stated above, at 12 37 A. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
Six months Gestation.
Took a few gasps and expired.

Date of onset

Other contributory causes of importance:
Syphyaramnosis

Name of operation None Date of —?
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. L. Barbour M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 11 1936 RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99512

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 741

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Burrup (Twin)

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 21, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ~~1~~ ..... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME John L. Burrup

14. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

MOTHER

15. MAIDEN NAME Elva Julia West

16. BIRTHPLACE (city or town) (State or country) Forest Hill, California.

17. INFORMANT (Address) John L. Burrup Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho Date July 21, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED July 21, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 20 —, 1936, to July 21 —, 1936

I last saw him alive on July 21, 1936: death is said to have occurred on the date stated above, at 12:35 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
Six months Gestation	
Took a few gasps and expired	
Other contributory causes of importance:	
Polyhydramnios	

Name of operation ——— Date of ———

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. E. Harrington, M. D.

(Address) Pocatello, Idaho.

161a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99513

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 721

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Alfred Garside

(a) Residence. No. 946 W. Lewis St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): July 1st 1936
7. AGE: Years — Months — Days: — If LESS than 1 day: 3 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER
13. NAME: Charles A Garside
14. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

MOTHER
15. MAIDEN NAME: Florence Thomas
16. BIRTHPLACE (city or town) (State or country): Burbank Ill.

17. INFORMANT (Address): Chas A. Garside Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: July 2 1936

19. UNDERTAKER (Address): H. L. Miller Pocatello Ida

20. FILED: July 2, 1936 Registrar: D. C. Rey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 1, 1936
I last saw him alive on July 1, 1936; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Blue Baby —	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) ... M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99514

Registration District No. 28
Primary Registration District No. 3161
Local Registrar's No. 718

AUG 11 1936 RECEIVED

Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Weatherman Holbrook

(a) Residence. No. 621 North Johnson Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

917

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Lindsey Holbrook

6. DATE OF BIRTH (month, day, and year): Febuary 14, 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At - Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Centerville, Kansas.

FATHER

13. NAME: S. P. Weatherman

14. BIRTHPLACE (city or town) (State or country): Indiana.

MOTHER

15. MAIDEN NAME: Julia H. Bridger

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMANT (Address): Mrs. Wm. A. Barrett, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: July 7, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED July 7, 1936. J. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to July 4, 1936
I last saw h.e.r alive on July 2, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	May 1
Other contributory causes of importance: Cerebral Arteriosclerosis	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99515

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 714

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Reuss

(a) Residence. No. 408 N. 11th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 31, 1855
7. AGE: Years 81 Months 3 Days 8 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: butcher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: B. Reuss
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Emma Reuss Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Pocatello Date: July 6, 1936
19. UNDERTAKER (Address): J. C. Hay Pocatello Idaho
20. FILED 7-7, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1936, to 7-7, 1936
I last saw h[illegible] alive on 7/1, 1936: death is said to have occurred on the date stated above, at 3:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Dr. Cuerahan	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) [illegible], M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99516

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 727

AUG 11 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Lynn Hosp.

2. FULL NAME William Allen Steers

(a) Residence. No. ..... St. Salt Lake, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assist on ranch-summers

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

FATHER

13. NAME W. W. Steers

14. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

MOTHER

15. MAIDEN NAME Helen Meitzenheimer

16. BIRTHPLACE (city or town) (State or country) Milwaukee Wis.

17. INFORMANT (Address) J. J. Meitzenheimer 234 South 2nd.

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Utah Date July 13, 1936

19. UNDERTAKER (Address) Howard's Funeral Home Pocatello Idaho

20. FILED 7/13, 1936 D. Okay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 12, 1936
I last saw h.. alive on July 12, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Heat Exhaustion	

Other **contributory causes** of importance:
Previous nose stroke & tuberculosis several years ago.

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 1936
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) W. Lynn, M. D.
(Address) Pocatello Idaho

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Downey Route 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99517

Registration District No. 23
Primary Registration District No. 2160 Local Registrar's No. 18
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 12 1936 RECEIVED

129

2. FULL NAME Mary Adelia Barnes Wakley

(a) Residence. No. Downey Ida Route 2 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 60 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Henry Harrison Wakley

6. DATE OF BIRTH (month, day, and year) Dec 9 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 13 yrs. ago
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Kaysville (State or country) Utah

MOTHER/FATHER
13. NAME William Barnes
14. BIRTHPLACE (city or town) .... (State or country) England
15. MAIDEN NAME Francis Chapman
16. BIRTHPLACE (city or town) .... (State or country) England

17. INFORMANT John W. Wakley (Address) Downey Idaho Rt 2
18. BURIAL, CREMATION OR REMOVAL Place Woodland Ward Date July 22 1936 Burial
19. UNDERTAKER J. Guy Duncan (Address) Malad Idaho
20. FILED Aug. 5 1936 Mary E. Tobbin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1935 to July 31 1936
I last saw h.. alive on July 10 1936: death is said to have occurred on the date stated above, at 6:00 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
Other **contributory causes** of importance:	
Hemiplegia.	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) E. A. Harrison M. D.
(Address) Downey Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99518

PLACE OF DEATH
County of Bannock
City of Downey Idaho

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 17

AUG 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Ellen Janiece Christensen

(a) Residence. No. Downey St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
female	wh	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Febr. 10 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Downey
(State or country) Idaho

PARENTS

10. NAME OF FATHER James W. Christensen

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Agnes M. Christiansen

13. BIRTHPLACE OF MOTHER (city or town)
(State or County) Utah

14. Informant J. W. Christensen
(Address) Downey, Idaho

15. Filed Aug 5 1936 Mary C. Coffin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 11, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to July 11, 1936
that I last saw h alive on July 7, 1936
and that death occurred, on the date stated above, at 9.30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Valvular
heart disease
(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. Hayward M. D.
July 12, 1936 (Address) Logan Ut

19. Place of Burial, Cremation, or Removal	Date of Burial
Downey	July 14, 36 19
20. Undertaker	Address
G. S. Lindquist	Logan, Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

JUL 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99519

PLACE OF DEATH
County of Bear Lake
City of Paris
Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 12
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

99a

2. FULL NAME Joseph R. Shepherd

(a) Residence. No. ____ St. Paris, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 0 Oct 11, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Paris, Idaho.

FATHER
13. NAME Earl Shepherd
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME June Chugg
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMENT (Address) Earl Shepherd Paris Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Paris Date June 5, 1936

19. UNDERTAKER F. M. Williams (Address) Montpelier Idaho

20. FILED July 2, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, 193..., to June 3, 1936, 193...
I last saw him alive on June 3, 1936, 193...; death is said to have occurred on the date stated above, at 1.10P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Other contributory causes of importance: Acute myocarditis	

Name of operation None-Clinical Date of ____
What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) C O Moore, M. D.
(Address) Paris, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99520

Registration District No. 5-3
Primary Registration District No. ..... Local Registrar's No. 14

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Matilda M. Sleight

(a) Residence. No. ..... St. Paris Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Thos Sleight

6. DATE OF BIRTH (month, day, and year) April 7 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Little Cottonwood Ida
(State or country)

MOTHER FATHER

13. NAME Soloman Wixom

14. BIRTHPLACE (city or town) Illinois
(State or country)

15. MAIDEN NAME Hannah Montgomery

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Edgar Sleight
(Address) Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Paris Idaho Date July 30 1936

19. UNDERTAKER W. H. Gibson
(Address) Montpelier Idaho

20. FILED Aug 1, 1936 Mrs. Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 27, 1936
I last saw her alive on July 27, 1936.: death is said to have occurred on the date stated above, at 8:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy Causing right sided hemiplegia	July 18, 1936.
Other **contributory causes** of importance: Old age.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
Sudden onset of right sided paralysis

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Spencer H. Rich, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Bloomington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5-3

DO NOT WRITE IN THIS SPACE

State File No. 99521

AUG 12 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. 13

74

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thomas Briscoe

(a) Residence. No. ..... St. Bloomington Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ada Matthews

6. DATE OF BIRTH (month, day, and year): Feb 3-1872

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME George Briscoe

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Jay T. Briscoe Bloomington Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bloomington Idaho Date July 17, 1936

19. UNDERTAKER (Address): Fort Wheeler Idaho

20. FILED Aug. 1, 1936 Mrs. Brendah Reed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 14, 1936.
I last saw h...alive on ....., 193...; death is said to have occurred on the date stated above, at 11:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy causing right sided hemiplegia	July 12, 1936.
Other contributory causes of importance: Rheumatic Endocarditis 6 Months duration	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

Nitrogen following rheumatism
Right sided hemiplegia.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Spencer H Rich M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 35522

Local Registrar's No. 4

AUG 13 1936 RECEIVED

740

2. FULL NAME Christiana Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 26 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Johnson

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Gevle
(State or country) Sweden

FATHER

13. NAME Carl Parson

14. BIRTHPLACE (city or town) .....
(State or country) Sweden

MOTHER

15. MAIDEN NAME Helga Parson

16. BIRTHPLACE (city or town) .....
(State or country) Sweden

17. INFORMANT .... Chas. Johnson
(Address) St. Maries, Idaho

18. BURIAL, CREMATION, OR REMOVAL St. Maries
Place Woodlawn Date 7-29 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Aug. 8, 1936 Walter Boberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 1936 193

22. I HEREBY CERTIFY, That I attended deceased from July 22 ....., 1936, to Decease ....., 193....

~~I last saw h... alive on ....., 193...~~; death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb-1936

Other **contributory causes** of importance:

Arterio-sclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) W. P. Browne, Sturtevant Rec. M. D.
(Address) S.P.-I. Chatcolet, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 99523

Local Registrar's No. 3

74

AUG 13 1936 RECEIVED

(No. Platts Hospital
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Emma C. Wetsel

(a) Residence. No. St. Lowell Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. F. Wetsel

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year) 5 Mo. ago

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Englestad Sweden

FATHER

13. NAME John Swenson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Geo. F. Wetsel Tekoa, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date , 193

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Aug. 8, 1936 Walter R. Berg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 22, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to July 22, 1936.

I last saw her alive on July 22, 1936: death is said to have occurred on the date stated above, at 8: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Patton, M. D.

(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

DO NOT WRITE IN THIS SPACE
State File No. 99524

AUG 12 1936 RECEIVED

Registration District No. 2049 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Mason

(a) Residence. No. St. Maries Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Josephine Mason

6. DATE OF BIRTH (month, day, and year): March 8 1894

7. AGE: Years 42 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Hotel Keeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Hotel
10. Date deceased last worked at this occupation (mo. and yr.): June 1935
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Chicago Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Josephine Mason St. Maries Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Ida. Date July 23 1936

19. UNDERTAKER: St. Joseph Funeral Home
(Address) St. Maries

20. FILED Aug. 8, 1936 Walter Doberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 193 6, to 7-20, 193 6

I last saw him alive on 7-20, 1936; death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute alcoholism	
with Heart Dilitation	

Other **contributory causes** of importance:

Name of operation. ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify.

(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99525

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 1
(No. Platt Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Theron Lyon

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ida G. Lyon

6. DATE OF BIRTH (month, day, and year): Aug. 22, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Millwright

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Wisconsin Rapids Wis.

FATHER

13. NAME: Reuben C. Lyon

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Vermont

17. INFORMANT (Address): Mrs. E. L. Stickney, St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane, Wash. Date: 7/8, 193 6

19. UNDERTAKER (Address): Mitchell & Wessa, St. Maries, Idaho

20. FILED Aug. 8, 193 6 Walter D. Berg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 5, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 193 6, to July 5, 193 6.
I last saw him alive on July 5, 193 6: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension	
apoplectic Stroke	
Other **contributory causes** of importance:	
Nephritis	

Name of operation: clinical Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. G. Patton M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted] DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99526

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 6

AUG 13 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Sherida Claire Ross

(a) Residence. No. 4th & Main St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Glen I. Ross

14. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ruth O Nevin

16. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

17. INFORMANT Glen I. Ross
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 8/1, 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Aug. 8, 1936. Walter Bohlberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 30, 1936.
I last saw h.r alive on July 30 1936.: death is said to have occurred on the date stated above, at 7:30P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 6 3/4 mo. baby	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?.~.... Date of injury..,193.
Where did injury occur?...~.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury...~.....
Nature of injury...~.....

24. Was disease or injury in any way related to occupation of deceased?...~... If so, specify.....

(Signed) H. E. Patton M. D.

(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of Chatcolet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32
Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 99527

Local Registrar's No. 5

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gordon Bradley

(a) Residence. No. ..... St. Farmington, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ############

6. DATE OF BIRTH (month, day, and year) July 4, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	00	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmington Grade School

10. Date deceased last worked at this occupation (month and year) May 29/36

11. Total time (years) spent in this occupation 5 Yrs.

12. BIRTHPLACE (city or town) (State or country) Farmington Wash,

FATHER

13. NAME L. E. Bradley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Alice Freidman

16. BIRTHPLACE (city or town) (State or country) Boise Idaho

17. INFORMENT (Address) L. E. Bradley Farmington, Wash.

18. ############ REMOVAL Place Tekoa, Wash. Date July 26/36

19. UNDERTAKER (Address) KIMBALL FUNERAL HOME TEKOA, WASH.

20. FILED Aug. 8, 1936 Walter Doherty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....

99528

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 91

PLACE OF DEATH
County of Benewah
City of Tensed
1936 AUG 4 RECEIVED
Registration District No. 3
Primary Registration District No.
Local Registrar's No. 9
(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl John Johnson

(a) Residence. No. Tensed, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, and year) Aug. 28/1864

7. AGE	Years	Months	Days	If LESS than 1 day, . hrs. or min.
	71	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill saw mill, bank etc. General Farm Work

10. Date deceased last worked at this occupation (month, year) Nov. 1935

11. Total time (years) spent in this occupation 26 Yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Myron Johnson Tensed, Idaho

18. BURIAL, CREMATION, REMOVAL Place Tekoa, Wash. Date July 10, 1936

19. UNDERTAKER Kimball Funeral Home (Address) Tekoa, Washington

20. FILED 7/10/36, 193 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to July 9, 193 6
I last saw h alive on July 6 t, 193 6; death is said to have occurred on the date stated above, at 10:45 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	9 yrs
Other contributory causes of importance: Cerebral Hemorrage	Dec 19 1935

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W3 Abegglen D.C.
(Address) Tekoa Washington

99529

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Bernard 31 State Idaho Registered No. 8
Township _____ or Village _____ or
City Near DeSmet No. _____ St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Damien Kenamore 204
(a) Residence: No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Damien

6. DATE OF BIRTH (month, day, and year) Aug 20 - 1849

7. AGE: Years 86 | Months 11 | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Kootenai Idaho

FATHER
13. NAME Jean Pierre Kenamore
14. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Kootenai

MOTHER
15. MAIDEN NAME Mary Thomas
16. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Kootenai

17. INFORMANT Reymond Peerom
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place DeSmet Date July 21, 1936

19. UNDERTAKER None
(Address)

20. FILED July 21, 1936 John Poston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from No date to _____, 19____
I last saw h____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed	
Probably from Heart Attack	
Other contributory causes of importance:	

Name of operation — Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. A. Nelson, M. D.
(Address) Nelson Wn

e11—8184

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR

8—2091
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99530

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 126

AUG 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Anderson

(a) Residence. No. South Maple Blackfoot St. Sterling, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hazel Anderson

6. DATE OF BIRTH (month, day, and year): May 24, 1895

7. AGE: Years 41 | Months 2 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sterling, Idaho
10. Date deceased last worked at this occupation (mo. and yr.): July 30, 1936
11. Total time (years) spent in this occupation: about 6 yrs

12. BIRTHPLACE (city or town) (State or country): Holiday Utah

FATHER
13. NAME: Andus Anderson
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Ingrid Nielson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Nils Anderson Blackfoot, Ida

18. BURIAL, CREMATION, OR REMOVAL
Place: Homes-Ringwood Date: July 2, 1936

19. UNDERTAKER (Address): John C. Sandberg Blackfoot Ida

20. FILED Aug 1, 1936 W. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to July 31, 1936
I last saw h[illegible] alive on July 31, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 30 1936
Other contributory causes of importance:	
Post-Diphtheritic Paralysis about	1923

Name of operation: None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Markmann M. D.
(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116
Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE
State File No. 99531

AUG 11 1936 RECEIVED

Local Registrar's No. 14

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorenzo A Caldwell Sr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Caldwell

6. DATE OF BIRTH (month, day and year) Feb. 3 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brigham City Utah

FATHER
13. NAME Thomas Caldwell
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Abigal Snow
16. BIRTHPLACE (city or town) (State or country) Winter Quarters Iowa

17. INFORMANT (Address) Mrs. Mary J. Caldwell Pingree

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Rivers Date July 16, 1936

19. UNDERTAKER (Address) John C. Saxberg Blackfoot

20. FILED July 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935 to July 14, 1936
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	4 yr.

Other contributory causes of importance:

Name of operation No Date of .....
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Fall
Nature of injury Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) [illegible], M. D.
(Address) [illegible] Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

AUG 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99532

Registration District No. 121-R
Primary Registration District No. 2194-R
Local Registrar's No. 127

(No. No Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

51

2. FULL NAME Florine Bear

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, and year) 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME Little White Bear
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ella Eagle
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Little White Bear
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presbyterian Mis. Date 7- 9-, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED Aug. 5, 1936 Mrs. Nellie E. Falcon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-6- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7- 2, 1936, to 7 - 5, 1936
I last saw her alive on 7- 5, 1936: death is said to have occurred on the date stated above, at 5:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	- -
Acute Pneumonia	- -
Other contributory causes of importance:	
- - - -	

Name of operation None Date of
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. L. Wilson, M. D.
(Address) Fort Hall Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99533

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 125

AUG 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Or Beck Hospital Eccles Building)

62

2. FULL NAME LaMar Abiah Wadsworth

(a) Residence. No. R. F. D. # 3, Blackfoot, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 15, 1933.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho.

FATHER

13. NAME Wayne Wadsworth
14. BIRTHPLACE (city or town) (State or country) Taylor, Idaho.

MOTHER

15. MAIDEN NAME Viola M. Hanson
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

17. INFORMANT (Address) Wayne Wadsworth Blackfoot, Ida. R#3

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idah Date July 22 1936

19. UNDERTAKER (Address) E. J. Beck Blackfoot Ida

20. FILED July 21, 1936 Wm. H. Hansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 21, 1936
I last saw him alive on July 21, 1936; death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Et Enlargement of Thymus	7-21-36

Other contributory causes of importance: Tonsilectomy

Name of operation Tonsilectomy Date of 7-21-36
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99534

Registration District No. 121

AUG 7 1936 RECEIVED

Registration District No. 2194

Local Registrar's No. 124.

(No.) STATE HOSPITAL SOUTH

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME BARBARA PARKER

(a) Residence. No. (Usual place of abode) St. TWIN FALLS, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------no data

6. DATE OF BIRTH (month, day, and year) March 30, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	15	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Samuel Dailey

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Carolina Hardy

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Ida Date July 18, 1936

19. UNDERTAKER D. C. Phillips (Address) by E. E. Ricker Twin Falls Ida

20. FILED July 15, 1936 W. McMahon E. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from October 16th, 1936, to July 15th, 1936

I last saw her alive on July 15, 1936; death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---------- Date of injury ....., 193...

Where did injury occur? none

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ----------

(Signed) Chas. R. Sowa, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99535

AUG 7 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 123

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Columbus C. Bates

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) No data

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	------	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation No data.

12. BIRTHPLACE (city or town) (State or country) No data

FATHER

13. NAME No data

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No data.

16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Records of State Hosp. South (Address) Blackfoot, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Lehman Ida Date 7/13, 1936

19. UNDERTAKER Wm C Hackley (Address) Lehman Idaho

20. FILED July 13, 1936 Wm Waters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to July 12, 1936

I last saw him alive on July 12, 1936: death is said to have occurred on the date stated above, at 10-50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion in Course of	
Senile Lementia	
Exact date of onset not	
known but was present on	
admission July 7, 1936.	
Other contributory causes of importance:	

Name of operation none here Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: none

Accident, suicide, or homicide? no Date of injury ____, 193__

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none If so, specify none

(Signed) Chas R Lowe, M. D.

(Address) State Hosp. South, Blackfoot Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham.
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99536

Registration District No. 121
AUG 7 1936 RECEIVED Registration District No. 2194 Local Registrar's No. 122
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Melissa Fairchild 74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Fairchild

6. DATE OF BIRTH (month, day, and year) Feb 24, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Castinja Laya
(State or country)

FATHER
13. NAME Paris Smith
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Mary Authouse
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs. Edith Leavitt
(Address) Mackay, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Ida Date July 14, 1936

19. UNDERTAKER John C. Landberg
(Address) Blackfoot Ida

20. FILED July 13, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1936, to , 193.
I last saw her alive on 7-11, 1936; death is said to have occurred on the date stated above, at 11:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-11-36

Other contributory causes of importance:
Chronic Nephritis 4 yrs
with Hypertension 4 yrs

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 193
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓
(Signed) G. O. Hunsaker M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99537

AUG 7 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 121

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM C. FARRAR

(a) Residence. No. ____ St. CALDWELL, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence E. Farrar

6. DATE OF BIRTH (month, day, and year) December 4th, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. LaBorer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Galena
(State or country) Illinois

FATHER
13. NAME no data
14. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) Dublin
(State or country) Ireland

17. INFORMANT STATE HOSPITAL SOUTH
(Address) BLACKFOOT, IDAHO

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Edgemont S.D. Date July 14, 1936

19. UNDERTAKER E T Peck
(Address) Blackfoot Idaho

20. FILED July 11, 1936 W M Nolen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from October 19th, 1931 to July 10th, 1936
I last saw him alive on July 9th, 1936: death is said to have occurred on the date stated above, at 5:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL ARTERIO SCHLEROSIS	1923
ASTHMA	
ACUTE HEMORRHAGE FROM GASTRO INTESTINAL TRACT	July 10 1936

Other contributory causes of importance:

Name of operation None Date of ----
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ____, 193__
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----------

(Signed) Chas R Farrar, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99538

Registration District No. 121
Primary Registration District No. 1207
Local Registrar's No. 120.

AUG 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Beck Hospital)

2. FULL NAME David L Thorpe

49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Belle Thorpe

6. DATE OF BIRTH (month, day and year) Dec. 13, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) July 3, 1934
11. Total time (years) spent in this occupation about 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Ephraim, Utah.

FATHER
13. NAME Christian L. Thorpe
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Kirsty M. Sorensen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. Edith B. Thorpe Moreland, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date July 9, 1936

19. UNDERTAKER (Address) John C. Ashenberg Blackfoot, Idaho

20. FILED July 7, 1936. Mort Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 193-, to ....., 193.. I last saw him alive on 7-4, 193-; death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:

perforated gastric ulcer — Date of onset 7-4-36

Other contributory causes of importance: Cancer of pylorus ? yrs. ? mos. ? ds.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. O. Humphreys M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham S on R

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99539

AUG 7 1936 RECEIVED

Registration District No. 121*R

Primary Registration District No. 2194-R

Local Registrar's No. 128

(No. No Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Yahwanee

(a) Residence. No. Fort Hall, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2055

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — — — —

6. DATE OF BIRTH (month, day, and year) 1855 ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) — — — —

11. Total time (years) spent in this occupation — — —

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT A. WHeeler
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ross Fork Cem. Date 7-10-, 1936.

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED Aug. 5, 1936 Wm Malus Ex Officio
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7- 8- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No M.D. attending	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. H. Wilson, M. D.

(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine.
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99540

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 31

AUG 6 1936 RECEIVED

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernesto Fontrandia 18

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male		Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 10 - 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) June 26 1936

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Mountain Home Idaho

FATHER

13. NAME John B. Fontrandia

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Juana Echevarrieta

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs M. Fontrandia
(Address) Shoshone Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Twin Falls Ida Date July 11, 1936

19. UNDERTAKER C. Harris
(Address) Hailey Idaho

20. FILED 8-3, 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to July 10, 1936.
I last saw him alive on July 10, 1936.; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever.	July 2d
Bronchial Pneumonia	July 9.

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Bitten by tick on hill
(Signed) Attending Physician C. H. Wright M. D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99541

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 32

AUG 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Fof 1010

2. FULL NAME Herbert Franklin Goodman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Lydia Blaire Reynolds

6. DATE OF BIRTH (month, day, and year) April 3 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool Grower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 4th July 1936
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Bryndett County (State or country) Gyssons

FATHER
13. NAME Thomas Jefferson Goodman
14. BIRTHPLACE (city or town) Memphis (State or country) Tenn

MOTHER
15. MAIDEN NAME Angeline Rose
16. BIRTHPLACE (city or town) Fredrifin (State or country) Kentucky

17. INFORMANT (Address) Lydia A Goodman Hailey Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Cem Date July 12, 1936

19. UNDERTAKER (Address) E. L. Hazen Hailey Ida

20. FILED 8-3, 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 10, 1936. I last saw him alive on July 10, 1936: death is said to have occurred on the date stated above, at 6:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 6
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Rutherford M. D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99542

AUG 6 1936 RECEIVED

Registration District No. 57
Registrar's Registration District No. 2022 Local Registrar's No. 30

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Hailey Clinical Hospital)

2. FULL NAME James Knudson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, and year) Jan 21 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Denmark
(State or country)

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Edna Knudson
(Address) Shoshone

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date July 5, 1936

19. UNDERTAKER H. Hanes
(Address) Hailey Idaho

20. FILED 8-3, 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1936, to 7-2, 1936.
I last saw h/m alive on 7-2, 1936: death is said to have occurred on the date stated above, at 11:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	6-24-36
Other contributory causes of importance: Amyloidosis of Liver & Kidneys	1926

Name of operation Exploratomy Date of 6-22-36
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. D. Price M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99543

AUG 6 1936 RECEIVED

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Livingston Haney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma March

6. DATE OF BIRTH (month, day, and year) July 1 - 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) June 24 1936

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Hatton Station Indiana

FATHER

13. NAME Jarnis Lee Haney

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Mary Cleveland

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Alma Haney (Address) Hailey - Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Humphrey Date 7 - 5 1936

19. UNDERTAKER Harry L. Hailey (Address) Hailey Idaho

20. FILED 8 - 3 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1936 to 7/2, 1936

I last saw him alive on 7-2, 1936: death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Myocarditis	
Status epilepticus	96 days
Other contributory causes of importance:	
Chronic Brights	6 mo

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 1936
Where did injury occur? Town
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Was sick injury to himself
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) L. W. Jeff M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99544

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 35

AUG 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Hailey Clinical Hospital

2. FULL NAME Dora Pearl Gillihan 60 ok

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb 13 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) April 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Clark County (State or country) Ohio

FATHER

13. NAME Milton Chapman

14. BIRTHPLACE (city or town) ✓ (State or country)

MOTHER

15. MAIDEN NAME Fanny Armspriz

16. BIRTHPLACE (city or town) Saint Budge (State or country) Ohio

17. INFORMANT Joe Moran (Address) Ellsworth Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Pioneer Date July 21 1936

19. UNDERTAKER L. H. Harris (Address) Hailey Ida.

20. FILED 8-3, 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 18, 1936.

I last saw her alive on July 18, 1936: death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Crises	7-17-36
Exophthalmic Goitre	1920

Other contributory causes of importance:

Thyroid Heart (Chronic Myocarditis)	1926

Name of operation Partial total thyroidectomy Date of 7-16-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. Close M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

AUG 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99545

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Rember

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Rember

6. DATE OF BIRTH (month, day and year) June 6 - 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Mining Co
10. Date deceased last worked at this occupation (mo. and yr.) Dec 7 1935
11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Province of Quebec

FATHER
13. NAME William Rember
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT (Address) Walter Rember Hailey - Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place F.H.O.F. Plot Hailey Date July 19, 1936

19. UNDERTAKER L. L. Harris
(Address) Hailey - Idaho

20. FILED 8-3, 1936 R. F. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to July 17, 1936
I last saw h(M) alive on July 16, 1936: death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Mitral & Aortic regurgitation (Osteosclerotic type)	1930
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. D. Rice M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

AUG 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99546

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 33

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hellarose Hoffman

(a) Residence. No. Rupert - Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

1889

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-16-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert Idaho
(State or country)

FATHER

13. NAME Daniel F. Hoffman

14. BIRTHPLACE (city or town) Marysville
(State or country) Kan.

MOTHER

15. MAIDEN NAME Martha Lecha Mix

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Daniel F. Hoffman
(Address) Hailey Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Ida. Date 7-15, 1936

19. UNDERTAKER
(Address) Rupert, Ida.

20. FILED 8-3, 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tractor backed over her. Crushed Skull	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide?..... Date of injury 7-13 1936
Where did injury occur? Salmon Summit
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Tractor backing & crushing skull
Nature of injury Crushed skull &

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Wright, M. D.
(Address) Blaine Co. Coroner Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boise
City of Boise (Twin Springs)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99547

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 85

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Robert Edger CC7-70046

(a) Residence. No. ..... St. Underwood, No. Dak.
(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. 4 mos. 18 ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) January 15, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corps
10. Date deceased last worked at this occupation (mo. and yr.) June, 1936
11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Underwood, No. Dak.

FATHER
13. NAME Robert J. Edgar
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT C. C. C. Officers
(Address) Alexander Flats Camp

18. BURIAL, CREMATION OR REMOVAL
Underwood N Dak Date 7-15-, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 7-15, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on June 3, 1936: death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	June 4, 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Otto P. Brown, M. D.
(Address) Camp F-175, Alexander Flat, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boise
City of Arrowrock Dam

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99548

AUG 1 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Allen Heusser

(a) Residence. No. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Heusser

6. DATE OF BIRTH (month, day and year) May 8th 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston Idaho

FATHER

13. NAME William J. Heusser

14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Ida Mae Allen

16. BIRTHPLACE (city or town) (State or country) Draper Utah

17. INFORMANT (Address) Georgia Heusser 420 Idaho St. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Preston Idaho Date 7/20, 1936

19. UNDERTAKER (Address) Shhreiber & McCann Boise Idaho

20. FILED 7/29, 1936 Miss E Rohrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 30th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 193..., to 193...

I last saw him alive on 7/18, 1936: death is said to have occurred on the date stated above, at 2: P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
In Boise River While	
Employed At The	
Arrowrock Dam	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. Shanahan Coroner, I. C. D.
(Address) Idaho City Idho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
B0138
County of .....
City of Near Mouth of Birch Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99549

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. 12

1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Magnus Swanson.

(a) Residence. No. ..... Pine, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Swanson

6. DATE OF BIRTH (month, day, and year) 10-25-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME P Swanson

14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMANT Esther J. Nissbaum (Address) Mtn. Home Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn Home Date 7-26 1936

19. UNDERTAKER Isaac Fremont Home (Address) Mountain Home Ida

20. FILED 7/27, 1936 Mrs E S Rohrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/24 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ..... 193....
I last saw him alive on July 24 1936 Dead
to have occurred on the date stated above, at About 9 A. m. death is said

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Wreck	
Accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Shanahan Coroner, M. D.
(Address) Idaho City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99551

Registration District No. 78

AUG 11 1936 RECEIVED

Primary Registration District No. 2155 Local Registrar's No. 259

(No. R.F.D no. 1.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gereven Adrilla Van der Pas

57

(a) Residence. No. R.F.D. No 1, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lambert W. Van der Pas

6. DATE OF BIRTH (month, day, and year) Oct 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation Many Years

12. BIRTHPLACE (city or town) (State or country) Bostel Holland

FATHER

13. NAME John Van Gerwen

14. BIRTHPLACE (city or town) (State or country) Gessel Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Gessel Holland

17. INFORMANT (Address) L. W. Van der Pas Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem Place Sandpoint, Ida. Date July 6, 1936

19. UNDERTAKER (Address) L. R. Moon Sandpoint Ida.

20. FILED Aug 11, 1936 Clara L. Evans Acting Registrar.

M.C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 1, 1936
I last saw her alive on July 1, 1936: death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia.	June 29, 1936
Diabetis Mellitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99552

Registration District No.

Primary Registration District No. Local Registrar's No. 2 64

AUG 11 1936 RECEIVED

(No.) Graham Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Jessie Mary Grinolds

90

(a) Residence. No. 327 S Marion St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milford Grinolds

6. DATE OF BIRTH (month, day, and year) July 22 1

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
42	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mont

MOTHER FATHER

13. NAME John Horton

14. BIRTHPLACE (city or town) (State or country) Neb.

15. MAIDEN NAME Catherine Belmore

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Milford Grinolds (Address) Sandpoint

18. BURIAL, CREMATION OR REMOVAL Place Lakeview Date 7/24, 1936

19. UNDERTAKER T. Turnbull & Co. (Address) Sandpoint

20. FILED Aug 1, 1936 Clara S. Evans acting Registrar.

M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to July 21, 1936.

I last saw her alive on June 21, 1936: death is said to have occurred on the date stated above, at 2.05 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	not known

Other **contributory causes** of importance:

Pregnancy 8 mo	
Goiter -	not known

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. P. Stackhouse M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99553

AUG 11 1936 RECEIVED

Registration District No.....

Primary Registration District No. 9 Local Registrar's No. 269

(No. 302 S Second)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emma Giles

(a) Residence. No. 302 S Second St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J H Giles

6. DATE OF BIRTH (month, day, and year): august 29

7. AGE: Years 82 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: John Leggett

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Cozier

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Wm. Leggett Sandpoint Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Garfield Wash. Date July 17 1936

19. UNDERTAKER (Address): Turnbull Co. Sandpoint Idaho

20. FILED Aug 1, 1936 C. A. S. Evans Acting Registrar.

M.C.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Many years, 193.... to ....., 193....

I last saw her alive on July 12, 1936; death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. P. Blackmore, M. D.

(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

AUG 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99554

Registration District No. 2155
Primary Registration District No. 78
Local Registrar's No. 261

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Madsen

(a) Residence. No. Sandpoint St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? about yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 60 yrs	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging
10. Date deceased last worked at this occupation (mo. and yr.) Not Known
11. Total time (years) spent in this occupation Not Known

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Graham Hospital
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint Idaho Date July 18, 1936

19. UNDERTAKER L. A. Olson
(Address) Sandpoint, Idaho.

20. FILED Aug 1, 1936 Ciapp & Evans Acting Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 13, 1936
I last saw him alive on July 12, 1936: death is said to have occurred on the date stated above, at 8:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Date Known
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd G. Hendricks, M. D.
(Address) Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

State File No. 99555

Local Registrar's No. 260

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

131

2. FULL NAME Spruce McCoy Gibbs

(a) Residence. No. ..... St. Rural
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Gibbs

6. DATE OF BIRTH (month, day, and year) Nov. 3, 1875

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
60	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation 10 Yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Mrs. Adelire Hildreth Kootenai, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kootenai, Ida. Boyer, Cem. Date July 6, 1936

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho

20. FILED Aug 1, 1936 Clara L. Evans Acting Registrar.

M.C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to July 4, 1936

I last saw him alive on July 4, 1936; death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Reanal Disease	2 Yrs.
Diabetis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Floyd G. Wendle, M. D.

(Address) Sandpoint, Idaho

Dr. Evans

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99556

Registration District No. 78

AUG 11 1936 RECEIVED

Primary Registration District No. 2155 Local Registrar's No. 166

(If death occurred in a hospital or institution, give its name instead of street and number) (Not) Parnell Hospital

2. FULL NAME George L. Tilton

(a) Residence. No. St. Cocolalla, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) Oak Harbor
(State or country) Ohio

FATHER

13. NAME William Tilton

14. BIRTHPLACE (city or town) Unknown
(State or country) Ohio

MOTHER

15. MAIDEN NAME Alice M. Doyen

16. BIRTHPLACE (city or town) Unknown
(State or country) Ohio

17. INFORMANT Mrs. Susie Butler
(Address) Spokane, Washington.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date June 19, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Aug. 1, 1936 Clara L. Evans Acting Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 18, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936 to June 18, 1936
I last saw h[illegible] alive on June 18, 1936: death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June 16-1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Evans, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Swan Valley

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2150

DO NOT WRITE IN THIS SPACE

State File No. 99557

Local Registrar's No. 136

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abraham Edwin Ames

(a) Residence. No. Afton St. Wyo

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widower

6. DATE OF BIRTH (month, day, and year) March 7 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portage Utah

FATHER

13. NAME Clark B. Ames

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Frances Jane Beman

16. BIRTHPLACE (city or town) (State or country) Herefordshire England

17. INFORMANT Hyrum B. Ames

(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Etna Wyo. Date July 1936

19. UNDERTAKER Hoffman & Co

(Address) Pocatello Idaho

20. FILED July 14 1936 Wm Minnaird

By R M H Registrar.

W. F. Porter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Probably Heart Attack	

Other contributory causes of importance:

She was not a car Accident	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? Bonneville County (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury Was not a Car Accident

Nature of injury Heart attack

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Porter Coroner

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99558

Registration District No. 13
Primary Registration District No. 214-0
Local Registrar's No. 118

AUG 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henr. J. Schwarze

(a) Residence. No. R.F.D. No. 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

43

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta Schrarze

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1860

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
76	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warren County
(State or country) Missouri

FATHER

13. NAME Fritz Schwarze

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Justina Schlomann

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT George F. Schwarze
(Address) R.F.D. 1, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Hoberg, Missouri Date July 3, 1936

19. UNDERTAKER O. L. Buck
(Address) Idaho Falls, Idaho

20. FILED Aug 1, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to ....., 193..

I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Face	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonnieville

City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99559

Registration District No. 13

Registration District No. 3-14-0

Local Registrar's No. 119

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace DelRoy Hansen

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 28, 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Taylor Idaho

MOTHER FATHER

13. NAME Sidney Hansen

14. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

15. MAIDEN NAME Maude Miller

16. BIRTHPLACE (city or town) (State or country) Taylor Idaho

17. INFORMANT Sidney Hansen
(Address) Idaho Falls R. #6

18. BURIAL, CREMATION OR REMOVAL
Place Taylor Cemetery Date July 3, 1936

19. UNDERTAKER L. L. Nalder (Address) Shelley, Ida

20. FILED July 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30 1936 to July 1 1936

I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 3.17 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, 2nd and 3rd degree, rt leg, foot, thigh, genitalia and trunk.	6/30/36
Other contributory causes of importance: Shock.	6/30/36.

Name of operation None. Date of no.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. Lloyd Johnson, M. D.

(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99560

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 121

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fredrick James Tripp

(a) Residence. No. ____ St. L.D.S. Hospital, Dubois, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ____ mos. 1 ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Almeda Tripp

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
75	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Ontario, Canada

FATHER

13. NAME Fredrick Tripp

14. BIRTHPLACE (city or town) (State or country) Unkown Canada

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Unkown Canada

17. INFORMANT (Address) Mrs. Nellie Carretson Dubois, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Spokane, Wash. Rundell Home

19. UNDERTAKER (Address) Richard Funeral Home 343 E Street Idaho Falls, Idaho

20. FILED July 5, 1936 Wm Kinnaird by R M Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 4, 1936, to 7 5, 1936
I last saw him alive on 7 4, 1936: death is said to have occurred on the date stated above, at 4:20 P. m.
The principal cause of death and related causes of importance were as follows:

Congestion of Lungs

Date of onset

Other contributory causes of importance:

Chronic Endocarditis

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H Clay Bartlett M. D.
(Address) Dubois, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn

City of Ida Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2170

DO NOT WRITE IN THIS SPACE

State File No. 99561

Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin Leroy Clifford

(a) Residence. No. E. Garfield St.
(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 28, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Ida Falls Ida

MOTHER FATHER

13. NAME Alvin C. Clifford

14. BIRTHPLACE (city or town) (State or country) Ida Falls Ida

15. MAIDEN NAME Sarah Jane Kelley

16. BIRTHPLACE (city or town) (State or country) Ida Falls Ida

17. INFORMANT (Address) Alvin C. Clifford Ida Falls Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Ida Falls Date July 10 1936

19. UNDERTAKER (Address) McHaney Funeral Home

20. FILED 7/9, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head burned by fire	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 193...
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fire
Nature of injury Burned by fire

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Taylor Conner M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99562

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 127

(No. I. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Greiting.

(a) Residence. No. ____ St. Idaho Falls Route 5
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Cottonwood (State or country) Idaho

FATHER
13. NAME Abe Greiting, Jr.
14. BIRTHPLACE (city or town) Cottonwood (State or country) Idaho

MOTHER
15. MAIDEN NAME Ada Hicks
16. BIRTHPLACE (city or town) Georgetown (State or country) Idaho

17. INFORMANT Abe Greiting, Jr. (Address) Idaho Falls R. #5

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date July 9, 1936

19. UNDERTAKER Jack R. Hord (Address) Idaho Falls, Idaho

20. FILED July 9, 1936 Wm Kinnaird Registrar.
by RMH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936 to July 6, 1936
I last saw her alive on July 6, 1936: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia originating from insect bite on forehead	July 3, 1936
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Harry L. Wilson, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Irwin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99563

AUG 3 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 128

(No. ....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Lucetta Hatfield

(a) Residence. No. Irwin, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Hatfield

6. DATE OF BIRTH (month, day, and year) March 10, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Springville Utah
(State or country)

FATHER
13. NAME Edward L Probart
14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER
15. MAIDEN NAME Arletta Hutchings
16. BIRTHPLACE (city or town) Springville Utah
(State or country)

17. INFORMANT Fred Hatfield
(Address) Irwin Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ririe Idaho Date July 10, 1936

19. UNDERTAKER Jack T. Worley
(Address) Idaho Falls, Idaho

20. FILED July 10, 1936 Wm Kinnaird
by RMH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935 to July 7, 1936
I last saw him alive on Oct 12 1935: death is said to have occurred on the date stated above, at 9-15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1934

Other contributory causes of importance:

Name of operation Exploratory Date of 3/16/35
What test confirmed diagnosis? ... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) W. Ray Hatch, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99564

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 129

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira Newton Corey

(a) Residence. No. 135 Cornes St.
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Corey

6. DATE OF BIRTH (month, day, and year) Oct 2 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant + Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.) 1914
11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME Geo L. Corey
14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER
15. MAIDEN NAME Lucinda Spaulding
16. BIRTHPLACE (city or town) Novoo
(State or country) Illinois

17. INFORMANT Roy B. Corey
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida Falls Ida Date July 13 1936

McHANS FUNERAL HOME

19. UNDERTAKER
(Address) 115 E. Street Idaho Falls Ida.

20. FILED 7/11, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to July 10, 1936
I last saw h[illegible] alive on July 10, 1936; death is said to have occurred on the date stated above, at 2 45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Est 1931

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 3 1936 RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99565

Registration District No. 13
Primary Registration District No. 240
Local Registrar's No. 131

(No.) L.D.S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Violet Eloise Lake

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho

FATHER

13. NAME Ernest Lake

14. BIRTHPLACE (city or town) (State or country) Central Idaho

MOTHER

15. MAIDEN NAME ~~Violet~~ Violet M. Peterson

16. BIRTHPLACE (city or town) (State or country) Elko Nevada

17. INFORMANT Ernest Lake
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho July 12 193 6

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED July 13, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 6, 193 6, to July 10, 193 6
last saw he[r] alive on July 10, 193 6: death is said to have occurred on the date stated above, at 2-30pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	July 4

Other contributory causes of importance:

Malnutrition	May

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99566

Registration District No. 73
Primary Registration District No. 2150
Local Registrar's No. 137

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Briggs

(a) Residence. No. 1098 Idaho Ave. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agatha Hodge Briggs

6. DATE OF BIRTH (month, day, and year) January 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lehi
(State or country) Utah

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town)
(State or country) U.S.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) U.S.

17. INFORMANT Mrs. Joseph Biggs
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date July 19 1936

19. UNDERTAKER Jack C. Woods
(Address) Idaho Falls, Idaho

20. FILED 7/17, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 15, 1936
I last saw him alive on July 15, 1936: death is said to have occurred on the date stated above, at 9a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 15, 1936
Other contributory causes of importance:	
None	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. A. Leggett, M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99567

AUG 3 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21 V 7 / Local Registrar's No. 138
(No. Ida. Falls L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Mildred Davies

(a) Residence. No. ..... St. Big Piney, Wyo.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.– yrs. –mos. 3ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 9 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Big Piney
(State or country) Wyoming

FATHER

13. NAME Chester L. Davies
14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Jesse Herford
16. BIRTHPLACE (city or town) La Barge
(State or country) Wyoming

17. INFORMANT Chester L. Davies
(Address) Big Piney, Wyoming

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date July 19, 1936

19. UNDERTAKER McHANS FUNERAL HOME
(Address) 243 - E Street Idaho Falls

20. FILED 7/21, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 17, 1936
Last saw ..... alive on July 17, 1936.: death is said to have occurred on the date stated above, at 10:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis & Convulsions	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. Ray Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonn

City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99568

Registration District No. 73
Primary Registration District No. 7142 Local Registrar's No. 141

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Miller

(a) Residence. No. ____ St. Firth, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ephriam Miller

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (mo. and yr.) 6-10-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME Thomas Rowland

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Isobelle Nelson

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Rowland Miller
(Address) Firth, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Logan Utah Date July 23 1936

19. UNDERTAKER A. Beck
(Address) Idaho Falls, Idaho

20. FILED 7/22, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 193.4, to July 3, 1936.
I last saw h.. alive on July 3, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
Other contributory causes of importance:	

Name of operation V Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? V Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99569

AUG 3 1936 REGISTERED
Registration District No. 13
Primary Registration District No. 2 1 1-3 Local Registrar's No. 142

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Alvaro Monson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Dye

6. DATE OF BIRTH (month, day, and year) April 12, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goshen
(State or country) Idaho

FATHER
13. NAME Willard Monson
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Rebecca Amundsen
16. BIRTHPLACE (city or town)
(State or country) Norway

17. INFORMANT Willard Monson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Goshen Ida. Date 7-26, 1936

19. UNDERTAKER Lyn Nalder
(Address)

20. FILED 7/27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 22, 1936.
I last saw h. im alive on July 22, 1936: death is said to have occurred on the date stated above, at 3 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	7/17/36.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. Lloyd Nelson, M. D.
(Address) Shelley, Idaho.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99570

Registration District No. 73
Primary Registration District No. 9-1-D
Local Registrar's No. 143

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Poulter Clark

(a) Residence. No. Taylor, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Clark

6. DATE OF BIRTH (month, day, and year): July 17, 1854

7. AGE: Years 82 | Months | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambria Wisconsin

MOTHER FATHER

13. NAME: Josiah Leavitt
14. BIRTHPLACE (city or town) (State or country): U. S.
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT: Mrs. H. H. Crane
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ogden, Utah Date: July 23, 1936

19. UNDERTAKER: Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED: 7/23, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 18, 1936
I last saw her alive on July 18, 1936: death is said to have occurred on the date stated above, at 1-a.... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Debilitis incident to old age	
Other contributory causes of importance: Hypostatic pneumonia	July 16

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. Brockley M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99571

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 144
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lorana Alice Jackson

(a) Residence. No. 459-10th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

48 K

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Jackson

6. DATE OF BIRTH (month, day, and year) December 21, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelton
(State or country) Idaho

FATHER
13. NAME William Buttonshaw
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Sarah alice Clegg
16. BIRTHPLACE (city or town) Heber City
(State or country) Utah

17. INFORMANT W. L. Buttonshaw
(Address) Shelton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 26, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED July, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to July 22, 1936
I last saw her alive on July 22, 1936; death is said to have occurred on the date stated above, at 10-50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 1935

Other contributory causes of importance:

none	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ~~yes~~ specify .....
(Signed) W. B. Rueger M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 2117

DO NOT WRITE IN THIS SPACE

State File No. 99572

Local Registrar's No. 145

1010

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elinor L. Davies

(a) Residence. No. 134 - 8 St. St.

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rowland O "Rue" Davies

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ruabon, North Wales.

FATHER

13. NAME Rev. John Jones.

14. BIRTHPLACE (city or town) (State or country) North Wales.

MOTHER

15. MAIDEN NAME Laura Griffiths

16. BIRTHPLACE (city or town) (State or country) North Wales

17. INFORMANT (Address) Mrs. Gladys Richards Idaho Falls. Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls. Date 7-29, 1936.

19. UNDERTAKER V. F. McTeer

(Address) Idaho Falls. Ida.

20. FILED 7/29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 27, 1936

I last saw h[illegible] alive on July 27, 1936.: death is said to have occurred on the date stated above, at 1130 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pt. Lobar Pneumonia	7-18-'36

Other contributory causes of importance:

Myocarditis	
General debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harry L. Wilson M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99573

Registration District No. 73
Primary Registration District No. 2-7-0 Local Registrar's No. 146

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Goodrich

(a) Residence. No. North Capital Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	W.M.	Unk.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. Const.
10. Date deceased last worked at this occupation (mo. and yr.) 7-28-36
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) Unk.
(State or country)

FATHER

13. NAME Unk.
14. BIRTHPLACE (city or town) Unk.
(State or country)

MOTHER

15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) Unk.
(State or country)

17. INFORMANT Fred Porter
(Address) coroner

18. BURIAL, CREMATION OR REMOVAL Removal
Place Centralia, Wash. Date July 31, 1936

MERRIS FUNERAL HOME

19. UNDERTAKER
(Address)

20. FILED 7/23, 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 28 July 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown	
Heart attacked	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 193.....
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury.....
Nature of injury Heart attacked

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Fred Porter Coroner
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Ida. Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99574

AUG 3 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 147

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Spencer Hospital)

2. FULL NAME John Charles Roonts

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Wht.	Unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unk.

6. DATE OF BIRTH (month, day, and year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer? Unk.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) Unk. 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Mrs. Ross Collett
(Address) West Yellowstone, Mont.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date July 30 1936

19. UNDERTAKER A. Bush
(Address) Ida. Falls, Ida.

20. FILED 7/30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to July 27, 1936.
I last saw h— alive on July 27, 1936 death is said to have occurred on the date stated above, at 2:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tricuspid Hypertrophy with Uremia	Unknown.

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Gabbert, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 3 1936 RECEIVED

PLACE OF DEATH
County of Bonneville
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99575
State File No.

Registration District No. 13
Primary Registration District No. 2-17-0 Local Registrar's No. 148
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kendell Phillips Holmes

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Holmes

6. DATE OF BIRTH (month, day, and year) Mar. 4, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank + oil co.
10. Date deceased last worked at this occupation (mo. and yr.) 7-29-36
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Compton
(State or country) Ohio

FATHER
13. NAME John M. Holmes
14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER
15. MAIDEN NAME Emely Stratton
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs. H. P. Holmes
(Address) Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Aug. 1, 1936

19. UNDERTAKER O. C. Buck
(Address) Ida. Falls, Ida.

20. FILED Aug 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to July 29, 1936
I last saw h~~e~~ alive on July 29, 1936; death is said to have occurred on the date stated above, at 3:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Auricular Fibrillation	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. K. Abbott, M. D.
(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99576

AUG 3 1936

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 120

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1615

2. FULL NAME Francis Jerold Klassen

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4, 1936

7. AGE: Years | Months | Days: 1 day | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Idaho

FATHER

13. NAME: John Klassen

14. BIRTHPLACE (city or town) (State or country): Stanwartin, Minn.

MOTHER

15. MAIDEN NAME: Alice Breyman

16. BIRTHPLACE (city or town) (State or country): Esmont, Nevada

17. INFORMANT (Address): John Klassen, Roberts, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Ida. Date: July 6 1936

19. UNDERTAKER (Address): None

20. FILED: July 6, 1936 Wm Kinnaird Registrar.
By R.M.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 5, 1936.

I last saw him alive on July 5, 1936; death is said to have occurred on the date stated above, at 6:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature labor (7 mos.)	

Other **contributory causes** of importance:

Premature Labor delivery

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following.

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so specify .....

(Signed) C. M. Elsner per J. Swan M. D.

(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99579

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 130

(No. 16a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Burnett Hartford Hurley

(a) Residence. No. L.D.S. Hospital City Idaho Falls

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 10 1936

7. AGE Years | Months | ~~Days~~ 38 hrs. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Dennis Hartford Hurley

14. BIRTHPLACE (city or town) (State or country) Chiowa, Nebr.

MOTHER

15. MAIDEN NAME La Verla Blaythe

16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

17. INFORMANT (Address) Dennis H. Hurley 341 So Water Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Place Rose Hill Cemetery Date July 12 1936

19. UNDERTAKER (Address) Name

20. FILED July 12, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 11, 1936

I last saw him alive on July 11, 1936: death is said to have occurred on the date stated above, at 6:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity 6 3/4 months	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. Ray Gates, M. D.

(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99580

Registration District No. 13

Primary Registration District No. 2142

Local Registrar's No. 132

AUG 3 1936 RECEIVED

(No.) L. D. S. Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Wibbons.

(a) Residence. No. Idaho Falls, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: boy

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, and year): 7-12-36.

7. AGE: Years | Months | Days | If LESS than 1 day hr. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Idaho.

FATHER

13. NAME: Frank Charles Gibbons

14. BIRTHPLACE (city or town) (State or country): Gardner, Colorado

MOTHER

15. MAIDEN NAME: Margaret Ellsworth

16. BIRTHPLACE (city or town) (State or country): Bedford, Wyoming

17. INFORMANT (Address): Mr. Frank Gibbons

18. BURIAL, CREMATION OR REMOVAL. Place: Rexburg Idaho Date: July 14, 1936

19. UNDERTAKER (Address): Jack L. Pond, Idaho Falls, Idaho

20. FILED 7/13, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12 1936, to 7/17/36 - 11:59 PM 193

I last saw her alive on July 17, 1936.; death is said to have occurred on the date stated above, at 11:59 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature 7½ Mo	
Coma of Premature Labor Complicated	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99581

PLACE OF DEATH
County of Bannock
City of Idaho Falls
Registration District No. 23
Primary Registration District No. 215-0 Local Registrar's No. 123
No. L. D. S. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 3 1936 RECEIVED

2. FULL NAME Irene Jensen 1610

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Girl	W.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) 7-3-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

FATHER
13. NAME Alton Jensen
14. BIRTHPLACE (city or town) Fountain Green (State or country) Utah

MOTHER
15. MAIDEN NAME Lois Norton
16. BIRTHPLACE (city or town) Fillmore (State or country) Utah

17. INFORMANT Mrs. Shirley Jensen (Address) Idaho R#1

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Shelley, Idaho Date July 6 1936

19. UNDERTAKER None (Address)

20. FILED July 6, 1936 Wm Kinnaird By R. M. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/5/36

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1936, to 7/5, 1936
I last saw her alive on 7/5, 1936; death is said to have occurred on the date stated above, at 10:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Cuthbertson M.D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99583

Registration District No. 3

AUG 3 1936 RECEIVED

Primary Registration District No. 2150 Local Registrar's No. 133

(No. L. L. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Neumann

(a) Residence. No. Idaho Falls Rt #6 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME John Neumann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Keilina Hentschel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Neumann
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date July 14, 1936

19. UNDERTAKER Jack D. Frost
(Address) Idaho Falls, Idaho

20. FILED 7/14, 1936 John Neumann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to July 13, 1936

I last saw h[illegible] alive on July 13, 1936: death is said to have occurred on the date stated above, at 11-30 9m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Cause not known	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99585

Registration District No. 2
Primary Registration District No. 2170
Local Registrar's No. 140

(No.) The L. D. S. Hospital -- Idaho Falls
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Joseph Eardley

(a) Residence. No. Rexburg, Idaho St.
(Usual place of abode) Rexburg Idaho.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 4th 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile service man.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taylor Chev. Co.
10. Date deceased last worked at this occupation (mo. and yr.) 7/18/36
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho

FATHER

13. NAME John E Eardley
14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Maggie Muir
16. BIRTHPLACE (city or town) (State or country) Mendon, Utah

17. INFORMANT Mrs Charles Clucas
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City, Cemetery Date 7/22, 1936.

19. UNDERTAKER Young & Keller
(Address) Rexburg Idaho.

20. FILED 7/27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 4:15 am 7-19, 1936, to 7:50 pm 7-19, 1936
I last saw him alive on 7-19, 1936: death is said to have occurred on the date stated above, at 7:50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis and fractured vertebrae, severed cord - spinal	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Ax Date of injury 7/18/36, 193..
Where did injury occur? Highway Montana Idaho Divide
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile accident
Nature of injury above

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99586

AUG 3 1936 RECEIVED

Registration District No. 23
Primary Registration District No. 215-0 Local Registrar's No. 126
(No. I. F. L. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis A. Huffaker 188 C

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) Dec. 5 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 7-36
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cannon (State or country) Idaho.

FATHER
13. NAME A. C. Huffaker
14. BIRTHPLACE (city or town) Summit Co. (State or country) Utah

MOTHER
15. MAIDEN NAME Melvina Leavitt
16. BIRTHPLACE (city or town) Carsonville (State or country) Nevada

17. INFORMANT A. C. Huffaker (Address) Ida. Falls Ida.
18. BURIAL, CREMATION OR REMOVAL Burial
Place Mem. Gdns. Date 7-9 1936
McHANS' FUNERAL HOME
19. UNDERTAKER ..... (Address) 342 E Street Idaho Falls, Idaho
20. FILED 7/9 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:48 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull Crushed Chest	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 5 1936
Where did injury occur? Bonneville County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Yellowstone Highway
Manner of injury Fractured Skull
Nature of injury Car accident

24. Was disease or injury in any way related to occupation of deceased? N.P. If so, specify .....
(Signed) Fred Porter Coroner
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99587

Registration District No. 73
Primary Registration District No. 2 I.F. Local Registrar's No. 124
(No. 240 S. Holmes)
(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Lily Christina Quinton

(a) Residence. No. 240 Idaho Falls St. St. #7
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 28, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

FATHER

13. NAME Alfred James Quinton

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Ella Sorensen

16. BIRTHPLACE (city or town) Bear Lake
(State or country) Idaho

17. INFORMANT A. J. Quinton
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bloomington Idaho Date July 7, 1936

19. UNDERTAKER Jack A. Ard
(Address) Idaho Falls, Idaho

20. FILED July 7, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Patient dead to when first seen
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 12-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Spleen with shock + Hemorrhage	July 5, 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 5, 1936
Where did injury occur? Bonneville County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Auto accident on Highway
Manner of injury Auto Crash
Nature of injury Ruptured Spleen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fred Seyb Conner M. D.
(Address) Idaho Falls Idaho

AUG 17 1936 REGISTERED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99590

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

101 2

2. FULL NAME William Smith

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Naturalized May 5, 1889

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unascertained

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Railway Construction

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records of Relief Office Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date May 7, 193 6

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED May 4, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 193 6

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 193 6 to May 3, 193 6.

I last saw h[illegible] alive on May 3 193 6; death is said to have occurred on the date stated above, at 9:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4/26/36

Other **contributory causes** of importance:

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [signature], M. D.

(Address) Bo[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99591

Registration District No. 79

AUG 17 1936 RECEIVED

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lisa Pauline Virak

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore Virak

6. DATE OF BIRTH (month, day, and year) April 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 4-27-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Westby (State or country) Wisc.

FATHER

13. NAME Nels Brettingen

14. BIRTHPLACE (city or town) ..... (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT T. Virak (Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date May 6, 1936

19. UNDERTAKER H.R. Crouch (Address) Bonners Ferry, Ida.

20. FILED May 5, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to May 4, 1936.

I last saw her alive on May 2 1936.; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 4, 1936.

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to ext'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leo Bonnell M. D.

(Address) Bonners Ferry Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99592

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

AUG 17 1936 RECEIVED (No. Bonners Ferry Hospital)
(if death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME James I. Kelly

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1885

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	51	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ry Brakeman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unascertained

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Huntington, W. Va. Date ....., 193..

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED May 12, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1936, to May 11, 1936
I last saw him alive on May 11 1936; death is said to have occurred on the date stated above, at 4: P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Appendicitis, abscess	
Ruptured Appendix.	

Other **contributory causes** of importance:

Septicaemia.	

Name of operation Appendectomy Date of 4/16/36
What test confirmed diagnosis? .... Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) [signature] M. D.
(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99593

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

AUG 17 1936 RECEIVED

1. No. (If death occurred in a hospital or institution, give its name instead of street and number) 71a

2. FULL NAME William Chestman Scupholm

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 5-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cass County Mich

FATHER

13. NAME G.F. Scupholm

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME M.E. Green

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT Mrs. W. Scupholm
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date 5-30, 1936

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED May 21-1936. E.E. Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22-1936, to May 28-1936.

I last saw him alive on May 27 1936; death is said to have occurred on the date stated above, at 7:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic meningitis	May 14-1936
	(2)
Other contributory causes of importance:	
Otitis media	Apr. 15-1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E.E. Fry, M.D.

(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99594

PLACE OF DEATH
County of Boundary
City of Naples

Registration District No. 19
Primary Registration District No. 2156 Local Registrar's No.
(No. Naples, Idaho,)
(if death occurred in a hospital or institution, give its name instead of street and number)

88

2. FULL NAME Nellie Klingenberg

(a) Residence. No. Naples, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jake

6. DATE OF BIRTH (month, day, and year)
April 28, 1890

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
46	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.) 5 months
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ft. Scott, Kansas

FATHER

13. NAME: William Apperman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jake Klingenberg
(Address) Naples, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grandview Cem Date June 2 1936

19. UNDERTAKER: Crouch Funeral Home
(Address) Bonners Ferry, Idaho

20. FILED May 31 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936, to May 30, 1936.
I last saw her alive on April 1, 1936; death is said to have occurred on the date stated above, at 9. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension	5
Myocardial Degeneration	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [signature] M. D.
(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 17 1936 RECEIVED

PLACE OF DEATH

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99595

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No. 40

(No. Bonners Ferry Hospital) (if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Nolan

(a) Residence. No. ..... St. Boudeau, Sask.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day and year) Feb 14 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mount Forest
(State or country) Ontario.

FATHER

13. NAME Nolan

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME McKenna

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT G. G. Nolan
(Address) Vernon, B. C.

18. BURIAL, CREMATION OR REMOVAL
Place Boudeau Sask. Date ....., 193..

19. UNDERTAKER E. R. Crough
(Address) Bonners Ferry Idaho

20. FILED Apr. 10 1936 E. R. Crough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 10 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on April 10, 1936.; death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 9. 1936.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99596

AUG 17 1936 RECEIVED

Registration District No. 29

Primary Registration District No. 2154 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William D Hawkins 89

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1914

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hannibal Mo.

FATHER

13. NAME Jamison Hawkins

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Sarah Argent Smith

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mary Hawkins
(Address) Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL
Lexington Ky. Date Apr. 13 1936

19. UNDERTAKER H. P. Enoch
(Address) Bonners Ferry Ida

20. FILED Apr. 11, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1936, to Apr. 11, 1936.

I last saw him alive on Apr. 10 1936 death is said to have occurred on the date stated above, at 1 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Apr. 10-1936.

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature] M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Moyie Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99597

Registration District No. 19

Primary Registration District No. 2157 Local Registrar's No.

AUG 17 1936 RECEIVED

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Mary Gideon

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles Gideon

6. DATE OF BIRTH (month, day, and year): Sept 3, 1844

7. AGE: Years: 91 | Months: 7 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None-Housework
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.): Aug 1929
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Jackson Co. Iowa

FATHER

13. NAME: Jess Said
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Indiana Tugell
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Gertrude Hamrick Moyie Springs, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: Apr 20 1936

19. UNDERTAKER (Address): E. F. Campbell Bonners Ferry Ida

20. FILED: Apr. 19, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Apr. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1936, to Apr. 18 1936.
I last saw her alive on Apr. 11, 1936: death is said to have occurred on the date stated above, at 4:15 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Apr. 16-19 36.
Other **contributory causes** of importance: Chronic myocarditis	2

Name of operation: none Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) [signature] M. D.

(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99598

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.

AUG 17 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 49

2. FULL NAME Albert Fredrick Jordon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married.

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of: Mrs. Margaret Jordon.

6. DATE OF BIRTH (month, day, and year): January 21th 1885

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lyons, Iowa.

FATHER

13. NAME: Michael Jordon
14. BIRTHPLACE (city or town) (State or country): Utica N. Y.

MOTHER

15. MAIDEN NAME: Nora Danahy
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret Jordan Bonners Ferry + Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry, Ida. Date: June 4 1936

19. UNDERTAKER (Address): H. G. Crouch

20. FILED: June 2 1936 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29 1936 to June 1 1936.
I last saw him alive on June 1, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the pancreas	Nov. 1935
Other contributory causes of importance: (Obstructive) jaundice	Apr. 1936

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) E. E. Fry M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 17 1936 RECEIVED

PLACE OF DEATH

County of Boundry

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99599

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No. 159

(No. Bonners Ferry Hospital)
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Roy Miller

(a) Residence. No. Bonners Ferry, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21, 1936

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME William P. Miller

14. BIRTHPLACE (city or town) (State or country) Pittsburg Penn.

MOTHER

15. MAIDEN NAME Luella Luse

16. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

17. INFORMANT William P. Miller
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grandview Date June 23 1936

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho

20. FILED June 22 1936 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21 1936, to June 22nd 1936.
I last saw him alive on June 22 1936; death is said to have occurred on the date stated above, at 1 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis of mother	Apr. 1936.

Other **contributory causes** of importance:

Emaciated and Underweight.	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99600

County of Boundary
City of Bonners Ferry
Registration District No. 79
Primary Registration District No. 2156
Local Registrar's No.
No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

AUG 17 1936 RECEIVED

170

2. FULL NAME Edward Chequa

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bonners Ferry (State or country) Ida

FATHER

13. NAME Amaes Pierre Dehuqui

14. BIRTHPLACE (city Bonners Ferry (State or country) Ida

MOTHER

15. MAIDEN NAME Catherine Jeno

16. BIRTHPLACE (city Bonners Ferry (State or country) Ida

17. INFORMANT Mrs. Phena Anderson
(Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL Indian Mission Date 6/16, 1936

19. UNDERTAKER Andrews
(Address) Bonners Ferry Idaho

20. FILED 6/16, 1936 E. L. Fry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Death	
Gunshot wound of Right Chest	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/12, 1936
Where did injury occur? Near Bonners Ferry Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In woods
Manner of injury Gunshot wound
Nature of injury Right Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Powell, M. D.
(Address) Bonners Ferry Idaho
(Coroner)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99602

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 121

(No.) 2 miles east Boise highway
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Emma Carolina Larsen

(a) Residence. No. 1211 - 8th St. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of L. Larsen

6. DATE OF BIRTH (month, day, and year) January 27th 1863

7. AGE — Years: 73 | Months: 6 | Days: 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Malma
(State or country) Sweden

FATHER
13. NAME — Isberg
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT George King
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida. Date 8-7-1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Aug 7, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at about 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck. Auto accident while driving on highway about 2 miles east Nampa.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/5, 1936
Where did injury occur? County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Boise-Nampa highway
Manner of injury auto accident
Nature of injury broken neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. G. Talley Coroner, Ada Co.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99603

AUG 13 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 123

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Samaritan Hospital

2. FULL NAME Israel Herbert Hostetler

(a) Residence. No. 10 - 2nd Ave N. between 3rd & 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5-1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Veterinary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Science

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kansas
(State or country)

FATHER

13. NAME F. H. Hostetler

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Yoder

16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMANT F. H. Hostetler
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 8-13, 1936

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Aug 12, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1936, to Aug 10, 1936
I last saw h— alive on Aug 10, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typical Shock following Operation for obstruction of Gall Bladder & Stones	
Other contributory causes of importance: Gall Bladder Junction 2 months before	

Name of operation Exploratory for adhesions Date of Aug 10 '36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Nolta, M. D.
(Address) Nampa

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99604

Registration District No. 1

AUG 12 1936 RECEIVED

Primary Registration District No. 1005 Local Registrar's No. 101

(No. Michigan & Ash Sts.)
(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME William Judson Boone

(a) Residence. No. Michigan & Ash Sts., St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Annie E. Boone

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Minister & President

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** of College of Idaho.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canonsburg, Pa.

MOTHER FATHER

13. NAME James Boone

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nancy Craighead

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) James L. Boone Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 7-12 193.6

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 7/13, 1936 W. M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1936, to July 8, 1936
I last saw h. alive on July 7, 1936.: death is said to have occurred on the date stated above, at 5 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) J. W. Case M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9960[illegible]

AUG 12 1936 RECEIVED

Registration District No. 1

Registration District No. 1005 Local Registrar's No. 100

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Royal Randolph Jewell

(a) Residence. No. 604 Grant St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace E. Jewell

6. DATE OF BIRTH (month, day) and year) April 2 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elwood Nebraska

FATHER

13. NAME R. D. Jewell

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Alice Boyd

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Grace E. Jewell Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date July 3, 1936

19. UNDERTAKER (Address) C. Paul Logan Caldwell Ida

20. FILED 7-5, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to July 1, 1936.

I last saw him alive on July 1, 1936. death is said to have occurred on the date stated above, at 12-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	July 1

Other contributory causes of importance:

Cystitis	

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——, 193—

Where did injury occur? ———
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify ———

(Signed) [illegible] M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99606

AUG 12 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 116

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature Infant Boy Harris

(a) Residence. No. Cosmo St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-19-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME Burrin Harris

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Robinson

16. BIRTHPLACE (city or town) (State or country) Nampa Ida.

17. INFORMANT Shelby Robinson (Address) Same

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 7-22, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Aug 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1936, to 7-19, 1936.

I last saw her alive on 7-19, 1936.: death is said to have occurred on the date stated above, at —— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Caused by smothering	
Long auto trip from Ind.	
Other contributory causes of importance:	
Long auto trip brought on labor.	

Name of operation ——— Date of ———

What test confirmed diagnosis? Clinical Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——, 193—

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) Horace Behnke M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99607

Registration District No. 7

AUG 12 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 112

(If death occurred in a hospital or institution, give its name instead of street and number) Samaritan Hospital

2. FULL NAME Donald Ray Freeman

(a) Residence. No. 511 Holly St Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m.	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-9-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME Walter O. Freeman

14. BIRTHPLACE (city or town) (State or country) Ida.

MOTHER

15. MAIDEN NAME Ruby Reed

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMANT W. O. Freeman
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 7-11, 193 6

19. UNDERTAKER F. K. Peterman
(Address) Nampa Idaho

20. FILED Aug 3, 193 6 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 193 6

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 193 6, to 7-10, 193 6
I last saw h[illegible] alive on 7-9, 193 6; death is said to have occurred on the date stated above, at 4:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6½ mo	7-9-36
Other contributory causes of importance:	
none	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Dodwell M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Notus

AUG 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99608

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 102

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Washington Van Winkle

(a) Residence. No. Notus Idaho Box 110 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary L. Van Winkle

6. DATE OF BIRTH (month, day, and year) Aug 3 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garden Valley Idaho
(State or country)

FATHER

13. NAME George Van Winkle

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs L. A. McDowell
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Tucker Cemetery Date July 12 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 7/16 1936 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1936

22. I ~~HEREBY CERTIFY~~, That I attended deceased from July 8, 193..., to July 8, 193...

I last saw ~~him~~ ~~her~~ on July 8 193... ; death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) [redacted] M. D.

(Address) [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99609
State File No.

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 108

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Clydesa Anna Harshman

(a) Residence. No. Middleton St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: C. Harshman

6. DATE OF BIRTH (month, day, and year): July 16 1850

7. AGE: Years 86 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Samuel McClellan
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Isabella Simpson
16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Esther Parker Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Middleton Cem. Date: 7/19 1936

19. UNDERTAKER (Address): V. Peckham Caldwell Ida

20. FILED: 7/21 1936 Thos. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 16, 1936
I last saw h[illegible] alive on July 16, 1936: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular renal disease	1930
Chronic nephritis	
Chronic myocarditis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. E. Hand, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 12 1936 RECEIVED

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99610

Registration District No. ____

Primary Registration District No. 1005

Local Registrar's No. 114

(If death occurred in a hospital or institution, give its name instead of street and number) Caldwell Sanitarium

2. FULL NAME Ollena Clementine Walker. 91F

(a) Residence. No. Boswell St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Jan 28 - 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME William Gorsuch

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Martha Duncan

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. Myrtle Slocum (Address) Montpelier N. D.

18. BURIAL, CREMATION OR REMOVAL

Place Boswell Date ____ 193...

19. UNDERTAKER E. V. Leichtman (Address) Caldwell Ida

20. FILED 8/8 1936 Mary Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to July 30, 1936

I last saw her alive on July 30, 1936: death is said to have occurred on the date stated above, at 10-35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1930
Senile Dementia	
Senility	
Insanitias	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Wm B. Handford M. D.

(Address) Caldwell Idaho

Dr. Montgomery

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99611

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 113

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) No. Memorial Park Hospital

2. FULL NAME John Cross Dyer

(a) Residence. No. Route #4 Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dyer

6. DATE OF BIRTH (month, day, and year) Feb 11 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoestring (State or country) Ga

FATHER
13. NAME Marcus Dyer
14. BIRTHPLACE (city or town) Shoestring (State or country) Ga

MOTHER
15. MAIDEN NAME Clara Simpey
16. BIRTHPLACE (city or town) Charlotte (State or country) Ga

17. INFORMANT Mrs Edith Swanson (Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Neil Valley Hampton (Address)

20. FILED 8/13, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 31, 1936
I last saw h[illegible] alive on July 31, 1936: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Embolism	June 15th 36
with nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Montgomery M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Mark

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99612

AUG 13 1936 RECEIVED

Registration District No.
Primary Registration District No. 1005
Local Registrar's No. 12

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Schuster

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Schuster

6. DATE OF BIRTH (month, day, and year) Sept 16 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Topeka Kansas

FATHER
13. NAME Charles Schuster
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Mary A. Finley
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Josephine Schuster (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Riverside Cem Date Aug 2 1936

19. UNDERTAKER Emmett Undertaking Co (Address) Caldwell Ida

20. FILED 7/6 1936 Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28 1936 to July 30 1936
I last saw him alive on July 30 1936: death is said to have occurred on the date stated above, at 1-45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
with brain embolism	Embolism July 28th/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Montgomery M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99613

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 111

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Robert Ed. Simmons

(a) Residence. No. 1324 Arthur St., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Firestone Simmons

6. DATE OF BIRTH (month, day, and year) 5-21- 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stockton
(State or country) Mo.

FATHER
13. NAME John J.Simmons
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Julia Samsel
16. BIRTHPLACE (city or town) Cedar County
(State or country) Mo.

17. INFORMANT Mrs. L.E. Carter
(Address) 1324 Arthur St Caldwell

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 7-26-36 193

19. UNDERTAKER C.V.Peckham
(Address) Caldwell, Idaho

20. FILED 7/28, 1936 M Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 23, 1936
I last saw him alive on July 23, 1936: death is said to have occurred on the date stated above, at 4 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Montgomery M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

May 6

PLACE OF DEATH
County of Canyon
City of Caldwell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99614

Registration District No. 1
Local Registration District No. 1002
Local Registrar's No. 110

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frida Madora Hunt. 49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Penn.

FATHER
13. NAME Daniel Alvah Yerrington
14. BIRTHPLACE (city or town) ..... (State or country) Not Known

MOTHER
15. MAIDEN NAME Frida Post
16. BIRTHPLACE (city or town) ..... (State or country) Not Known

17. INFORMANT (Address) Harvey E. Hunt

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 7-22, 1936.

19. UNDERTAKER Wm. Graham
(Address) Caldwell Idaho.

20. FILED 7/24, 1936. Thos. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 21, 1936
I last saw her alive on July 20, 1936: death is said to have occurred on the date stated above, at 5-a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. H. Coen M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99615

AUG 12 1936 RECEIVED

Registration District No. 1
Primary Registration District No. 1002
Local Registrar's No. 109
(No. 114)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Wellen Davidson

(a) Residence. No. 7 Belmont Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 14 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Veneda Okla.
(State or country)

FATHER
13. NAME Bert Davidson
14. BIRTHPLACE (city or town) Oklahoma
(State or country)

MOTHER
15. MAIDEN NAME Ivla Price
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Bert Davidson
(Address) Caldwell. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 7-22, 1936

19. UNDERTAKER C. V. Beckham
(Address) Caldwell Ida

20. FILED 7/24, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21-1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936 to July 21, 1936
I last saw him alive on July 21, 1936; death is said to have occurred on the date stated above, at 1.00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera infantum	10 days
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) J. M. Cox M.D.
(Address) Caldwell Ida

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF [redacted]

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99616

PLACE OF DEATH

County of Canyon
City of Caldwell,

Registration District No. 1
Primary Registration District No. 1335
Local Registrar's No. 107

(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward F. Henkel

(a) Residence. No. [illegible] St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 12 1936 RECEIVED

133

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Nathalie Henkel

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1874

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	62	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer, carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gottleib Henkel,

14. BIRTHPLACE (city or town) (State or country) Germany,

MOTHER

15. MAIDEN NAME Anna Meier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daniel Henkel
(Address) King Hill, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Knowlton Heights Date 7-20., 1936.

19. UNDERTAKER Paul L. Case,
(Address)

20. FILED 7-21., 1936. J. M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4., 1936., to July 18., 1936.
I last saw him alive on July 18., 1936.; death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
operation upon	
inflamed bladder for	not known
obstruction of urine flow	

Other **contributory causes** of importance:

not known. Heart	
Sudden death occured	
possibly clot in heart from prostate	

Name of operation. Cystotomy & Date of July 8
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hans J. Fikker, M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99617

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 106

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron Reed Allen

(a) Residence. No. 1320 Albany St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

MOTHER, FATHER
13. NAME George Allen
14. BIRTHPLACE (city or town) Texas
(State or country)

15. MAIDEN NAME Ruth Boston
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT George Allen
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date July 20, 1936

19. UNDERTAKER C. E. Cockburn
(Address) Caldwell Ida

20. FILED 7/21, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 19, 1936
I last saw him alive on July 19, 1936; death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature births	July 16 '36
Congenital cardiac weakness	
Other contributory causes of importance:	
The heat	July 19 '36

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Earl Warner M. D.
(Address) Caldwell Idaho

March 7- 1936

Idaho

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. /

DO NOT WRITE IN THIS SPACE

State File No. 99618

AUG 12 1936 RECEIVED

Primary Registration District No. 1005

Local Registrar's No. 105

(No.) 1214 Blaine St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie T. Huff,

(a) Residence. No. 1214 Blaine St., St. Caldwell, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-8-1844

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
91	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrensburg, Mo.

FATHER

13. NAME Benjamin T. Huff

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elmira Thistle

16. BIRTHPLACE (city or town) (State or country) Maryland,

17. INFORMANT (Address) Mrs. L. C. Knowlton Caldwell, Idaho.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Nampa, Idaho. Date 6-15., 193 6

19. UNDERTAKER (Address) Paul L. Case Caldwell, Idaho.

20. FILED 6/17, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 193 6 to June 12, 193 6.

I last saw him alive on June 12, 193 6; death is said to have occurred on the date stated above, at 3 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1925
Endarteritis obliterans	1936
Chronic Lyocarditis	1936

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.
(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99619

AUG 12 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 1005 Local Registrar's No. 104

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Flora Lestina Hart

(a) Residence. No. Caldwell Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/3/1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Nebraska

FATHER

13. NAME Alfred M. Sotter

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Sedgwick

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Dee O. Hart

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Y.M.C.A. Cem. Date _____, 193__

19. UNDERTAKER E. V. Beckham

(Address) Caldwell Ida

20. FILED 7/18, 1936 Wilma Mountgomery

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 193 6, to 7/17, 193 6

I last saw h[illegible] alive on 7/17, 193 6: death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Uremia & Sclerosis	6
Cerebral Hemorrhage	7/14/36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) A. C. Newberry, M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

6/25

PLACE OF DEATH

County of Canyon

City of Caldwell.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99620

AUG 12 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 103

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William M White

(a) Residence. No. Caldwell, Idaho R St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 23 - 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centerville
(State or country) Iowa

FATHER

13. NAME Robert White

14. BIRTHPLACE (city or town) Marysville
(State or country) Virginia

MOTHER

15. MAIDEN NAME Mary J. Van Dyke

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Ida White
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 7-11-, 1936

19. UNDERTAKER C. A. Beckham
(Address) Caldwell, Idaho

20. FILED 8/6, 193 E. M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-25-, 1936, to 7-9-, 1936

I last saw alive on 7-9-, 1936; death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) C. E. Wheeler M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99621

Registration District No. 7

AUG 12 1936 RECEIVED

Registration District No. 1006 Local Registrar's No. 118

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Harvey Patrick

(a) Residence. No. 315 - Troy St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 10/23/56

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thos Patrick

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Patrick

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs H. Hawkins
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 7-29-, 193..

19. UNDERTAKER E. K. Robinson
(Address) Nampa Ida

20. FILED Aug 6, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/27 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to 7-22-, 1936.
I last saw him alive on 7-26-, 1936.: death is said to have occurred on the date stated above, at 5 1/2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Head and Face	8 months past

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Bell M. D.
(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99622

Registration District No. 7
Primary Registration District No. 1006 ✓ Local Registrar's No. 117

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tyler H Hostetler

(a) Residence. No. 312-8 ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug-8-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In college

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country) Kansas

FATHER

13. NAME H H Hostetler

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Ashby

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Mrs H H Hostetler
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 8-29, 193 6

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho.

20. FILED Aug 6, 193 6 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	

Other contributory causes of importance:

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W C Wells, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99623

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 120
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian Ellen Stevens

(a) Residence. No. 923 - 6th St. North St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stevens

6. DATE OF BIRTH (month, day, and year) April 19th 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska City Nebraska

FATHER
13. NAME Jacob Jones
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Anne Collier
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Joe Ferguson Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Fairlawn
Place Nampa, Ida. Date Aug 7, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida.

20. FILED Aug 7, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to Aug 4, 1936
I last saw her alive on 8-4, 1936; death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation heart	
Other contributory causes of importance:	
Myocarditis and Chronic nephritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Bilbrey, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99624

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 114
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Lark Drake

(a) Residence. No. 3/4 miles east Boumont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Drake

6. DATE OF BIRTH (month, day, and year) May 28 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Robt Milton Drake
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Lavina McGuire
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. L. R. Harrell (Address) Nampa, Ida.
18. BURIAL, CREMATION OR REMOVAL Kohlerlawn
Place Nampa, Ida Date 7-24, 1936
19. UNDERTAKER Keith Talley (Address) Nampa, Ida.
20. FILED Aug 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 22, 1936
I last saw him alive on 7-22, 1936.: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	

Other contributory causes of importance:

Cirrhosis of Kidneys (Bright's)	

Name of operation None Date of 7-22-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [redacted] M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99625

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 113

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Alison McGlasson

(a) Residence. No. Homedale, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-29-23

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burns Idaho
(State or country)

FATHER

13. NAME Conn McGlasson
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Jessie Diffenbaugh
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Conn McGlasson
(Address) Homedale Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wilder Date 7-20, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Aug 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1936, to 7-17, 1936
I last saw her alive on 7-17, 1936; death is said to have occurred on the date stated above, at 9:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflamatory Rheumatism	4-10-36

Other contributory causes of importance:

Endocarditis	
acute Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. C. Horton, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99626

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 111
(If death occurred in a hospital or institution, give its name instead of street and number) Mercy Hospital

2. FULL NAME Wellington A. Wells 90

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on R R.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT F. K. Robinson (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 7-6, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Aug. 9, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to June 30, 1936
I last saw h[illegible] alive on ....., 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensation	
Heart and Circulation	4 to
Pericardial Effusion	6 mos
Other contributory causes of importance:	
Interstitial	2 yrs
nephritis	1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Geo. W. Proctor M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99627

AUG 12 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 , Local Registrar's No. 110
(If death occurred in a hospital or institution, give its name instead of street and number) (Samaritan Hospital)

117

2. FULL NAME Cecil Van Duzer

(a) Residence. No. Kuna, Ida., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-4-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bradford (State or country) Pa

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. K. Van Duzer (Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Portland Date 7-9, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa, Idaho

20. FILED Aug 3, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936 to July 7, 1936
I last saw him alive on 7/7, 1936 death is said to have occurred on the date stated above, at 4A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance: Ruptured appendix.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Holt M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99628

Registration District No. 7

AUG 12 1936 RECEIVED

Registrar's Registration District No. 2006 Local Register's No. 119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Letha Clarinda Nelson 90

(a) Residence. No. Rt 5 Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth Nelson

6. DATE OF BIRTH (month, day, and year) 1-21-80

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
36	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Dover

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Pruitt

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Kenneth Nelson (Address) Nampa Ida #5

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 8-4-, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED Aug 6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 31, 1936
I last saw her alive on July 31, 1936: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Uterine Regurgitation — Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W C Roth, M. D.
(Address) Nampa, Ida

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99623

Registration District No. 82

AUG 3 1936 RECEIVED

Registration District No. 2159 Local Registrar's No. 34

(No. 135)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James R. ~~Thomas~~ Hughes

(a) Residence. No. Malad, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Jenkens Hughes

6. DATE OF BIRTH (month, day and year) 12/27/76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 7/27/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Samaria, Idaho

MOTHER/FATHER

13. NAME Gomer Hughs

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER/FATHER

15. MAIDEN NAME Jane Roberts

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Jenkens Hughes
(Address) Malad, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Malad, Idaho Date 7-31, 1936

19. UNDERTAKER Guy Benson
(Address) Malad, Idaho

20. FILED 7-31, 1936. Dr Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/31/36 193

22. I HEREBY CERTIFY, That I attended deceased from 7/25/36, 193..., to 7/31/36 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxic Heart, followin	
Prostratic Infection	
Other **contributory causes** of importance:	
None	

Name of operation Trans-Urethreal Prostratic Resection Date of Cystoscope
What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Ellis Eckley M. D.
(Address) Soda Springs, Idaho

OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of [redacted]

City of Soda Springs, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99630

AUG 3 1936 RECEIVED

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 31

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Joseph Christensen

(a) Residence. No. Thayne, Wyoming St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Two days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, and year) April 26th, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Charles, Idaho

FATHER

13. NAME Neils Christensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Caroline Neilsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Joseph W. Christensen
(Address) Thayne, Wyoming

18. BURIAL, CREMATION OR REMOVAL
Place Grover, Wyoming Date 7/14/36 193...

19. UNDERTAKER E. S. Whitman
(Address) Soda Springs, Idaho.

20. FILED 7/11/36 193... Dr. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/10/36 193...

22. I HEREBY CERTIFY, That I attended deceased from 7/9/36, 193..., to 7/10/36, 193...
I last saw him alive on 7/10/36, 193...: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	
Other contributory causes of importance: Prostratic Hypertrophy	

Name of operation O Date of
What test confirmed diagnosis? Benedicts Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs, Idaho

AUG 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99631

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 32

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GUY JOSEPH HOLDEN

(a) Residence. No. Soda Springs, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 20th, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	3	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bailey Creek, Ida.

FATHER
13. NAME David Thomas Holden
14. BIRTHPLACE (city or town) (State or country) Franklin, Ida

MOTHER
15. MAIDEN NAME Lena V. Joseph
16. BIRTHPLACE (city or town) (State or country) Ogden, Utah

17. INFORMANT Roland Holden
(Address) Swanlake, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Soda Springs Date 7/30/36 193..

19. UNDERTAKER Ida L. Whitman
(Address) Soda Springs, Idaho

20. FILED 7/29/36 193.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28/36 193

22. I HEREBY CERTIFY, That I attended deceased from 7/28/36, 193.., to 7/28/36, 193.. I last saw him alive on 7/28/36, 193..: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
He was dead in the truck when I saw him, from the history, he had swallowed some kind of poison, do not know whether it was accidental or not.	
Other contributory causes of importance: None	

Name of operation 0 Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following: do not know
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribu.

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99632

AUG 3 1936 RECEIVED

Registration District No. 82

Registration District No. 2159 Local Registrar's No. 32

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Corrigan

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas J. Corrigan

6. DATE OF BIRTH (month, day and year) March 19, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portage
(State or country) Utah.

FATHER

13. NAME Dr. William H. Anderson

14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Alice Allen

16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT J. F. Corrigan
(Address) Soda Springs, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs, Ida. Date 7/30, 1936

19. UNDERTAKER O. S. Whitmarsh
(Address) Soda Springs, Ida.

20. FILED 7/29/36, 193... By Russell Ingst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany. 1st, 1906, to 7/28/1936, 193..
I last saw her alive on 7/28/1936, 193...: death is said to have occurred on the date stated above, at 9.10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Careberal Hemorrhage	
Other contributory causes of importance: High Blood Pressure	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99633

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 71

AUG 11 1936 RECEIVED

117

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmore Lloyd Pike

(a) Residence. No. Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmore Lloyd Pike

6. DATE OF BIRTH (month, day, and year) May 15 - 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agriculturist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Breckinridge Colorado

FATHER

13. NAME G. A. Pike

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Amanda Stephenson

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Elmore Lloyd Pike Burley Ida

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 7-8, 1936

19. UNDERTAKER (Address) Jos. A. Squires Burley Ida

20. FILED 7-27, 1936 Laura D. Speckes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to July 4, 1936

I last saw him alive on July 4, 1936: death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lemeral Peritonitis	June 27
Other contributory causes of importance:	
Acute Appendicitis	June 27

Name of operation Appendectomy Date of June 27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh E. Dean, M. D.

(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

DO NOT WRITE IN THIS SPACE
State File No. 99634

AUG 11 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Searle

(a) Residence. No. Burley Idaho R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 22 1922
7. AGE: Years 14 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1936
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Burley Idaho

FATHER
13. NAME: Joseph Edwin Searle
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Mary Moffett
16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT (Address): Joseph Edwin Searle Burley Idaho
18. BURIAL, CREMATION OR REMOVAL: Burley View Cem. Ass'n Date 6/14 1936
19. UNDERTAKER (Address): L. E. Johnson Burley Idaho
20. FILED 6/13/ 1936 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 6/12 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-17-, 1936., to 6-12-, 1936.
I last saw her alive on 3-17, 1936.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... , M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99635

Registration District No. 119

AUG 7 1936 RECEIVED

Primary Registration District No. 2148 Local Registrar's No.

(No.) 44
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin A. Miller

(a) Residence. No. Albion Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Verdie Rutledge Miller
6. DATE OF BIRTH (month, day, and year): Dec. 31-1879
7. AGE: Years 56 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 12/23/35
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Perry Co. Penn.

FATHER
13. NAME: Phillip Miller
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Sara Bird
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): Mrs. Verdie R. Miller Albion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Albion Cdg. Date: 7/19, 1936

19. UNDERTAKER (Address): R. E. Johnson Burley Idaho

20. FILED: 7/18/, 1936 C. I. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1935 to July 16, 1936. I last saw him alive on July 16 1936.: death is said to have occurred on the date stated above, at 8:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Hemorrhage	1934
Other **contributory causes** of importance:	
Ulcer of Stomach	1932

Name of operation: Gastric Date of: 12/23/35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) C. I. Slater M. D.
(Address) Albion Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cleafwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 99636

Registration District No.
Primary Registration District No. 2187
(No. 1) Orofino Hosp
Local Registrar's No. 58

(If death occurred in a hospital or institution, give its name instead of street and number) 702

2. FULL NAME Jimmie Boller

(a) Residence. No. St. Kooskia Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 20-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blister Rust
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kooskia
(State or country)

FATHER
13. NAME F. J. Boller
14. BIRTHPLACE (city or town) Sweeden
(State or country)

MOTHER
15. MAIDEN NAME Ella Crook
16. BIRTHPLACE (city or town) Neb
(State or country)

17. INFORMANT F. J. Boller
(Address) Kooskia

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date July 3, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 7-2-, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to July 1, 1936.
I last saw him alive on July 1, 1936. death is said to have occurred on the date stated above, at 4. p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion intestine	6/27/36
Peritonitis	6/28/36
Other contributory causes of importance:	
Gangrene intestine	6/29/36

Name of operation Laparotomy Date of 6/30/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/27/36
Where did injury occur? Clearwater County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Leaning against truck
Nature of injury Contusion intestine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. J. Hopkins M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater,
City of Orem

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99637

Registration District No. 96
Primary Registration District No. 2187 Local Registrar's No. 89
(No.)
AUG 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matthew Maksymowicz

(a) Residence. No. 2438 N. Washtenaw St., Chicago, Ill. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civilian Conservation Corps.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) May, 1936

11. Total time (years) spent in this occupation 1-10/12 Yr.

12. BIRTHPLACE (city or town) Chicago,
(State or country) Illinois

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Official Records, CCC,
(Address) Lewiston, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Chicago, Illinois Date May 27, 1936

19. UNDERTAKER Brower-Wann Funeral Home
(Address) Lewiston, Idaho.

20. FILED 7-9, 1936 Vlad Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from - - , 193-, to - - , 193-
I last saw h- alive on - - , 193-: death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning, accidental	May 27, 1936
Other contributory causes of importance:	

Name of operation - - Date of -
What test confirmed diagnosis? - Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 5/27 1936
Where did injury occur? Clearwater County, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Slipped from cliff, fell in River
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Marcus Kelly, M. D.
(Address) Hq. CCC, Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99638

Registrar's District No. 90
Primary Registration District No. 2187
Local Registrar's No. 90

Aug 4 1936

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charls Fredrick Shine

1612

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino Ida
(State or country)

FATHER
13. NAME Frank Shine
14. BIRTHPLACE (city or town) Oreg
(State or country)

MOTHER
15. MAIDEN NAME Mary Nelson
16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT Frank Shine
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date July 11, 193...

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 7-11, 1936 L Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from only saw him June 21 + 22, 193...
I last saw him alive on June 22, 1936; death is said to have occurred on the date stated above, at 6.A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Premature (?)	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193...
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Johnston M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
90

DO NOT WRITE IN THIS SPACE
State File No. 99639

Registration District No.
Primary Registration District No. 2187
Local Registrar's No. 92

AUG 4 1936 RECEIVED

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Hopkins

(a) Residence. No. St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 76			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Orofino Hosp
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date July 12, 1936

19. UNDERTAKER W.A. Shaw Orofino
(Address)

20. FILED 7-12, 1936 W A Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to July 11, 1936
I last saw h[illegible] alive on July 11, 1936: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Carcinoma bladder	March 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. S. Hopkins, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater.
City of Orofino, Teakean.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99640

Registration District No. 90
AUG 4 1936 RECEIVED
Primary Registration District No. 2157 Local Registrar's No. 93
(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 31

2. FULL NAME Clarence M. Herring
(a) Residence. No. St. Teakean Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21-1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teakean Idaho

FATHER
13. NAME Orville Herring
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Carrie Hetzel
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Elbert Herring (Address) Teakean

18. BURIAL, CREMATION OR REMOVAL
Place Teakean Idaho Date July 11, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 7-12, 1936 L. A. Olsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to July 10, 1936
I last saw him alive on July 10, 1936: death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	unknown
Pulmonary and Intestinal	
Other contributory causes of importance:	
Confined to Insane Hosp - 2 yrs -	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. H. Hartigan, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99641

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 94
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME R. C. Watt

(a) Residence. No. (Usual place of abode) St. Council - Idaho. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 21, ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Abt. 60-65 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer Teacher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unascertained
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date July 29, 1936

19. UNDERTAKER F. A. Billbera, Hosp. Supt. (Address) Orofino - Idaho.

20. FILED 7-29, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1935, to July 28, 1936
I last saw him alive on July 28, 1936: death is said to have occurred on the date stated above, at 11.30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arterio sclerosis	
Other **contributory causes** of importance: Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) John Stowe McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99642

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 91

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard W. Dillon

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blister Rust
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME James Dillon
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) E.R. Schmidt, Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date July 16 1936

19. UNDERTAKER (Address) W.A. Shaw, Orofino

20. FILED 7-11 1936 W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at 4.15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart upon Examination due to	
Crushing injury to left chest with internal hemorrhage	7-11-36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-11 1936
Where did injury occur? Clearwater County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto accident
Nature of injury Crushing injury to chest

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) A.B. Pappenhagen, M. D.
(Address) Orofino Idaho

AUG 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 99643

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Custer
City of Clayton

Registration District No. 108
Primary Registration District No. 2186
Local Registrar's No. 219
(No. 182)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gladys Naomi Giampedraglia
(a) Residence. No. Clayton, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Paul Giampedraglia

6. DATE OF BIRTH (month, day and year) December 29, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	7 mos	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Neosho, Missouri
(State or country)

PARENTS

10. NAME OF FATHER Newton Cobble
11. BIRTHPLACE OF FATHER (city or town) Tennessee
(State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

14. Informant Paul Giampedraglia
(Address) Challis, Idaho

15. Filed July 30, 1936. Elsa McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 26 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at 5:00 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Asphyxiation, accidental, from drowning in Salmon River
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) None
(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? N D Date of
Was there an autopsy? N C
What test confirmed diagnosis?
(Signed) James W. Creed, 1st Lt, Med Res, M. D.
....., 19..... (Address) CCC Camp F-95 Bruneau, Idaho

19. Place of Burial, Cremation, or Removal: Challis Cemetery — Date of Burial: July 29 1936
20. Undertaker: Manuel Funeral Home - W. E. Manuel in charge — Address: Arco

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
PHYSICIAN

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99644

AUG 17 1936 RECEIVED

Registration District No. 18
Primary Registration District No. 2186 Local Registrar's No. 218

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Walton Lee

(a) Residence. No. Challis, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91 f

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jobber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Horse race track

10. Date deceased last worked at this occupation (mo. and yr.) 1922

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Covington, Ky.

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Julia Walton Loveland

16. BIRTHPLACE (city or town) (State or country) London, England

17. INFORMANT (Address) Mrs. Rita Siehe Challis, Idaho (niece)

18. BURIAL, CREMATION OR REMOVAL
Place. Challis, Idaho Date. July 26 1936

19. UNDERTAKER Charles Doebler
(Address) Salmon, Idaho

20. FILED July 26 1936 Edna M. Pinney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936. to July 23, 1936.
I last saw h. alive on July 23, 1936.: death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
arteriosclerotic gangrene	July 14, 1936
Other **contributory causes** of importance:	
Cancer of stomach	1934

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Everett Weis 1st Lt. med. Res., M. D.
(Address) Challis, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Custer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99645

Registration District No. 108

JUL 14 1936 RECEIVED

Primary Registration District No. 2186 Local Registrar's No. 214

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Peter Petterson

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7 1881

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Mich.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .... (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) .... (State or country) "

17. INFORMANT Erik Burtedt
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Challis Ida Date June 24 1936

19. UNDERTAKER Manuel & Co Ida.
(Address)

20. FILED June 23, 1936 Elmer M. McKinney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
Heart trouble	.....
.....	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Erik Burtedt Coroner C.D.

(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99646

PLACE OF DEATH
County of Elmore
City of Glenns Ferry
Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 18

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

1880

2. FULL NAME Unknown

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMENT (Address) Phylo F. Green Glenns Ferry Ida.

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~ Place Mtg. Home Date 8-2, 1936

19. UNDERTAKER Packer Funeral Home (Address) Mountain Home - Ida

20. FILED Aug 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-29, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..... , 193 , to ..... , 193 .

I last saw h alive on ..... , 193 : death is said to have occurred on the date stated above, at 6.25 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Run over by freight Train 3½ mi E Kuna Ida	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-29, 1936

Where did injury occur? On East Main O.S.L.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Phylo F. Green Coroner

(Address) Glenns Ferry, Ida.

MARGIN RESERVED FOR BINDING

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mtn. Home

AUG 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99647

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 15

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilbur R. Munson

(a) Residence. No. ..... St. Mtn. Home Ida.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Matie Munson.

6. DATE OF BIRTH (month, day, and year) 3-11-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1-15-32

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER

13. NAME Alvin Munson

14. BIRTHPLACE (city or town) Tennessee
(State or country)

MOTHER

15. MAIDEN NAME Cornelia Woods

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT Matie Munson
(Address) Mountain Home Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mtn Home Date 6-21, 1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mtn. Home Ida

20. FILED 8/12, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-17 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to 6-17-36, 1936

I last saw him alive on 6-17-, 1936: death is said to have occurred on the date stated above, at 11:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	April 1932
Other contributory causes of importance:	
Enlarged Prostate	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore.

City of Mtn. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99648

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 17

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie L. Reed.

(a) Residence. No. Mountain Home St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mae Reed.

6. DATE OF BIRTH (month, day, and year) 10-9-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	9	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 7-28-36

11. Total time (years) spent in this occupation Lifetime.

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho.

FATHER

13. NAME Geo. D. Reed.

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Ora Cannon Mtn. Home. Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Mtn. Home. Date 8-1, 1936

19. UNDERTAKER (Address) Zachary Funeral Home Mtn. Home. Ida.

20. FILED Aug 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1936, to 7-28-, 1936.

I last saw ~~him~~ alive on 7-21-, 1936.: death is said to have occurred on the date stated above, at 6. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	7-28-36
Other contributory causes of importance:	
Myocarditis	2-10-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. E. Lewis M. D.

(Address) Mtn. Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99649

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 2

(No. General Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Parley Sherman Shumkley. 740

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ..... How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 12 1936 RECEIVED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Preston Ida.
(State or country)

FATHER
13. NAME Parley L. Shumkley
14. BIRTHPLACE (city or town) Franklin Ida.
(State or country)

MOTHER
15. MAIDEN NAME Ruby Williams
16. BIRTHPLACE (city or town) Weston Idaho.
(State or country)

17. INFORMENT Parley L. Shumkley. Franklin Ida.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Franklin Ida. Date 7-3, 1936

19. UNDERTAKER L. L. Johnson Preston Ida.
(Address)

20. FILED Aug 6, 1936 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 2, 1936
I last saw h[illegible] alive on July 2, 1936: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2, 1936

Other contributory causes of importance:

Difficult Instrument	
Lethargy for Seven days	
& Complete Coma	
Mother had Nephritis	6-2-36

Name of operation ..... Date of .....
What test confirmed diagnosis? PM. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....
(Signed) O. K. Cutler, M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99650

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 4

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Corbridge

(a) Residence. No. Preston Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 12 1936 RECEIVED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 12 1842

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	94	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). England (State or country)

MOTHER/FATHER

13. NAME William Corbridge

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Ellen Parker

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Lorin Corbridge (Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Franklin Id. Date July 21 193 36

19. UNDERTAKER M.W Hendricks (Address) Preston Idaho

20. FILED Aug 8, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18-36

22. I HEREBY CERTIFY, That I attended deceased from 7-16-36, 193..., to 7-18-36, 193...

I last saw him alive on 7-17-36, 193...: death is said to have occurred on the date stated above, at 11 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	7-14-36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible] M. D.

(Address) [illegible] Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99651

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 3

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret H. Hall

(a) Residence. No. Preston Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

AUG 12 1936 RECEIVED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mona

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER, FATHER

13. NAME John Hill

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Marguret Brice

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT M. Roy Hall
(Address) Franklin John Fairview Id.

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Id. Date July 22 36, 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Aug 8, 193 6 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 193 6, to July 19, 193 6.

I last saw her alive on July 19, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Gall bladder	
and Perforated Gall Stone	
attack followed by	
Peritonitis	
Other **contributory causes** of importance:	
General debility from	
age.	

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify. ....

(Signed) G. W. Staley M. D.

(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99652

Registration District No. 27

Primary Registration District No. 2109 Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Wealthea Minnie Wilson

(a) Residence. No. Thornton Idaho St. ....
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where [illegible] yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 12 1936 RECEIVED

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Harry Wilson

6. DATE OF BIRTH (month, day, and year) Dec 18 1898

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
37	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ogden Utah
(State or country)

FATHER

13. NAME Lewis C. Atwood

14. BIRTHPLACE (city or town) Conn.
(State or country)

MOTHER

15. MAIDEN NAME Minnie Kintz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Thomas H Wilson
(Address) Thornton Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Thornton Idaho Date July5 36, 193..

19. UNDERTAKER M.W.Hendricks
(Address) Preston Idaho

20. FILED Aug 8, 1936 G.O. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1936, to 7-4, 1936.
I last saw her alive on 7-4, 1936; death is said to have occurred on the date stated above, at 5 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basil Fracture of Skull	7-4-36
Fracture Mandible	
Fracture of Humerus	
Other **contributory causes** of importance:	
Automobile Accident	7-4-36

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury .., 193.
Where did injury occur? Franklin & Ft. Way
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) [illegible], M. D.
(Address) ....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99653

Registration District No. 27
Primary Registration District No. 2719
Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernon S. Atkinson

(a) Residence. No. ..... St. .....
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 12 1936 RECEIVED

186C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Donna Atkinson

6. DATE OF BIRTH (month, day and year) Feb 29 1908

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
28	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** road work

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dayton Idaho

FATHER

13. NAME Samuel Atkinson

14. BIRTHPLACE (city or town) (State or country) Dayton Idaho

MOTHER

15. MAIDEN NAME Martha Phillips

16. BIRTHPLACE (city or town) (State or country) Dayton Idaho

17. INFORMANT Samuel Atkinson
(Address) Dayton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dayton Id. Date July 31 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Aug 8, 1936 G. W. Stoker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28-36 8:30P.M. 1936, to 7-29-36, 1936.
I last saw him alive on 7-29, 1936.; death is said to have occurred on the date stated above, at 2:30A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coma Jaguary	7-28-36
Hemorrage	
Shock	
Other **contributory causes** of importance:	

Name of operation Emergency Treatment Date of 7-28
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-28-36
Where did injury occur? Franklin County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. State highway 1 mi. West of Preston
Manner of injury Automobile Accident
Nature of injury Multicle lacerations of throat and face

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Ronald Smyth M. D.
(Address) 175 Oneida St, Preston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

AUG 13 1936 RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99654

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 233

(No. St Anthony, Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME Breatrice Lydia Gilbertson Jensen

(a) Residence. No. Rexburg, Rt. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nephi Gilbert Jensen

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1905

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	30	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rembrandt, (State or country) Iowa

FATHER

13. NAME Gilbert Olaf Gilbertson

14. BIRTHPLACE (city or town) Rembrandt, (State or country) Iowa

MOTHER

15. MAIDEN NAME Anna Marie Nielsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Gilbert Jensen (Address) Rexburg, Rt. 2

18. BURIAL, CREMATION OR REMOVAL Place... Rexburg, Idaho Date... 7/20, 193 6

19. UNDERTAKER Fearnon Co (Address) Rexburg, Idaho

20. FILED Aug. 13, 193 6 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 15 193 6, to July 15, 193...

I last saw her alive on 7/15, 193 6; death is said to have occurred on the date stated above, at 9:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Schock from Hemorrhage	
Placenta Praevia	
Other **contributory causes** of importance:	

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury. None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. A. Allison M. D.

(Address) St. Anthony Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St Anthony

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 277

DO NOT WRITE IN THIS SPACE

State File No. 99655

Local Registrar's No. 934

(No. St Anthony General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Juell Hans Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony
(State or country) Idaho

MOTHER FATHER

13. NAME Nephi Gilbert Jensen

14. BIRTHPLACE (city or town) Salem,
(State or country) Idaho

15. MAIDEN NAME Beatrice Lydia Gilbertson

16. BIRTHPLACE (city or town) Rembrandt
(State or country) Iowa

17. INFORMANT Gilbert Jensen
(Address) Rexburg Rt. 2

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 7/20, 1936

19. UNDERTAKER
(Address) Rexburg, Idaho

20. FILED Aug., 1936 Sarah B. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936, to Only ....., 193....
I last saw him alive on 7/15, 1936; death is said to have occurred on the date stated above, at 11:55 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth (6½ months)	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Allison M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Chesler

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99656

AUG 13 1936 RECEIVED

Registration District No. 2177

Primary Registration District No. 99

Local Registrar's No. 235

No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lynn Ward Seeley

(a) Residence. No. Chesler Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 30-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baden Utah

FATHER

13. NAME Joseph H. Seeley

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

MOTHER

15. MAIDEN NAME Blodwin Williams

16. BIRTHPLACE (city or town) (State or country) Benson Utah

17. INFORMANT (Address) Mrs. Joseph H. Seeley Chesler Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Chesler ..... Date. 5/2.., 1936

19. UNDERTAKER W. McKinnon
(Address) St. Anthony Idaho

20. FILED Aug..., 1936 Sarah B. Munk... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1st Call ..., 193.., to After death ..., 193.6.

I last saw h/m alive on dead ..., 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Convulsions	
Probably invasion of Lobar Pneumonia	5-30-36
Other contributory causes of importance:	
Measles	5-20-36

Name of operation none Date of.....

What test confirmed diagnosis? symptoms Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify .....

6/6/36 (Signed) Lorin A. Tuck M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99657

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 236

(No. 1889)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Thompson

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

FATHER

13. NAME Harry Mal- Thompson
14. BIRTHPLACE (city or town) St. Anthony Idaho
(State or country)

MOTHER

15. MAIDEN NAME Rose Dirks
16. BIRTHPLACE (city or town) Swissvale Utah
(State or country)

17. INFORMANT Mrs Rose Thompson
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nielford Date 7/10, 1936

19. UNDERTAKER W. M. Hancock
(Address) St. Anthony Idaho

20. FILED Aug, 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/8, 1936, to 7/8, 1936
I last saw him alive on 7/8, 1936; death is said to have occurred on the date stated above, at 2.30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture &	
Brain hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/8 1936
Where did injury occur? St. Anthony, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Accident, fell on ground from
Nature of injury Severe fall

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farmer.
(Signed) W. M. Hancock M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99658

AUG 13 1936 RECEIVED

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 287

(No. 143(a))
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lettie Rose Hiatt

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Wm E. Hiatt

6. DATE OF BIRTH (month, day, and year) April 1 - 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Napoleon Idaho

FATHER
13. NAME Moore Rose
14. BIRTHPLACE (city or town) (State or country) North Ogden Utah

MOTHER
15. MAIDEN NAME Eliza Perrin
16. BIRTHPLACE (city or town) (State or country) Eden Utah

17. INFORMANT (Address) Mrs E. Hiatt St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date 7/10, 1936

19. UNDERTAKER H. M. Hawkins
(Address) St. Anthony Idaho

20. FILED Aug 9, 1936 Sarah B Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1936, to 7/7, 1936
I last saw h~~e~~r alive on 7/7, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Miscarriage	
Other contributory causes of importance: Anemia.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes or No. If yes, specify .....

(Signed) W. W. Worrall, M.D.
(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Parker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99659

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 239

AUG 13 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Soames Jackson Rudd

(a) Residence. No. Parker St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 42 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ira Eugene Rudd

6. DATE OF BIRTH (month, day, and year) January 29th, 1894

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
42	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** home
10. Date deceased last worked at this occupation (mo. and yr.) Jul. 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Avon, (State or country) Cache Co., Utah

FATHER
13. NAME Henry W. Jackson
14. BIRTHPLACE (city or town) Kanesville (State or country) Iowa

MOTHER
15. MAIDEN NAME Mary Soames Montierth
16. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Jul. 8 1936

19. UNDERTAKER .....
(Address) St. Anthony.

20. FILED Aug 9..., 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/5 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1936, to 7/5, 1936.
I last saw h[illegible] alive on 7/5, 1936: death is said to have occurred on the date stated above, at 1205 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, Suicide, or Homicide? .... Date of injury 7/3, 1936
Where did injury occur? Home.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Fractured base
Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Hillegrell M. D.
(Address) St. Anthony, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99660

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 240

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

204

2. FULL NAME Mrs. Mae Welborn

(a) Residence. No. Lake Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT W. E. Engel
(Address) Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverview Date 6/20, 1936

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED Aug., 1936 Sarah B. Shunk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6 17 36, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
Never saw him alive
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Died from Heart disease or Cerebral Hemorrhage.	
Found dead.	
No post Mortem	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. M. Hanson, M. D.

(Address) St. Anthony, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99661

Registration District No. 6

AUG 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gustav Adolph Gross

(a) Residence. No. Emmett, Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 9 mos. ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

135

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gross

6. DATE OF BIRTH (month, day, and year) August 10, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) Sept 1930

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Saxony Germany

FATHER

13. NAME Julius Gross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT X Annie Gross (Address)

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date July 18 1936

19. UNDERTAKER C D Buckham (Address) Emmett, Ida

20. FILED July 18, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to July 16, 1936

I last saw him alive on July 15, 1936; death is said to have occurred on the date stated above, at 4:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute anuria	July 15/36
Prostatic metastasis	Years ago
Retention & uremia	
Other contributory causes of importance:	
Broad all cancer	Aug 1935
1 Left cheek	

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H H Carver, M. D.

(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Ola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99662

Registration District No. 6
AUG 5 1936 Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Bruce Tackett 18 W

(a) Residence. No. ..... St. Ola, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER

13. NAME William Monroe Tackett
14. BIRTHPLACE (city or town) (State or country) Kearney Nebraska

MOTHER

15. MAIDEN NAME Elizabeth Roberts
16. BIRTHPLACE (city or town) (State or country) Burley Idaho

17. INFORMANT Mrs W M Tackett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place July 21 Emmett Date July 21, 1936

19. UNDERTAKER C D Buckner
(Address) Emmett, Ida

20. FILED July 20, 1936 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C D Buckner M. D. Coroner
(Address) Emmett, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99663

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

AUG 5 1936 RECEIVED

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Etta Jensen 92

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Wht
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Loren Jensen

6. DATE OF BIRTH (month, day, and year): July 5 1869

7. AGE: Years 66 | Months 11 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): 1930
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Mapleton Maine

FATHER

13. NAME: Bowers W. Burgess
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER

15. MAIDEN NAME: Elizabeth J. Brown
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): Mrs. Jensen Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Date: 7/8, 1936

19. UNDERTAKER: O. D. Buckmaster
(Address): Emmett Idaho

20. FILED: 7/7, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193__, to July 5, 1936
I last saw h__ alive on July 4th, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Thrombosis	

Other contributory causes of importance:

Hyperthyroidism Apoplexia	
Cholesterosis	

Name of operation: none Date of: ____
What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. L. Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99664

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

AUG 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gottlieb G Mouch

(a) Residence. No. ____ Emmett, Ida St. ____
(Usual place of abode) Not known (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Not known

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katrina Mouch

6. DATE OF BIRTH (month, day, and year) May 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
68	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Oddessa Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Boise G. Riggs (Address) Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL Place Emmett, Ida Date July 17, 1936

19. UNDERTAKER C D Buckner (Address) Emmett, Ida

20. FILED Aug 4, 1936 J K Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...

I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Richard Sutton, M. D.

(Address) acting Coroner

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2018
File No. 99666
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for below specifying information.

AUG 4 1936 RECEIVED

(No. ....., ... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. USUAL RESIDENCE (Where deceased lived) NAME Wm Roy Elrod

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M	White	Married

6. DATE OF BIRTH: Nov (Month) 16 (Day) 1888 (Year)

7. AGE: 47 Yrs. 8 Mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrical engineer.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Ira Elrod

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Carrie Davis

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W.R. Elrod
(Address) Hagerman Ida

15. Filed 8-4 1936 E. L. Simonton Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

117

16. DATE OF DEATH: Aug (Month) 3 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1936 to Aug 3 1936
that I last saw h[illegible] alive on Aug 3 1936
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Peritonitis. Complicating. Ruptured appendix.
(Duration) ..... Yrs. ..... mos. 3 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Simonton M. D.
8-4 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1½ days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence Hagerman Ida

19. PLACE OF BURIAL OR REMOVAL: Hagerman — DATE OF BURIAL: 8-5 1936.

20. UNDERTAKER: Jos Payne — ADDRESS: Buhler Ida

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2018
File No. 99667
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
(No. , St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

If death occurred outside the limits of usual residence, give also the length of time decedent had been a resident of the place where death occurred. If transient or recent resident, write "transient" or "recent" before the information.

AUG 7 1936 RECEIVED

2. FULL NAME Alice Mae Von Weller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	W	Married

6. DATE OF BIRTH: April (Month) 22 (Day) 1882 (Year)

7. AGE: 54 Yrs. 1 Mos. 20 ds. — IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Dixon Illinois

10. NAME OF FATHER: Emory N. Davis

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: ~~Edna~~ Unman

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Von Weller
(Address) Wendell, Ida

15. Filed June 11 1936 — E. L. Simonton, Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 11 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to June 11 1936
that I last saw her alive on June 8 1936
and that death occurred on the date stated above, at 11 AM.
The CAUSE OF DEATH* was as follows:
Carcinoma of rectum

(Duration) 1 Yrs. 6 mos. 6 ds.
Contributory (Secondary) Hemorrhage
(Duration) yrs. mos. 6 ds.

(Signed) W. A. Burkey M. D.
June 11 1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Wendell, Ida — DATE OF BURIAL ... 19...

20. UNDERTAKER: Thompson — ADDRESS: Gooding, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99668

Local Registrar's No. 679

AUG 12 1936 RECEIVED

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susanna Wood Passey

(a) Residence. No. Wendell Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. R. Passey.

6. DATE OF BIRTH (month, day, and year) Dec 15-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bear Lake Idaho

FATHER
13. NAME Fredrick H. Wood
14. BIRTHPLACE (city or town) (State or country) Ovid Idaho

MOTHER
15. MAIDEN NAME Isabell Kemp.
16. BIRTHPLACE (city or town) (State or country) Liberty Idaho

17. INFORMENT (Address) Ray Wood,

18. BURIAL, CREMATION, OR REMOVAL Place Bear Lake Ida. Date , 193

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED Aug 31, 1936 J. H. Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193 ....

I last saw h.... alive on ....., 193 ....: death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	

Other contributory causes of importance:

Colon Cancer	
Heart Exhaustion	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. E. Manuel Coroner

(Address) Rockland Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99669

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 280

AUG 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1887

2. FULL NAME Byron Calvin Garrell

(a) Residence. No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Garrell

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm work

10. Date deceased last worked at this occupation (month and year) Aug. 1, 1936

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Rocky Ford Colorado

FATHER

13. NAME Daniel Byron Garrell

14. BIRTHPLACE (city or town) (State or country) Oak Grove Missouri

MOTHER

15. MAIDEN NAME Nellie Pearl Garrell

16. BIRTHPLACE (city or town) (State or country) Lawn Ridge Missouri

17. INFORMENT (Address) Gooding, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Gooding, Ida. Date Aug. 5, 1936

19. UNDERTAKER (Address) Thompson Gooding Idaho

20. FILED 8-31-, 1936 J H Cornwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug 2, 1936

I last saw him alive on Aug 2, 1936; death is said to have occurred on the date stated above, at 9 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical spine, at 2, 3, & 4 vertebrae with forward dislocation of 4th vertebrae & cutting in two of spinal cord	8-1-36

Other contributory causes of importance:

Name of operation Laminectomy Date of 8-2-36

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8-2, 1936

Where did injury occur? on farm north of Gooding
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In barn

Manner of injury wind blew barn down & he was struck by timbers

Nature of injury fracture of spine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Cornwell, M. D.

(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99670

PLACE OF DEATH
County of Gooding
City of Gooding
Registration District No. 24
Primary Registration District No.
Local Registrar's No. 628

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edna Flynn

(a) Residence. No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

144

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude Flynn

6. DATE OF BIRTH (month, day, and year) Oct 23 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yankton Oregon

FATHER
13. NAME A. George Downey
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME Eva Kale
16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMENT (Address) Etta Bess Gooding Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Gooding Ida Date July 16, 1936

19. UNDERTAKER A. E. Thompson
(Address) Gooding Idaho

20. FILED July 31 61, 1936 J. H. Cranmell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1936 to 7-14, 1936
I last saw her alive on 6-14, 1936 death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Child birth	7-14 4:30 A.M.

Other contributory causes of importance:
Placenta Praevia - 7-14
Hemorrhage - Pre-eclamptic toxemia 6-29-36
Ovarian tumor - Edema
(8 mi in lia) Shock
Name of operation Version & extraction Date of 7-14
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Cranmell, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH.

County of Gooding

City of Gooding

AUG 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 24

DO NOT WRITE IN THIS SPACE
State File No. 99671

Local Registrar's No. 674

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Anna Bahr

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Peter J Bahr

6. DATE OF BIRTH (month, day and year): March 3 1852

7. AGE — Years: 84 — Months: 4 — Days: 1 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Malma Sweden

FATHER

13. NAME: Anna Bahr

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Anna J Ohness

16. BIRTHPLACE (city or town) (State or country): Malma Sweden

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL
Place..... Date....., 193..

19. UNDERTAKER (Address): A. E. Thompson

20. FILED 8-3, 1936 J. A. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 193.6., to 7-4, 193.6.
I last saw her alive on 7-3, 193.6: death is said to have occurred on the date stated above, at 10 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6-26-36
Hypertension	?
Auricular Fibrillation	7-1-36
Arteriosclerosis	

Other **contributory causes** of importance:

Asthma	1910
Hay Fever	1910

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Gooding, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99672

Registration District No.

AUG 12 1936 RECEIVED

Registration District No. 24 Local Registrar's No. 675

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara E. Brown

(a) Residence. No. Gooding Rt. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

96

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec. 15 1866

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Miles, Iowa

FATHER

13. NAME: Andrew Brown

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Elizabeth Stumbaugh

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Will Kenny

18. BURIAL, CREMATION OR REMOVAL
Place: Removal to Iowa Date: 7/8, 1936

19. UNDERTAKER (Address): A. E. Hoagland

20. FILED: 8-31, 1936 J. P. Hammond
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1936, to 7/6, 1936.

I last saw h[illegible] alive on 7/4, 1936; death is said to have occurred on the date stated above, at 1 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholemia	March 1936

Other **contributory causes** of importance:

cholecystitis	
Infection	

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hammond, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99673

AUG 12 1936 RECEIVED

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 677

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Viola Josephine Moore

(a) Residence. No. Gooding St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ezra D. Moore

6. DATE OF BIRTH (month, day, and year) Oct 14, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER
13. NAME Penney
14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER
15. MAIDEN NAME Ralston
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Lew Moore
(Address)

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Lemmick, Wash. Date ....., 193...

19. UNDERTAKER ....
(Address) Gooding Idaho

20. FILED 8-31, 1936 J. A. Cummins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-, 1936, to 7-12, 1936
I last saw her alive on 7-9, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
apoplexy	1936
Coma	
Other contributory causes of importance:	
Diarrhea	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Lew Moore, M. D.
(Address) Gooding, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99674

AUG 12 1936 RECEIVED

Local Registrar's No. 676

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

189C

2. FULL NAME Robert L. Metcalf

(a) Residence. No. Veterans Adm. St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): August 17, 1897

7. AGE — Years: 38 | Months: 10 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Orderlie at hospital
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mapelton Utah

FATHER

13. NAME: L. G. Metcalf
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Margaret Llemlyn
16. BIRTHPLACE (city or town) (State or country): Fountain Green Utah

17. INFORMANT (Address): Earl Metcalf Richfield, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address): Gooding, Idaho

20. FILED ....., 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7.10 1936

22. I HEREBY CERTIFY, That I attended deceased from 7.10 1936 to 7.10 1936
did not see him alive
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12:20AM m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
accidental death due to...	7.10.37
auto accident	12:20 AM
Other **contributory causes** of importance:	

Name of operation: none Date of.....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~Homicide~~ Suicide? ..... Date of injury .., 193..
Where did injury occur? hiway ¼ mi. No. Gooding Idaho (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public hiway
Manner of injury auto accident neck
Nature of injury immediate death, fractured

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.
(Signed) ..... M. D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of State

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 408

DO NOT WRITE IN THIS SPACE
State File No. 99675

AUG 12 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dennis Melville Pennick

(a) Residence. No. .... State Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cleo Davis Pennick

6. DATE OF BIRTH (month, day, and year) Nov 16 1882

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
53.	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Topeka - Kans

MOTHER FATHER
13. NAME J. H. Pennick
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Mary Whiteman
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Cleo Pennick
(Address) State

18. BURIAL, CREMATION OR REMOVAL
Place .... Date ....., 193..

19. UNDERTAKER Geo. Freeman
(Address) Kooskia

20. FILED July 22 193 6 J. M. Verbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to July 20, 1936.
I last saw him alive on July 20 1936; death is said to have occurred on the date stated above, at 5 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....
(Signed) J. M. Verbeck M. D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99676

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 640

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHARLES E. PAYNE

(a) Residence. No. Company 1624 CCC, Camp O'Hara F-190 St. Lowell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) October 13, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	9		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) UNKNOWN
(State or country)

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town) UNKNOWN
(State or country)

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) UNKNOWN
(State or country)

17. INFORMANT Official Records, CCC,
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Chicago, Illinois Date July 22 1936

19. UNDERTAKER Brower-Wann Funeral Home
(Address) Lewiston, Idaho.

20. FILED July 23 1936 M. W. Coskey
M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 545 P m.
The principal cause of death and related causes of importance were as follows:

	Date of Death
Drowning, accidental	7-18-36
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? --- Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~Homicide or Suicide~~? ..... Date of injury July 18, 1936
Where did injury occur? Kooskia, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Swimming
Nature of injury Drowning accidental

24. Was disease or injury in any way related to occupation of deceased? No.
(Signed) Wallace S. Douglas, M. D.
(Address) Hq. CCC, Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99677

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 33

AUG 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mr. James Powell

(a) Residence. No. (Usual place of abode) White Bird Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 14-1839

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
97	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Ranch

10. Date deceased last worked at this occupation (mo. and yr.) 84 yrs ago

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) Oakland Maryland (State or country)

FATHER

13. NAME John Powell

14. BIRTHPLACE (city or town) not obt. (State or country)

MOTHER

15. MAIDEN NAME Mary Hayes

16. BIRTHPLACE (city or town) not obt. (State or country)

17. INFORMANT Mrs. Sadya Jones (Address) White Bird, Ida

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place White Bird Date July 10 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville, Ida

20. FILED July 31, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26 1936, to July 8, 1936.
I last saw him alive on July 8 1936; death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
~~Dot C~~	
Other contributory causes of importance:	
old Age	

Name of operation Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Lucile

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99678

Registration District No. 103
Primary Registration District No. 1161
Local Registrar's No. 34.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Francis E. (Light) Myers

(a) Residence. No. Lucile St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0		12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lucile
(State or country) Idaho

FATHER
13. NAME Henry Peter Myers
14. BIRTHPLACE (city or town) Meadows
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ruth Ida Smiley
16. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

17. INFORMANT Father Henry P. Myers
(Address) Lucile Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lucile Cem. Date July 25 1936

19. UNDERTAKER Haycock Funeral Home
(Address) Grangeville Ida

20. FILED Aug 1, 1936 B Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 27 1936
I last saw him alive on July 21 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	July 19
Other contributory causes of importance: Enlarged thymus	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Chapman M. D.
(Address) Grangeville Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 7 1936 RECEIVED

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105

DO NOT WRITE IN THIS SPACE
State File No. 99679

Primary Registration District No. 2183 Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number) No. A. S. C. Hospital

2. FULL NAME William Harold McIntyre

(a) Residence. No. Winchester, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 25-1920

7. AGE: Years 16 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dana Wash

FATHER

13. NAME: Harold McIntyre
14. BIRTHPLACE (city or town) (State or country): Ellensburg Wash

MOTHER

15. MAIDEN NAME: Maudie K. Nelson
16. BIRTHPLACE (city or town) (State or country): Sparbstown Penn.

17. INFORMANT (Address): Mrs. Harold McIntyre

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Grangeville Date 7-29-, 1936

19. UNDERTAKER (Address): Glenn Aiken Grangeville Ida.

20. FILED July 29, 1936. W. F. Orr
per S. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 29, 1936.
I last saw him alive on July 29 1936.: death is said to have occurred on the date stated above, at 4 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	July 29
Other contributory causes of importance: Acute Appendicitis	July 25

Name of operation Appendectomy Date of Clinical 7-27-36
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Orr, M. D.
(Address) Cottonwood Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99680

Registration District No. 105

AUG 7 1936 RECEIVED

Primary Registration District No. 2183 Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beatabelle Stoddard

(a) Residence. No. Cottonwood, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of E. S. Stoddard

6. DATE OF BIRTH (month, day, and year) March 16, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minot No. Dakota

FATHER

13. NAME Al G. Hayes

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME Julia Breatty

16. BIRTHPLACE (city or town) (State or country) Dexter Nebraska

17. INFORMANT E. S. Stoddard
(Address)

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Lewiston, Ida. Date 7-22, 1936

19. UNDERTAKER Glenn Wilson
(Address) Grangeville, Ida

20. FILED 7/20, 1936. W. H. T. Orr per J.B.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to July 19, 1936

I last saw her alive on July 19, 1936: death is said to have occurred on the date stated above, at 12:45 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Pancreahymatosis	
Nephritis	Mar. 1935
Evidently resulting	
from scarlet fever.	
Other **contributory causes** of importance:	

Name of operation Laboratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley F. Orr, M. D.
(Address) Cottonwood, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 105

Primary Registration District No. 2183

DO NOT WRITE IN THIS SPACE

State File No. 99681

Local Registrar's No. 21

AUG 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Donald Leroy Lockridge

(a) Residence. No. C. & C. Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			0	2 hrs. 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Idaho

FATHER

13. NAME Roy William Lockridge

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Audrey Wilma Brogger

16. BIRTHPLACE (city or town) (State or country) Asotin Washington

17. INFORMENT (Address) Roy W. Lockridge

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Ida Date July 10, 1936

19. UNDERTAKER C E Clows (Address) Craigmont, Idaho.

20. FILED July 9, 1936 W. F. Clows Registrar.
per S.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1936, to 7-9, 1936.

I last saw him alive on 7-9, 1936; death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre maturity 6 1/2 months	
Cause Not Known	
Other contributory causes of importance:	
Iron Lock riding	

Name of operation None Date of

What test confirmed diagnosis Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Kellems, M. D.

(Address) Craigmont Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99682

Registration District No. 105

AUG 7 1936 RECEIVED

Primary Registration District No. 2183 Local Registrar's No. 20

(No. C. L. & C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Joseph Gales

(a) Residence. No. Clarkston Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Newborn
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 6, 1936
7. AGE: Years | Months | Days | If LESS than 1 day, 2 hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cottonwood Ida

FATHER
13. NAME: Herman Gales
14. BIRTHPLACE (city or town) (State or country): Montana

MOTHER
15. MAIDEN NAME: Emily M. Kerr
16. BIRTHPLACE (city or town) (State or country): Oregon City Ore

17. INFORMANT (Address): Mrs. H. Gales

18. BURIAL, CREMATION OR REMOVAL
Place: Cottonwood Date: 7/5, 1936

19. UNDERTAKER (Address): Glenn Ayler Grangeville Ida.

20. FILED July 5, 1936 H. F. Orr Registrar.
per S. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Gestation 6 months	
Other **contributory causes** of importance: Unknown	

Name of operation..... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Stanley F. Orr, M. D.
(Address) Cottonwood, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 7 1936 RECEIVED

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99683

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 19

(No. O. S. & C. Hospital) 188 C

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Pearce

(a) Residence. No. Transient, Unable to get particulars

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Mexican

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE: Years: about 63 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country): Not Known

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town). (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town). (State or country): Not known

17. INFORMANT (Address):

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Grangeville Ida. Date 7-3, 1936

19. UNDERTAKER (Address): J. Glenn Aikins Cottonwood Grangeville

20. FILED 7-3, 1936 W. F. Orr Registrar.
per J.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936, to July 2, 1936.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11:45 Tm.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Staphylococcic infection in Compound Fracture of left Limb	
Other **contributory causes** of importance:	
Amputation	

Name of operation ..... Date of 7-1-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Struck by Automobile
Nature of injury Fracture Compound of Limb

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley F. Orr, M. D.

(Address) Cottonwood Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 38

DO NOT WRITE IN THIS SPACE
State File No. 99684

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addaline Malinda Yearsley.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced (or) WIFE of Heber C. Yearsley.

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 7/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

FATHER

13. NAME John R. Poole.
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Jennette Blaisdell
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT J. H. Yearsley (Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date 7/23, 1936

19. UNDERTAKER C. B. Eckersell (Address) Rigby, Idaho.

20. FILED 7-27 1936 C. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 20, 1936
I last saw her alive on July 20, 1936: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 5, 1936
Arteriosclerosis	"
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. Harper Emery, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99685

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 37

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rex Wyatt Campbell.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 12, 1936

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho. R. #1

FATHER

13. NAME Wyatt William Campbell.

14. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

MOTHER

15. MAIDEN NAME Geneve Rose Ferrier.

16. BIRTHPLACE (city or town) (State or country) Culbertson, Neb.

17. INFORMANT (Address) Wyatt Campbell Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 7/21, 193 6

19. UNDERTAKER (Address) A. B. Eckersell Rigby, Idaho.

20. FILED 7-20, 193 6 A. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 1, 193 6 to July 19, 193 6
I last saw h[illegible] alive on July 19, 193 6: death is said to have occurred on the date stated above, at 5:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I Malnutrition	
Other contributory causes of importance:	
#1	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. H. Anderson, M. D.
(Address) Rigby

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jefferson.

City of Labelle, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99686

Registration District No. 98

AUG 11 1936 RECEIVED

Registration District No. 2176

Local Registrar's No. 36

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clive Edgar Morgan.

90

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** School.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1/36

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Milo, Idaho.

FATHER

13. NAME Eldon Clive Morgan.

14. BIRTHPLACE (city or town) (State or country) Labelle, Idaho.

MOTHER

15. MAIDEN NAME Pheobe Jane Lords.

16. BIRTHPLACE (city or town) (State or country) Vernal, Utah.

17. INFORMANT Eldon Morgan
(Address) Rigby, Idaho. R. #3

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 7/20, 1936

19. UNDERTAKER A. E. Ekerall
(Address) Rigby, Idaho.

20. FILED 7/18, 1936. A. E. Ekerall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 17, 1936

I last saw him alive on July 12, 1936: death is said to have occurred on the date stated above, at 10:30P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Other contributory causes of importance:	

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Anderson, M. D.

(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99687

AUG 11 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 35
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Henry Hancock
(a) Residence. No. .... St. Menan, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Hancock

6. DATE OF BIRTH (month, day, and year) March 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Lincoln Illinois

FATHER
13. NAME Samuel Hancock
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Swan
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Henry Hancock Menan Idaho
18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date July 8, 1936
19. UNDERTAKER (Address) Jack A. Wade Idaho Falls, Idaho
20. FILED 7-15-, 1936 Ollie E. Sherwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936
22. I HEREBY CERTIFY, That I attended deceased from 4/7, 1936, to 7/4, 1936
I last saw him alive on 7/4, 1936; death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Found Diabetic 6th	
Chronic Valvular Heart	
Lesion - Nephritis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Earl Jones, M. D.
(Address) Rexburg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Homer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99688

AUG 11 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No. 40

(No. 129)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice A. Bybee

(a) Residence. No. Near Homer, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. M. Bybee

6. DATE OF BIRTH (month, day, and year) May 27 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) 7-1-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kaysville (State or country) Utah

FATHER
13. NAME H. S. King
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Alice Bennett
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) J. M. Bybell Homer Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Ida Falls Date 7-28, 1936

19. UNDERTAKER O. C. Buck (Address) Ida. Falls, Ida.

20. FILED 7/31, 1936 W. E. Eckerell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/27, 1936, to 7/28, 1936
I last saw h[illegible] alive on 7/28, 1936: death is said to have occurred on the date stated above, at 6 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with uremic poisoning and acidosis	DK
Other contributory causes of importance: Chronic Valvular heart disease at Nephritis	DK

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl D. Jones, M. D.
(Address) Robertson Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Cr. Elley

DO NOT WRITE IN THIS SPACE
State File No. 99689

AUG 11 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 39

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Eldeen Bates 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4/31
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

FATHER
13. NAME David Alfred Bates.
14. BIRTHPLACE (city or town) Colo.
(State or country)

MOTHER
15. MAIDEN NAME Myrtle Alice Bates
16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT David Bates
(Address) Rigby, Idaho. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 7-26, 1936

19. UNDERTAKER A. B. Eckhardt
(Address) Rigby, Idaho.

20. FILED 7-26 1936 A. B. Eckhardt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936, to July 23, 1936
I last saw her alive on July 23, 1936; death is said to have occurred on the date stated above, at 11:20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease - mitral stenosis	1930
acute myocardial insufficiency	7/21/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Warner Culley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome.

City of Jerome

AUG 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99690

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. 161a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marylin Joyce Newby

(a) Residence. No. (Usual place of abode) St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X	X	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome (State or country) Idaho

FATHER

13. NAME Ralph J. Newby

14. BIRTHPLACE (city or town) Bayberry (State or country) Idaho

MOTHER

15. MAIDEN NAME Lucile Van Patten

16. BIRTHPLACE (city or town) Springville (State or country) Utah

17. INFORMANT Ralph J. Newby (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL

Place Jerome Date 7/27, 1936

19. UNDERTAKER D. Robertson (Address) Jerome

20. FILED Aug 13 1936 C. F. Bellen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 26, 1936

I last saw her alive on July 26 1936: death is said to have occurred on the date stated above, at 11:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben C. Matsons M. D.

(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Hazelton, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99691

Registration District No.

AUG 12 1936 RECEIVED

Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Bertha Wardell,

(a) Residence. No. St. Idaho. R.F.D.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Willard F. Wardell

6. DATE OF BIRTH (month, day and year) Dec., 9th, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Morris, New York.

FATHER
13. NAME Foss.
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Fanny Van Valkenberg
16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Willard F. Wardell, Hazelton, Idaho.

18. BURIAL, ~~CREMATION, REMOVAL~~
Place Hazelton, Idaho Date 7-20- 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED ....., 193..... Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/23/35, 1936 to July 17, 1936
I last saw her alive on 6/26/36, 1936: death is said to have occurred on the date stated above, at 4:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the uterus about	8/23/35

Other contributory causes of importance:

Anemic --with cancer	

Name of operation Dilatation and radium Date of 11/23/35
What test confirmed diagnosis? biopsy Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in ~~also~~ the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury. No
Nature of injury. No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Willard F. Wardell M. D.
(Address) Hazelton, Idaho.
Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **99692**

AUG 12 1936 RECEIVED

Registration District No.
Primary Registration District No. 18 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Viola Elizabeth Karren

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ray Karren

6. DATE OF BIRTH (month, day, and year) Jan 12 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME J. F. Humphries
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Sarah Ellis
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Ray Karren
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Aug 9, 1936

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer Cervix	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. F. Gilbert M. D.
(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99693

AUG 12 1936 RECEIVED

Registration District No.
Primary Registration District No. 18 Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta C. Ellis 74y

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J J Ellis

6. DATE OF BIRTH (month, day, and year) Jan 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Moriah Mo
(State or country)

FATHER
13. NAME Alfred Carpenter
14. BIRTHPLACE (city or town) not Known
(State or country)

MOTHER
15. MAIDEN NAME Mary Cheney
16. BIRTHPLACE (city or town) not Known
(State or country)

17. INFORMANT Eva Showver
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date July 1, 1936

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to June 28, 1936
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 6:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 28, 1936
Other **contributory causes** of importance:	
Hypertension	1930?
Myocarditis	1930?

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of 7 Mi East Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99694

Registration District No.
Primary Registration District No. 18 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 12 1936 RECEIVED

188C

2. FULL NAME Carl Homer Thomason

(a) Residence. No. 7 Mi East of Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 9, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER

13. NAME Rice Thomason

14. BIRTHPLACE (city or town)
(State or country) Ark

MOTHER

15. MAIDEN NAME Ruth Pettet

16. BIRTHPLACE (city or town)
(State or country) Ark

17. INFORMANT Rice Thomason
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date July 5, 1936

19. UNDERTAKER J R Willey
(Address) Jerome Idaho

20. FILED ....., 193.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed	
When Auto ran	
over him	
(No Inquest)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury ....., 193...
Where did injury occur? 7 Mi East Jerome
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Ranch Home
Manner of injury Injury to Chest
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J R Willey (coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99696

JUL 31 1936 RECEIVED

Registration District No. 126
Primary Registration District No. 2304
Local Registrar's No. 11
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Pugh.

(a) Residence. No. 8 Harrison Idaho
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. — mos. — ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John J. Pugh.

6. DATE OF BIRTH (month, day, and year) 1873-6-22

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6-24-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER
13. NAME Edison B. Sunderlin
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME — Swartout —
16. BIRTHPLACE (city or town) (State or country) Don't Know.

17. INFORMANT (Address) J. J. Pugh Harrison Ida

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida Date 6-28, 1936

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED 6-30 1936 Ruth Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to June 19, 1936.
Last saw h~~e~~r alive on June 18, 1936; death is said to have occurred on the date stated above, at about 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1-2-35
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. M. Kinney M. D.
(Address) Spokane Wash.

JUL 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 93691

County of Kootenai
City of Harrison
Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. #2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Columbia Phillips

(a) Residence. No. Harrison Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winfield S. Phillips

6. DATE OF BIRTH (month, day, and year) March 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) Philippi (State or country) W. Va.

FATHER

13. NAME Eliaf Kelly

14. BIRTHPLACE (city or town) Philippi (State or country) W. Va.

MOTHER

15. MAIDEN NAME Katherine McGee

16. BIRTHPLACE (city or town) Philippi (State or country) W. Va.

17. INFORMANT Winfield S. Phillips (Address) Harrison, Idaho

18. BURIAL, CREMATION OR REMOVAL Woodlawn Place St. Maries, Ida. Date 7/15, 1936.

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho.

20. FILED 7-14..., 1936. Ruth Connolly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1936, to July 2, 1936

I last saw her alive on July 2, 1936. death is said to have occurred on the date stated above, at 3:P...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	abt 1920
Heart failure secondary to arteriosclerosis	1933

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) E. E. Edmunds M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99698

Registration District No. 45

Primary Registration District No. _____ Local Registrar's No. 8

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John H. Cowie

(a) Residence (Usual place of abode) No. _____ St. _____ (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Cowie

6. DATE OF BIRTH (month, day, and year) July 8 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
69	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) 6-6-31

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Aberdeen Scotland

FATHER

13. NAME J. Cowie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mc Ringie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs Myrtle Cowie Spirit Lake Ida.

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~

Place Spokane Wn. Date 7-28 1936

19. UNDERTAKER (Address) Cossedy Funeral Home Coeur d'Alene Ida.

20. FILED Aug 27, 1936 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936, to July 26, 1936.

I last saw him alive on July 26 1936.: death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma	
Cancer of Stomach	

Other contributory causes of importance:

arteriosclerosis	

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased no If so, specify _____

(Signed) Clifford M. Schmeltz, M. D.

(Address) Spirit Lake Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 99699

Local Registrar's No. 1615

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Kennedy

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kendrick, Idaho

FATHER

13. NAME Russel Theodore Kennedy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Charlotte Winifred Porter

16. BIRTHPLACE (city or town) (State or country) Fomeroy, Wash

17. INFORMENT (Address) Mrs. B. Kennedy Kendrick, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Kendrick Date July 26, 1936

19. UNDERTAKER None
(Address)

20. FILED July 30, 1936 B. P. Neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to July 26, 1936
I last saw her alive on July 26, 1936: death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
6 3/4 months	

Other contributory causes of importance:

Youth of mother (1st.)	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99700

Registration District No. 61
Primary Registration District No. 1611 Local Registrar's No. 139

AUG 11 1936 RECEIVED

(No. Feltons Pond)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Estel Bershaw

(a) Residence. No. ..... St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 31, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	## 1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

FATHER
13. NAME Frank A. Bershaw
14. BIRTHPLACE (city or town) Uniontown
(State or country) Wash.

MOTHER
15. MAIDEN NAME Gertrude Konen
16. BIRTHPLACE (city or town)
(State or country) Ky.

17. INFORMANT Wallace Bershaw
(Address) Clarkston, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Lewiston, Ida. Date 7/20, 1936

19. UNDERTAKER Vassar Mortuary
(Address) Lewiston, Ida.

20. FILED 7/20, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Accidental	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .....
(Signed) F. A. Short Coroner, M. D.
(Address) Moscow Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99701

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 138

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Rose Brocke

(a) Residence. No. St. Kendrick Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank Brocke

6. DATE OF BIRTH (month, day, and year) Aug 19 - 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Henry Otto
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Margret Hilderbrand
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Brocke (Address)

18. BURIAL, CREMATION OR REMOVAL
Place American Ridge Date July 20 1936

19. UNDERTAKER John G. Pickard (Address) Troy Ida

20. FILED 8/3/36, 193... (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-16-, 1936 to July 18, 1936
I last saw ~~him~~ her alive on July 18 1936; death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
with arrythmia	
fibrillation	
from a Toxic	
Thyroid.	
Other contributory causes of importance:	
Thyro-toxicosis	

Name of operation Thyroidectomy Date of 7-16-36
What test confirmed diagnosis? S.M.R. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Wilson M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah.

City of Near Pullman, Wash.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99702

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 137

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Gormley. 92

(a) Residence. No. St. Renton, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia C. Gormley

6. DATE OF BIRTH (month, day, and year) March 28th, 1869.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67.	3.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C. C. C.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) CCC Hq. Records, Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle, Wash. Date 7/25/36 193..

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED 8/8/36, 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/24/36
Other **contributory causes** of importance: Arteriosclerosis generalized	uncertain

Name of operation None Date of None

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? N. S. If so, specify.....

(Signed) Wallace S. Dungan M. D.

(Address) Hq. CCC Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99703

Registration District No. 61

AUG 11 1936 RECEIVED

Registration District No. 1011 Local Registrar's No. 136

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis Lee Zumwalt

(a) Residence. No. St. Grangeville, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driving truck

10. Date deceased last worked at this occupation (mo. and yr.) 7/9/36

11. Total time (years) spent in this occupation 3 yr.

12. BIRTHPLACE (city or town) (State or country) Grangeville, Ida.

FATHER

13. NAME Albert L. Zumwalt

14. BIRTHPLACE (city or town) (State or country) Walla Walla Co Wash.

MOTHER

15. MAIDEN NAME Carrie Girton

16. BIRTHPLACE (city or town) (State or country) Grangeville, Ida.

17. INFORMANT Albert L. Zumwalt
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Ida Date 7/13, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/10, 1936 Henry Cumbersal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/9, 1936, to 7/9, 1936
I last saw him alive on 7/9, 1936: death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of skull left frontal region	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 7/9 1936
Where did injury occur? Moscow Latah Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public place. Highway
Manner of injury Fell from truck tire with air blew
Nature of injury Comp. fracture of skull frontal region

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. Mcmurtrey, M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Bovill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE
State File No. 99704

AUG 11 1936 RECEIVED

Local Registrar's No. 140

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fannie Maude Bailey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. M. Bailey

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockton
(State or country) Pa.

FATHER

13. NAME Geo. Spencer

14. BIRTHPLACE (city or town) Bangor
(State or country) Maine

MOTHER

15. MAIDEN NAME Kate LaBorde

16. BIRTHPLACE (city or town) Rockton
(State or country) Pa.

17. INFORMANT Wm. M. Bailey
(Address) Bovill, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 7/26, 1936.

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 7/26, 1936. Hans Eikenas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to July 24, 1936.
I last saw her alive on May 1, 1936.; death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 5
With Paralysis of right side	1936
Mental deterioration	Jan 1936
Mal-Nutrition	May 1936
Cerebral hemorrhage	7-24-36
Other **contributory causes** of importance: Hypertension & Nephritis	Jan 1936

Name of operation none Date of none
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Joseph L. Nelson M. D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

DO NOT WRITE IN THIS SPACE
State File No. 99705

AUG 11 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 141

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Gritman Hospital

2. FULL NAME Nathaniel Edward Newkirk

(a) Residence. No. R.F.D. No. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillian Newkirk
6. DATE OF BIRTH (month, day, and year): May 29, 1878
7. AGE: Years 58 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm work
10. Date deceased last worked at this occupation (mo. and yr.): 7/25/36
11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Ames, Iowa

MOTHER FATHER
13. NAME: James Newkirk
14. BIRTHPLACE (city or town) (State or country): Not known
15. MAIDEN NAME: Sarah McKenyie
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. Darrel Allen, Moscow, Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Moscow Date: 7/28, 1936
19. UNDERTAKER (Address): H.R. Short, Moscow, Idaho
20. FILED: 7/27, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 26, 1936.
I last saw him alive on July 26, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	July 25, 36
Hypertensive disease	

Other **contributory causes** of importance:

Injury to right chest when he fell in the granary, general abrasions	July 25, 1936

Name of operation: none Date of:
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? accident Date of injury.., 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. in his work on the farm
Manner of injury Fall from a granary
Nature of injury Crushed ribs & right chest

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify injury while working.
(Signed) Edward N. Dimms, M. D.
(Address) Moscow Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

DO NOT WRITE IN THIS SPACE
State File No. 99706

AUG 11 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 142

(No. 807 S. Jefferson)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Frederick Adriansen

(a) Residence. No. 807 S. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Olga Adriansen

6. DATE OF BIRTH (month, day, and year): Sept. 22 1860

7. AGE: Years 75 | Months 10 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Minister
10. Date deceased last worked at this occupation (mo. and yr.): 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): Notknown

MOTHER
15. MAIDEN NAME: Notknown
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Hans Adriansen, Moscow, Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Lacrosse, Wash. Date 7/26, 1936

19. UNDERTAKER (Address): H.R Short, Moscow, Ida,

20. FILED 7/26, 1936 Johnnie Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden Death	
Cerebral hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? N/A specify.....
(Signed) H.R. Short Coroner ~~M. D.~~
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99707

Registration District No. 6 1
Primary Registration District No. 1011 Local Registrar's No. 135

AUG 11 1936 RECEIVED

(No.) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Bennie Leonard Bidne

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

FATHER
13. NAME Elmer Bidne
14. BIRTHPLACE (city or town) Maryville, N. D.
(State or country)

MOTHER
15. MAIDEN NAME Gladys Day
16. BIRTHPLACE (city or town) Seattle, Wash.
(State or country)

17. INFORMANT Elmer Bidne
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date July 3, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 7/3, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/2/36, 1936, to 7/2/36, 193..
I last saw him alive on 7/2/36, 193..: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Doyle M. Lively, M. D.
(Address) Moscow, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99708

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

AUG 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Rose Hospital)

47

2. FULL NAME Ida Lenora Bates

(a) Residence. No. Salmon St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 46 | Months 3 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housekeeper
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country) Livingston Mont

MOTHER FATHER
13. NAME Jacob Bixler
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME Mary Ellen Hollier
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Nellie Smith (Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 8/1, 1936

19. UNDERTAKER Ayr & Nesbitt (Address) Salmon Ida

20. FILED Aug 12, 1936 Chas C. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1936

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1935 to July 30, 1936
I last saw h... alive on ....., 193.. death is said to have occurred on the date stated above, at 1-10 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1935
Other contributory causes of importance: Edema of right pleura	July 25 36
Name of operation ... Date of ... simple amputation	Oct 1935
What test confirmed diagnosis? ... Was there an autopsy? Microscopic	No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. A. Patton, M. D.
(Address) Salmon Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99709

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Max Bauer infant

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 2 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 75 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pare Hospital
(State or country) Salmon

FATHER

13. NAME Max Bauer

14. BIRTHPLACE (city or town)
(State or country) Jefferson ville

MOTHER

15. MAIDEN NAME Alice Baeler

16. BIRTHPLACE (city or town) Salmon
(State or country)

17. INFORMANT Mrs. Benetta Bauer
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cem Date 6/5, 1936

19. UNDERTAKER Mrs. O. Hoeslay
(Address) Salmon Ida

20. FILED July 3, 1936. Chas. C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-3" 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 193.6., to 6/2, 193.6.

I last saw h... alive on 6/2, 193.6.; death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth (9 mo)	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. F. Hammar, M. D.
(Address) Salmon

JUL 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99710

PLACE OF DEATH

County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Gillyn Pettey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

114

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Feb. 15 1933
7. AGE — Years: 2 | Months: 3 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salmon Ida

FATHER
13. NAME: O Frankincer Pettey
14. BIRTHPLACE (city or town) (State or country): Denver Colo

MOTHER
15. MAIDEN NAME: Meredith
16. BIRTHPLACE (city or town) (State or country): Denver Colo

17. INFORMANT (Address): Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Ida Date ....., 193.6

19. UNDERTAKER (Address): Peeler Salmon Ida

20. FILED July 13 193.6 C. L. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 3" 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3 193.6, to June 3 193.6
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2-40 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Convulsions — probably gastro intestinal of toxic origin	June 2/36
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) Salmon, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99711

PLACE OF DEATH

County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

69

2. FULL NAME Coral Dean Webb

(a) Residence. No. Northfork, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 36 | Months 9 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housekeeper
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milburn, Utah

MOTHER FATHER
13. NAME Amos Kelsey
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Serena Jensen
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Webb. (Address) Northfork, Idaho.
18. BURIAL, CREMATION OR REMOVAL. Place Shelley, Idaho Date ....., 193..
19. UNDERTAKER W. C. Hoobler (Address)
20. FILED July 3, 1936 Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1936
22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 6, 1936
I last saw h[illegible] alive on July 6, 1936: death is said to have occurred on the date stated above, at 11:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	July 6
Other **contributory causes** of importance: None	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas. F. Hausner, M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99712

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

MAR 16 1937

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Lynn Bell

(a) Residence. No. Salmon Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marion Dubois Bell

6. DATE OF BIRTH (month, day, and year) Nov 10-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Unknown

11. Total time (years) spent in this occupation About 23 years

12. BIRTHPLACE (city or town) Park City
(State or country) Utah

MOTHER FATHER

13. NAME Thomas W. Bell

14. BIRTHPLACE (city or town) Glamorgan
(State or country) England

15. MAIDEN NAME Mary Egford

16. BIRTHPLACE (city or town) New York
(State or country) New York

17. INFORMANT Mrs. Myrtle Bell Young
(Address) 454 - So. 9th East

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Cemetery Date June 14th, 1937

19. UNDERTAKER Wm. C. Doelle
(Address) Salmon Idaho.

20. FILED 3/13/37 Clio E. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Salmon River near North Fork Ida with Suicidal intent.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violense) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C. Doelle Coro.

(Address) Salmon Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99712

PLACE OF DEATH
County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1842

2. FULL NAME Unknown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date June 14 1936

19. UNDERTAKER Charles H. Gabler
(Address) Salmon Ida

20. FILED July 13, 1936 Chas. E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Body removed from	
Salmon River on June	
14 1936. Data on	
separate sheet attached.	
No Inquest as witnesses	
unknown	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or [illegible] in any way related to occupation of deceased? [illegible]

(Signed) C. H. Gabler, Deputy Coroner M. D.
(Address) Salmon, Ida

JUL 21 1936 RECEIVED

Body of male removed from Salmon River three miles below North Fork, Idaho on June 14 1936. Had apparently been in water three weeks or more.

Heigth 5 feet 6 inches, weight about 150 pounds. Was more than 40 years of age, bald with fringe of gray hair above ears. Was wearing dark striped trousers with leather belt which had silver buckle; blue striped shorts; one black oxford shoe; silk socks with Boston garters; 42 cents in fob pocket of trousers.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99713

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 7

AUG 4 1936 RECEIVED

(No. ... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Thomas Stevens

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Helen Martha Stevens

6. DATE OF BIRTH (month, day, and year) April 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer. (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Douglas Camp. Utah

FATHER

13. NAME David Stevens.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabel Moller.

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) Robert Vallem., Winchester, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Date 7-17-1936

19. UNDERTAKER C. E. Clouse. (Address) Craigmont, Idaho.

20. FILED 7/17, 1936 R. A. Duvall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13-36, 193..., to July 15, 1936
I last saw him alive on July 15, 1936; death is said to have occurred on the date stated above, at 11:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-13-36
Other contributory causes of importance:	
Bright Disease	?

Name of operation None Date of ...
What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. H. Lee, M. D.
(Address) Craigmont, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99714

PLACE OF DEATH
County of Lewis
City of Winchester
Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 8
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cleo Oscar Bovey

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie Dean Bovey

6. DATE OF BIRTH (month, day, and year) June 16 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Craigmont, Idaho

FATHER
13. NAME William A. Bovey
14. BIRTHPLACE (city or town) (State or country) Tama City. Iowa

MOTHER
15. MAIDEN NAME Ota I. Poulson
16. BIRTHPLACE (city or town) (State or country) Montpelier Indiana

17. INFORMENT (Address) Otho Bovey Craigmont, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Date 7-20, 1936

19. UNDERTAKER E. E. Clark
(Address) Craigmont, Ida o

20. FILED 7-22-36, 193. P. E. Duvall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1936, to 7-18-, 1936
I last saw him alive on July 18, 1936; death is said to have occurred on the date stated above, at 11 3/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	7-12-36
Other contributory causes of importance:	
Bronchopneumonia	7-18-36

Name of operation .... Date of ....
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193.
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) K. H. Coleman, M. D.
(Address) Craigmont, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99715

PLACE OF DEATH
County of Lewis
City of Linchester

Registration District No. 50 ~~X~~ 2129
Primary Registration District No.
Local Registrar's No. 9

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jerome Emilion McLaughlin

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabella M. McLaughlin

6. DATE OF BIRTH (month, day, and year) July 17 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician and Surgeon
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pilot Grove, Minnesota

FATHER

13. NAME Owen McLaughlin
14. BIRTHPLACE (city or town) (State or country) Ruscammon County Ireland

MOTHER

15. MAIDEN NAME Mary Murray
16. BIRTHPLACE (city or town) (State or country) Mayo County Ireland

17. INFORMENT (Address) Carl McGillic., Linchester, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida Date July 22 1936

19. UNDERTAKER C. E. Clover
(Address) Craigmon, Idaho.

20. FILED 7/22, 1936 R E Dunlap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from , 193, to July 20, 1936.
I last saw him alive on July 20, 1936: death is said to have occurred on the date stated above, at 5:25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 20
(5 hours duration)	
Other contributory causes of importance:	
nephritis	1 yr

none
Name of operation Date of
What test confirmed diagnosis? findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury , 193
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R E Dunlap, M. D.
(Address) Craigmont, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99716

PLACE OF DEATH
County of Lewis
City of Craigmont Registration District No. 50
Primary Registration District No. 2129 Local Registrar's No. 10

AUG 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Susan Boggs.,

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of James E, Boggs

6. DATE OF BIRTH (month, day, and year) January 9 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hustisford, Wis.

FATHER

13. NAME John Powell Perkins.,

14. BIRTHPLACE (city or town) (State or country) County Cornwall, England

MOTHER

15. MAIDEN NAME Joicy Ann Knowles.,

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMENT (Address) Harold C. Boggs Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Ida. Date July 28 1936

19. UNDERTAKER C E Lovis (Address) Craigmont, Ida.

20. FILED 7-28, 1936. R E Dweck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to date, 193...
I last saw her alive on May 25, 1936; death is said to have occurred on the date stated above, at 4:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	
Myocarditis	1910

Other contributory causes of importance:

High blood pressure	

Name of operation none Date of -
What test confirmed diagnosis? Usual Was there an autopsy? n

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ..., 193
Where did injury occur? --
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify --

(Signed) R E Dweck, M. D.
(Address) Craigmont, Ida.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

Registration District No. 47

Primary Registration District No. .....

(No. ....., ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 99717

Registered No. 213

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Village

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frances Sylvina Kelly

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N RESERVED FOR BINDING

PERSONAL AND STATISTICAL particulars

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

AUG 9 1936 ALCOHOL

6. DATE OF BIRTH: Sept 30 1861 (Month) (Day) (Year)

7. AGE: 74 Yrs. 8 Mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wayne Co. Mich. Dearborn

10. NAME OF FATHER: Uri Mudge

11. BIRTHPLACE OF FATHER (State or Country): Dearborn Mich

12. MAIDEN NAME OF MOTHER: Mary Frances Town

13. BIRTHPLACE OF MOTHER (State or Country): Old Point Comfort Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) × John W Hamilton

(Address) × Nezperce Idaho

15.

Filed July 31 1936 Albert Huff Local Registrar

SYMS - YORK CO., PTRS. & BOOKS. 24854

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 12 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to June 12 1936, that I last saw her alive on June 12 1936, and that death occured on the date stated above, at 11 30 M.

The CAUSE OF DEATH* was as follows:

Cancer of left lung & Stomach

(Duration) 8 Yrs. mos. ds.

Contributory (Secondary): Mitral lesion of heart

(Duration) yrs. mos. ds.

(Signed) D.H. Cooper M. D.

19 (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: June 14 1936

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH [redacted]

Registration District [redacted]

1. PLACE OF DEATH.

County of Lewis

City of Kamiah Idaho (No. ..... St.)

Primary Registration District No. .....

File No. 99719

Registered No. 211

If death occurs away from usual residence, give facts called for under special information. City

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Chester L. Curtis

PERSONAL AND STATISTICAL PARTICULARS

AUG 4 1936 RECEIVED

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Divorced

6. DATE OF BIRTH: May 25 1860 (Month) (Day) (Year)

7. AGE: 76 Yrs. ..... Mos. 2 ds. 16

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: .....

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9. BIRTHPLACE (State or Country): Independence Iowa

10. NAME OF FATHER: Curtis

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Grover

(Address) Kamiah Idaho

15. Filed July 31 1936 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 11 1936 10 am (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1914 to June 11 1936 that I last saw h[illegible] alive on June 9 1936 and that death occured on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows: Mitral Insufficiency

(Duration) 7 Yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic Nephritis

(Duration 1 yrs. ..... mos. ..... ds.

(Signed) [redacted] M. D.

6/12 1936 (Address) [redacted] Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: June 12 1936

20. UNDERTAKER: Albert Huff Nezperce Idaho — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & STRS. 24658

FORM V. S. No. 5-25 M. 1-16-13

CERTIFI[redacted]

State of Idaho
BOARD OF [redacted]
Bureau of Vital [redacted]

1. PLACE OF DEATH.

Registration District [redacted]

County of Lewis

Primary Registration District No.

File No. 99[redacted]

City of Nyssa Village (No. ..... St.)

Registered No. [redacted]

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Walter James Smith

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	white	Married (Wid.)

6. DATE OF BIRTH. August 20 1869
(Month) (Day) (Year)

7. AGE Yrs. 66 Mos. 8 ds. 14

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER Keith Smith

11. BIRTHPLACE OF FATHER (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Rosannah Petty

13. BIRTHPLACE OF MOTHER (State or Country) Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna E Smith
(Address) Nyssa Idaho

15.
Filed July 31 1936 Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Hour 5:30 P.M.
May 3 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2nd 1936 to [redacted] 191..., that I last saw h[redacted] alive on May 2nd 1936 and that death occured on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:
Septic - Infection
(Duration) Yrs. ..... mos. 10 ds.
Contributory (Secondary)
(Duration ..... yrs. ..... mos. ..... ds.
5/1 1936 (Signed) C A Boyce M. D.
(Address) Nyssa - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Nyssa Cemetery	5-5 1936

20. UNDERTAKER	ADDRESS
Albert Huff	Nyssa Idaho

SYMS - YORK CO., PTRS. & BOKS. 24658

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Sugar Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99721

AUG 12 1936 RECEIVED

Registration District No. 10-3
Primary Registration District No. 2-13 Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John Laurence Thomas.

(a) Residence. No. Sugar City, Idaho St.
(Usual place of abode) Sugar " Ida. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret - McOmie

6. DATE OF BIRTH (month, day, and year) April 17-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71.	2.	19-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) June 28 1936
11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Lehi Utah.

FATHER
13. NAME Joseph A. Thomas
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary Elenor Laurence
16. BIRTHPLACE (city or town) (State or country) Lima Ohio.

17. INFORMANT Mrs. John L. Thomas.
(Address) Sugar City, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Sugar City Date July 7, 1936

19. UNDERTAKER Perry & Kubler
(Address) By Edwin Dehn

20. FILED Aug 6, 1936 Mrs. M. Kinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 6, 1936
I last saw him alive on July 5, 1936: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage: Urinary Tract probably from cancer of Prostate.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? No injury
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99722

Registration District No. 100
Birthplace Registration District No. 2179
Local Registrar's No. 41

AUG 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Ada Hodgson

(a) Residence. No. Newdale Idaho St.
(Usual place of abode) Newdale Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

189

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
~~(or)~~ WIFE of Henry M. Hodgson

6. DATE OF BIRTH (month, day, and year) Nov 29-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Teton Idaho

FATHER
13. NAME Jessie M. Baker
14. BIRTHPLACE (city or town) (State or country) Meadow Utah

MOTHER
15. MAIDEN NAME Sarah Ann Doyle
16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMANT (Address) Henry M. Hodgson Newdale, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Idaho Date July 1 1936

19. UNDERTAKER (Address) Wm J Keller Rexburg Idaho

20. FILED 8-6 1936 Mug H Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 28-1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936, to June 28, 1936.
I last saw her alive on June 28, 1936; death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6 28 36
10 30 am	
Other contributory causes of importance:	
Unstable Chest & abdominal injuries internal hemorrhage	6 28 36

Name of operation none Date of
What test confirmed diagnosis? finding Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? accidental Date of injury June 28, 1936
Where did injury occur? near Newdale Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Contusions & fractures
Nature of injury Runaway — horses

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farm hazard

(Signed) Lorus Hirschi M. D.
6/30/36 (Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of **Madison**
City of **Sugar City**
R.F.D.1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **100**
Primary Registration District No. **2178**

DO NOT WRITE IN THIS SPACE
State File No. **99723**
Local Registrar's No. **43**

AUG 12 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Martha A. Vaughn**

(a) Residence. No. **Sugar City, Ida. R.F.D. 1** St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: **Female**
4. Color or Race: **White**
5. Single, Married, Widowed or Divorced (write the word): **Widowed**
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **William Vaughn**
6. DATE OF BIRTH (month, day, and year) **Nov. 11, 1849**
7. AGE: Years **86** Months **9** Days **18** If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **Housewife**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town)... **Marysville**
(State or country) **Iowa**

MOTHER FATHER
13. NAME **James McCall**
14. BIRTHPLACE (city or town)....
(State or country) **Scotland**
15. MAIDEN NAME **Polly Ann Webster**
16. BIRTHPLACE (city or town)....
(State or country) **Scotland**

17. INFORMANT **Mrs. Jake Keller**
(Address) **Sugar City R.1**
18. BURIAL, CREMATION OR REMOVAL
Place **Sugar City** Date **7/31**, 193**6**
19. UNDERTAKER **A. Russell Fitzsimmons**
(Address) **Rexburg, Idaho**
20. FILED **8-6**, 1936 **Ina H. Young** Registrar **7/30/36**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **7-29** 1936
22. I HEREBY CERTIFY, That I attended deceased from **June** 193**6**, to **July 29**, 193**6**.
I last saw h....alive on **July 26**, 193**6**.; death is said to have occurred on the date stated above, at **9:50 A** m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Senility	

Other **contributory causes** of importance:

Name of operation **none** Date of ....
What test confirmed diagnosis? **symptoms & tests** Was there an autopsy? **No**

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? **—** Date of injury.., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury....
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify....
(Signed) **Louis L. Fiche** M. D
(Address) **Rexburg Idaho** 7/30/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99724

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 47

AUG 6 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte M. Frieber

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Frieber

6. DATE OF BIRTH (month, day, and year) Mar 27 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3.	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER
13. NAME Thomas Mason
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Polly Carrick
16. BIRTHPLACE (city or town) Penn
(State or country)

17. INFORMANT Wm Frieber
(Address) Paul Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paul Idaho Date July 6, 1936

19. UNDERTAKER Wm Goodenough
(Address) Rupert Ida

20. FILED 8-4, 1936 E. E. Ehmsen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934, to July 5, 1936
I last saw her alive on July 4, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma with Primary in uterus	1934

Other contributory causes of importance:

Chronic Valvular Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Ehmsen M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99727

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 43

AUG 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anthony Bert Jelinek

(a) Residence. No. 1 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 10 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date June 30 1936

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 8/1 1936 Edith Ehmsen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to June 26, 1936
I last saw him alive on June 26, 1936; death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	to 25-36
Sleep throat infection	to 23-36
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) E. E. Jensen M. D.
(Address) Rupert Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 6 1936 RECEIVED

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99729

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Hedrick

(a) Residence. No. ..... St. Rupert, Idaho
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 9 mos. 9 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Winnie Barber Hedrick

6. DATE OF BIRTH (month, day, and year): aug 14 1879

7. AGE — Years: 57 — Months: 8 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Oil & gas distributer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Genesee Idaho

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Kansas

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs Hedrick

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Ida Date: May 12 1936

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED 7-16-1936 E. E. Clemens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~April~~ 29, 1936 to May 9, 1936

I last saw him alive on May 9, 1936; death is said to have occurred on the date stated above, at 9 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage, Gastric	4-28-36
Other **contributory causes** of importance:	

Name of operation: none Date of: —

What test confirmed diagnosis: General Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 4-28-36
Where did injury occur? Rupert Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** Industry
Manner of injury: Lifting Hoe to barrel
Nature of injury: Gastric Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Lifting started by lifting

(Signed) E. C. Clemens M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ammon
Heyburn, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99730

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 39

AUG 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peder M. Peterson

(a) Residence. No. Emerson St. 92

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. L. Peterson

6. DATE OF BIRTH (month, day, and year) Dec 27th 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Emerson Ida

FATHER

13. NAME Harvey Morgan

14. BIRTHPLACE (city or town) (State or country) Mich Ill Ohio

MOTHER

15. MAIDEN NAME Maier Strader

16. BIRTHPLACE (city or town) (State or country) Illinois Ill.

17. INFORMANT C. L. Peterson (Address) Heyburn

18. BURIAL, CREMATION OR REMOVAL

Place Heyburn Date 8-8, 1936

19. UNDERTAKER J. J. Tupper (Address) Burley

20. FILED 8/1, 1936 E. E. Erhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to March 5, 1936

I last saw her alive on March 5th, 1936.: death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus	
Other contributory causes of importance:	
Coronary Occulsion	
& Heart Rupture	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clive A. Culp M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Acequia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99731

Registration District No. 19
Registration District No. 2015
Local Registrar's No. 40

AUG 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah H. D. Brewerton

(a) Residence. No. Acequia St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Charles Brewerton

6. DATE OF BIRTH (month, day, and year) Nov 7-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Willard Utah

FATHER

13. NAME Samuel B. Hardy

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Sarah Trenley

16. BIRTHPLACE (city or town) (State or country) Massys

17. INFORMANT Albert Brewerton
(Address) Acequia

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 5-11, 1936

19. UNDERTAKER Jas E Sugrue
(Address) Burley

20. FILED 8/1, 1936 Edith Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to 5-6, 1936
I last saw her alive on Jan. 18, 1936; death is said to have occurred on the date stated above, at 3:17 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Gradual
From Arteriosclerosis	4 last yr.
Other contributory causes of importance:	
Heterosclerosis	10 yrs.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No; if so, specify
(Signed) C. A. H. Lickyear, M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Mandoka
City of Paul

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99732

AUG 6 1936 RECEIVED

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 41

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Golden Coggins Hunter

1898

(a) Residence. No. 60 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 1 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paul Idaho

FATHER

13. NAME Lowell Hunter

14. BIRTHPLACE (city or town) (State or country) Oakley Idaho

MOTHER

15. MAIDEN NAME Adelaide Coggins

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT (Address) Mrs Lowell Hunter Paul Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date July 14, 1936

19. UNDERTAKER (Address) Geo L Loyd Burley

20. FILED Aug 1, 1936 W H Edmunds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed instantly by falling derricke	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ ..... Date of injury ....., 193...
Where did injury occur? Paul Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury Falling derricke
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Mining
(Signed) W. G. Goodman, M. D.
(Address) By atan Goodman and Report Attached

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Pauline

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99733

AUG 6 1936 RECEIVED

Registration District No. 19
County Registration District No. 2015
Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie R Rowe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME August Hoppe
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Rosalia Pahler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maud Paul
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Cem Date June 22 1936

19. UNDERTAKER W. A. Goodman
(Address) Rupert Idaho

20. FILED 8/1 1936 E. E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to June 19, 1936
I last saw her alive on June 16 1936: death is said to have occurred on the date stated above, at 3:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. Johnson M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Cameron

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 63

Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE

State File No. 99734

AUG 12 1936 RECEIVED

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henry George Mueske

(a) Residence. No. St. Lind, Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ida Louise Mueske

6. DATE OF BIRTH (month, day, and year) May 8, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Lutheran

10. Date deceased last worked at this occupation (month and year) July 6, 1936

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Oshkosh
(State or country) Wisconsin

FATHER

13. NAME Fred Mueske

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMENT T. A. Mueske
(Address) Cameron, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lind, Wash. Date July 15, 1936

19. UNDERTAKER Henry Probst
(Address) Lind, Wash.

20. FILED July 11, 1936 B. F. Probst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 11, 1936
Last saw him alive on July 11, 1936: death is said to have occurred on the date stated above, at 10:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	July 9, 1936
Chronic glomerular nephritis	1930
Hypertension	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine B. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) D. Christensen, M. D.

(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99735

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 46 Local Registrar's No. 623
(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Gottlieb Kennell

(a) Residence. No. 1708 Main St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ada Kennell
6. DATE OF BIRTH (month, day, and year): Dec. 22 - 1864
7. AGE: Years 71 | Months 6 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Candy Maker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Berne Switzerland

FATHER
13. NAME: Karl C Kennell
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Marie Jaggi
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Alfred Kennell Lewiston Idaho.
18. ~~BURIAL, CREMATION OR~~ REMOVAL Place: Portland Ore. Date: 7/5, 1936
19. UNDERTAKER (Address): Brown Wagon Co Lewiston Idaho
20. FILED 7/5, 1936 N. W. Cantey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 3rd 1936.
22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to July 3, 1936.
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 7:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer Prostate	1935

Other contributory causes of importance: Intestinal obstruction from Cancer of Prostate

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Paul W Johnson M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99736

AUG 11 1936 RECEIVED

Registration District No. 1009

Registrar's Registration District No. 96

Local Registrar's No. 622

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sister Mary Loretta

74

(a) Residence. No. St. Joseph's Hospital St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Sisters of St. Joseph
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date July 6, 1936

19. UNDERTAKER Vassar-Rawlins Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 4, 1936 M. McCaskey Registrar.
Mc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to July 3, 1936

I last saw her alive on July 3, 1936; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Cerebral Hemorrhage)	Feb 22-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in ~~also~~ the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul E. Johnson, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Bradstreet

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99737

Registration District No. 1009
Registered No. 96 Local Registrar's No. 621

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

90

2. FULL NAME Mrs. Lawrence Howard

(a) Residence. No. Riggins St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Lawrence Howard

6. DATE OF BIRTH (month, day, and year) July 22 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	II	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Daniel Blewett
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Lillian
16. BIRTHPLACE (city or town) (State or country) Iawa

17. INFORMANT Lawrence Howard
(Address) Riggens Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Gifford Idaho Date 7/5/36, 193

19. UNDERTAKER Vassar-Rawls
(Address) Lewiston Idaho

20. FILED July 23, 1936 M. W. Carkey Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/2/36

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to July 2nd, 1936.
Last saw her alive on July 2nd, 1936; death is said to have occurred on the date stated above, at 10. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Stenosis	Dec. 6 - 35
Mental Regurgitation	" " "
Myocardial Failure.	July 1st - 36.

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Joseph E. Baldock, M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99738

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 620

AUG 11 1936 RECEIVED

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louie Rickman

(a) Residence. No. St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilyan Rickman

6. DATE OF BIRTH (month, day, and year) June 4, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) DeSmet
(State or country) Idaho

MOTHER FATHER
13. NAME John Rickman
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Susan Stanislaus
16. BIRTHPLACE (city or town) DeSmet
(State or country) Idaho

17. INFORMANT Mrs. Louie Rickman
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place DeSmet, Idaho Date July 2 1936

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED July 14 1936 M. W. Castery Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to July 1, 1936
I last saw him alive on ..., 193...; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Cellulitis of face.	

Other **contributory causes** of importance:

Septic Meningitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..., If so, specify .....
(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99739

AUG 11 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 652

(No. St. Joseph)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Cole.

(a) Residence. No. Flora, Ore. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie M. Barnes

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1871

7. AGE: Years 65 | Months 6 | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johson county. Nebr.

MOTHER/FATHER

13. NAME Samuel Cole

14. BIRTHPLACE (city or town) (State or country) Nebr.

15. MAIDEN NAME Lucy Greenfied

16. BIRTHPLACE (city or town) (State or country) Nebr.

17. INFORMANT (Address) Mrs. James Cole Flora, Ore.

18. BURIAL, CREMATION, OR REMOVAL Place Flora, Cre. Date 8/1, 193.6

19. UNDERTAKER H. R. Merchant (Address) Clarkston, Wash.

20. FILED Aug. 1, 193.6 M. M. Carkey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 193.6

22. I HEREBY CERTIFY, That I attended deceased from July 29, 193.6, to July 31, 193.6.

I last saw him alive on July 30, 193.6; death is said to have occurred on the date stated above, at 5 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1935
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) R. L. Scott, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Naz Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99742

Registration District No. 1009

AUG 11 1936 RECEIVED

Primary Registration District No. 96

Local Registrar's No. 639

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Andrews White.

(a) Residence. No. St. Spalding, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	Indian.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 16th, 1917.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
18.	10.	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spalding, Idaho.

FATHER

13. NAME James White.

14. BIRTHPLACE (city or town) (State or country) Lapwai. Idaho.

MOTHER

15. MAIDEN NAME Annie Andrews.

16. BIRTHPLACE (city or town) (State or country) Spalding. Idaho.

17. INFORMANT Annie Andrews Mox Mox.
(Address) Spalding, Idaho.

18. Burial [illegible]
Place Spalding, Idaho. Date July 20th, 1936.

19. UNDERTAKER Brower-Wann Company.
(Address) Lewiston, Idaho.

20. FILED July 21, 1936 M. W. Caskey M. C.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 17, 1936.
I last saw him alive on July 17, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	years ago.

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Paul W. Johnson, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99743

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 638

AUG 11 1936 RECEIVED

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Carl Nelson

(a) Residence. No. 1811-Snake River Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17 ~~12~~	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blister Rust Camp
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

FATHER
13. NAME Carl Nelson
14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER
15. MAIDEN NAME Frieda Nelson
16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Carl Nelson
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~ Burial
Place Lewiston, Ida. Date 7-17, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED July 23 1936 M. W. Carlay M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28th 1936, to July 15, 1936
I last saw him alive on July 15, 1936; death is said to have occurred on the date stated above, at 12:05p/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis + Multiple abscesses of entire kidney left.	6-12-36

Other contributory causes of importance:

Fell backward on log B.R.C. work about middle of June became ill next day	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. McMahan, M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99744

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 637

(No. 631 - 4th Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Gregory Eaves

(a) Residence. No. 631 - 4th Avenue St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elliott W. Eaves

6. DATE OF BIRTH (month, day, and year): April 13, 1860

7. AGE — Years: 76 | Months: 3 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monroe, Michigan

MOTHER/FATHER

13. NAME: Austin Gregory
14. BIRTHPLACE (city or town) (State or country): Texas

15. MAIDEN NAME: Mary White
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Mrs. O. S. Carsaw, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Lewiston, Idaho Date July 18, 1936

19. UNDERTAKER (Address): Brower Wamm Company, Lewiston, Idaho

20. FILED July 27, 1936. M. M. Caskey, Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936., to July 15, 1936.
I last saw her alive on July 15th 1936.: death is said to have occurred on the date stated above, at 3:55 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	immediate

Other **contributory causes** of importance:

Chr. Myocarditis	+ yrs

Name of operation: None Date of:
What test confirmed diagnosis? Exp Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. S. Carsaw, M. D.
(Address) Lewiston, Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce.
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99745

AUG 11 1936 RECEIVED

Registration District No. 1009
Registrar's Registration District No. 26
Local Registrar's No. 636

(No. 704 - 4th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Huggins Storey

(a) Residence. No. 704 - 4th Avenue St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Storey

6. DATE OF BIRTH (month, day, and year) May 31, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME ~~Charles Storey~~
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Moore
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Hilda Simmons (Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Cincinnati, Ohio Date 7-16, 1936

19. UNDERTAKER Vassar - Rands Co. (Address) Lewiston, Idaho

20. FILED July 23, 1936 Mr. W. Caskey M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1936, to 7-15, 1936
I last saw her alive on 7-15, 1936: death is said to have occurred on the date stated above, at 12:00 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastritis	7-14-36
Other contributory causes of importance:	
Senility	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) [illegible] M.D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99746

AUG 11 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 635

(No. St. Josephs Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Miss. Rose M. Brady

(a) Residence. No. 704-11th St. Clarkston St. Wash.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White | 4. Color or Race: Female | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5 1889

7. AGE: Years 46 | Months 10 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Thomas J. Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Brady

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Daniel Brady (Address) Clarkston, Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho Date 7/16/36, 193...

19. UNDERTAKER Vassar-Rawls Co. (Address) Lewiston, Idaho.

20. FILED July 22, 1936 N. W. Caskey m.c. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/13/36

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 193.5, to 7/13/, 193.6

I last saw her alive on 7/13/, 193.6: death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation & Stenosis	Typo

Other contributory causes of importance:

Dont Know	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) O. G. Carsson, M. D.

(Address) Lewiston Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99747

Registration District No. 1009

AUG 11 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 634

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Granville Williams 90

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not on record

6. DATE OF BIRTH (month, day, and year) June 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER/FATHER

13. NAME Sheridan Williams

14. BIRTHPLACE (city or town) (State or country) Not on record

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Mrs. Fred Smith
(Address) Lewiston Orchards, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date July 14 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED July 14 1936. M. W. Caskey Registrar.
M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 12 1936
I last saw him alive on July 11 1936 death is said to have occurred on the date stated above, at 2:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. O. Clark M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99748

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 633

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph McCormack

(a) Residence. No. St. Kapowai Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1872
7. AGE: Years 64; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alpowai Wash.

MOTHER/FATHER
13. NAME: Ann McCormack
14. BIRTHPLACE (city or town) (State or country): Idaho
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT: Hearn M. McCormack
(Address) Kapowai Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Kapowai Idaho Date: 7/15, 1936
19. UNDERTAKER: Bower-Wasem Co.
(Address) Lewiston Idaho
20. FILED: July 14 1936. M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to July 11, 1936.
Last saw him alive on July 11th 1936.: death is said to have occurred on the date stated above, at 10:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Erysipelas	about 2 wks

Other **contributory causes** of importance:

none	

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. C. Corrigan M. D.
(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99749

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 632

(No. St. Joseph's Hospital) 131
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Elizabeth Knepper

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. W. Knepper

6. DATE OF BIRTH (month, day, and year) April 9, 1897

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
39	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME Thomas Rosevear
14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Losella Rose
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT J. W. Knepper
(Address) Lewiston Orchards, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date July 14, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED July 14 1936. M. W. Gentry Registrar.
M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 11, 1936.
I last saw her alive on July 11, 1936; death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uraemia	7/10/36

Other **contributory causes** of importance:

Chronic Nephritis	5 yrs. duration

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. P. Boteler M. D.
(Address) Clarkston, Washington

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99750

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 631
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wayne Albert Riley

(a) Residence. No. St. Grangeville, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER
13. NAME W. A. Riley
14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER
15. MAIDEN NAME Ethel Rankin
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT W. A. Riley
(Address) Grangeville, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Boise, Idaho Date 7-12, 1936

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED July 14, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to 7-11, 1936
I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 5:30 a/. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	7/9/36
Other contributory causes of importance:	
Empyema	6/6/36
Infected cut on finger	

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) [signature] M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99751

Registration District No. 1009

AUG 11 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 630

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arena E. Ferris

(a) Residence. No. 205 - 3rd Avenue St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James A. Ferris
6. DATE OF BIRTH (month, day, and year): Aug. 18 - 1866
7. AGE: Years 69 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER
13. NAME: Barnhouse
14. BIRTHPLACE (city or town) (State or country): Not Known
15. MAIDEN NAME: Elizabeth Harper
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Stanley Ferris
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date July 13, 1936

19. UNDERTAKER: Brown - Wamsley Co.
(Address) Lewiston Idaho

20. FILED July 14, 1936 M. W. Caskey Registrar.
M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10th 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to July 10, 1936.
I last saw her alive on July 10, 1936. death is said to have occurred on the date stated above, at 5 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Right occ	unknown
Nephritis Chronic, F	June 11-36
Myocardial failure	July 8 & 36

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph L. Badenk M. D.
(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Bradford

DO NOT WRITE IN THIS SPACE
99752
State File No.

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 628

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

2. FULL NAME Mirvle Jackson Crook

(a) Residence. No. 111a St. Kooskia Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. If Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 24th 1893
7. AGE: Years 43 Months 2 Days 12 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pullman Washington

FATHER
13. NAME: Jerome Crook
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER
15. MAIDEN NAME: Emma Jordan
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs Nellie Fuller Lewiston Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Kooskia, Idaho Date 8/7, 1936

19. UNDERTAKER (Address): Brown-Wamp Co Lewiston Idaho

20. FILED July 14 1936 M. W. Caskey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1936, to July 6, 1936.
I last saw him alive on July 6th 1936. death is said to have occurred on the date stated above, at 12.40 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1934
Ruptured gastric Ulcer	July 2-1936
Peritonitis	July 2-1936
Myocardial Failure	July 7-1936

Other **contributory causes** of importance:

Name of operation Closure of Ruptured gastric Ulcer Date of July 3 36
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph L. Bridwell, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99753

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 627

AUG 11 1936 RECEIVED

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alice M. Johnson

(a) Residence. No. ..... St. Clarkston Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John. Johnson

6. DATE OF BIRTH (month, day, and year) July 25 1853

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

MOTHER FATHER

13. NAME Joseph Jackson

14. BIRTHPLACE (city or town) .....
(State or country) England

15. MAIDEN NAME Elizabeth Barber

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Mrs. Sadie Fredrick
(Address) James Town, Minn.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston, Wn. Date 7/7, 1936

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wn.

20. FILED July 23 1936 N.W. Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-26-1936, 193..., to 7-5-1936, 193....

I last saw h~~e~~ alive on 7/5-, 1936: death is said to have occurred on the date stated above, at 2.40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH.

DO NOT WRITE IN THIS SPACE
State File No. 99754

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 226

(No. 20 Joseph.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Driffield 1185

(a) Residence. No. St. Clarkston, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Alice V. Todd.

6. DATE OF BIRTH (month, day, and year): Feb. 12 - 1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
86	5 4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Merchant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

MOTHER/FATHER

13. NAME: William Driffield
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Elizabeth Bowden
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Alice Driffield Clarkston Wn.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston Date 7/7, 1936

19. UNDERTAKER (Address): H. R. Merchant Clarkston Wash.

20. FILED July 23 1936 M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 5, 1936.
I last saw him alive on July 5, 1936: death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	July 3-36
cause of obstruction not determined.	

Other **contributory causes** of importance:

Senility	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul W. Johnson, M. D.
(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hahn

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99755

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 625

AUG 11 1936 RECEIVED

(No. 826 7th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Elizabeth Watson

(a) Residence. No. 826-7th St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Watson

6. DATE OF BIRTH (month, day, and year) Jan. 28 1842.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
94	5	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER/FATHER
13. NAME Josiah E. Tarbion
14. BIRTHPLACE (city or town) (State or country) Tenn.
15. MAIDEN NAME — Smith
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Wm. Watson
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 7/7, 1936

19. UNDERTAKER Brosier-Warnick
(Address) Lewiston Idaho

20. FILED July 14 1936. M. W. Cooley Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, 193... to July 5, 1936.
I last saw h~~e~~r alive on July 5, 1936.; death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Mary S. H. Hahn M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 11 1936 RECEIVED

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99756

Registration District No. 1009
Primary Registration District No. 4 6 Local Registrar's No. 624
(No. St. Joseph. 49)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. H. Thornton

(a) Residence. No. St. Clarkston, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.
6. DATE OF BIRTH (month, day, and year): Dec 26 - 1873
7. AGE — Years: 62 | Months: 6 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Gas Man
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: north west Gas Co.
10. Date deceased last worked at this occupation (mo. and yr.): July 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Arkansas

FATHER
13. NAME: J. X. Thornton
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Ross
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): D. Wickersham Clarkston Wn

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Lewiston Cem. Date: 7/6, 1936

19. UNDERTAKER (Address): W. B. Merchant Clarkston Wn.

20. FILED July 23, 1936 M. W. Caskey Registrar.
M. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to July 3, 1936.
I last saw him alive on July 3, 1936: death is said to have occurred on the date stated above, at 11. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other **contributory causes** of importance:

Name of operation Insertion of Radium Date of 1/23/35
What test confirmed diagnosis? Pathological Section Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Scott M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9975?

AUG 11 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 653

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Lewis

179

(a) Residence. No. (Avon, Idaho) St. Joseph's Hospital.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie Smith Lewis

6. DATE OF BIRTH (month, day, and year) March 17 1884

7. AGE: Years 52 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cass County, Iowa

FATHER

13. NAME Francis Marion Lewis

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Virginia Ford

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. M. E. Younger, Mohler, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Craigmont, Ida. Date 8-1 ..., 1936

19. UNDERTAKER C. E. Clowes
(Address) Craigmont, Idaho.

20. FILED Aug 6 1936 M. W. Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1936, to 7/31, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree	
Burns of face	
Whole Body	
Arms & hands	
Other **contributory causes** of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Jaundice Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Ac Date of injury .., 193.
Where did injury occur? Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Was burning house
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul A. Haney M. D.
(Address) Lewiston Idaho

Dr Braddock

PLACE OF DEATH

County of Nez Perce

City of Lewiston, Idaho

AUG 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99758

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 651

(No. 1406 - 9 St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Riley Rice

(a) Residence. No. ..... St. Cottonwood, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Catherine Rice

6. DATE OF BIRTH (month, day, and year) November 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
	77	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Had been farmer + cattleman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** owner + operator of service station

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER/FATHER

13. NAME Erastus Rice

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mace

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Riley Rice
(Address) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Aug. 2 1936

19. UNDERTAKER Brower Mann Company
(Address) Lewiston Idaho

20. FILED Aug. 7, 1936 M. F. Cuskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936, to July 30, 1936.

I last saw him alive on July 30 1936.: death is said to have occurred on the date stated above, at 2.00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	July 1936

Other **contributory causes** of importance:

Name of operation Bladder drainage Date of Mortique Biopsy

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. E. Braddock, M. D.

(Address) Lewiston, Idaho

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

AUG 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 99759

Local Registrar's No. 649

131

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Bianka Humiston

(a) Residence. No. ..... St. Potlatch, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. 14 ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Humiston

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	66	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Humboldt Co. Calif
(State or country)

FATHER

13. NAME Nelson Allen

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Margaret Betts

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Ted Humiston
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch, Ida. Date 7/31, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED July 31, 1936 M. W. Courtney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 27, 1936.
I last saw her alive on July 27, 1936; death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	
Other **contributory causes** of importance: Bilateral Hydronephrosis	1915

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Scott, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99760

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 648
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Bauscher

(a) Residence. No. St. Colfax, Wn
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Bauscher

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Wm Bauscher
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Kenneth Pearson Pullman, Wn

18. BURIAL, CREMATION OR REMOVAL
Place. Colfax, Wn Date July 25 1936

19. UNDERTAKER (Address) Brower Mann Co. Lewiston, Idaho

20. FILED July 27 1936 M. N. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1935, to July 25, 1936.
I last saw him alive on July 15, 1936.; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1932?
Other **contributory causes** of importance: Metastasis to lungs.	

Name of operation Implantation of Radium Date of Jan 2 '36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99761

AUG 11 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 647

(No. Whites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Wayne Rustemeyer

57

(a) Residence. No. Asotin, Wash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1921

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
15	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At school

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Ida.

MOTHER FATHER

13. NAME Peter A Rustemeyer

14. BIRTHPLACE (city or town) (State or country) Uniontown Wn.

15. MAIDEN NAME Ora Helen Robins

16. BIRTHPLACE (city or town) (State or country) Cottonwood Ida.

17. INFORMANT Peter A. Rustemeyer

(Address) Asotin, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Clarkston, Wash. Date 7/28.., 1936

19. UNDERTAKER H. R. Merchant

(Address) Clarkston, Wash.

20. FILED Aug. 5, 1936. M. M. McCarley M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to July 25, 1936.

I last saw h.. alive on 7-24-36, death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....

(Signed) J. M. McElwain M. D.

(Address) Asotin, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99762

Registration District No. 1009

AUG 11 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 646

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Oressa Snyder

(a) Residence. No. ... St. Weippe, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sterling Snyder

6. DATE OF BIRTH (month, day, and year) July 5 1892

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
44	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Van Wert Co., Ohio

MOTHER FATHER

13. NAME Veaman Brubaker

14. BIRTHPLACE (city or town) (State or country) Van Wert Co. Ohio.

15. MAIDEN NAME Ellen Lintemoot

16. BIRTHPLACE (city or town) (State or country) Van Wert Co, Ohio

17. INFORMANT Mrs Wm H. Noble
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weippe, Idaho Date July 26 1936

19. UNDERTAKER Brower Wamm Co.
(Address) Lewiston, Idaho

20. FILED July 27, 1936. M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936, to July 23, 1936.
I last saw her alive on July 23 1936: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	

Other **contributory causes** of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul G. Hamm, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99763

Registration District No. 1009

AUG 11 1936 RECEIVED

Registration District No. 96 Local Registrar's No. 645

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Mrs. Dora Mildred Osburn

(a) Residence. No. ____ St. Craigmont, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Osburn

6. DATE OF BIRTH (month, day, and year) Mar 6, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Reubens (State or country) Idaho

FATHER
13. NAME Q. R. Click
14. BIRTHPLACE (city or town) ____ (State or country) Indiana

MOTHER
15. MAIDEN NAME Dora De Attley
16. BIRTHPLACE (city or town) ____ (State or country) Illinois

17. INFORMANT Roy Osburn (Address) Craigmont, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Craigmont, Ida. Date 7-24, 1936

19. UNDERTAKER Vassar-Rawls Co. (Address) Lewiston, Idaho

20. FILED July 24 1936 M. W. Caskey M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1936, to July 23, 1936
last saw her alive on July 23, 1936: death is said to have occurred on the date stated above, at 11:00 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	July 19th 36
Other contributory causes of importance: Gangrenous appendix	July 18th 36

Name of operation Drainage Appendix Date of 7/20/36
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) O. L. Carsaow, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr Carsson

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99764

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 643

AUG 11 1936 RECEIVED

(No.) 312 - 16 Th
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha S. Gibson

(a) Residence. No. 312 - 16 Th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John S. Gibson

6. DATE OF BIRTH (month, day, and year) March 12 - 1854

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
82	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER/FATHER
13. NAME William Day
14. BIRTHPLACE (city or town) (State or country) Indiana
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Dottie J. Stanton
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Kendrick, Idaho Date July 22 193 6

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Aug. 7, 1936. M. N. Caskey Registrar.
Dep. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 1 193 6, to July 21, 193 6.
I last saw h.CY. alive on about July 18, 193 6.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uterine cancer with Metastasis	1 yr

Other **contributory causes** of importance:

None	

Name of operation. None Date of. —
What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? —. Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) O. C. Carsson, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99765

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 644

(No. St. Joseph.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pleasant W. Le Francis

(a) Residence. No. Clarkston St. Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Skeen

6. DATE OF BIRTH (month, day, and year) Sept. 30, 1856

7. AGE: Years 79 | Months 9 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Ill.

MOTHER FATHER
13. NAME Peter Le Francis
14. BIRTHPLACE (city or town) (State or country) Quebec Canada
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT R. L. Le Francis (Address) Clarkston, Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Ida. Date 7/24 1936.

19. UNDERTAKER H. R. Merchant (Address) Clarkston, Wah.

20. FILED July 24 1936 M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 21, 1936.
I last saw him alive on July 21, 1936: death is said to have occurred on the date stated above, at 5.45a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	7/21/36
Other **contributory causes** of importance:	
Coronary thrombosis	7/19/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) H. R. Merchant M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99766

AUG 11 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 641
(No. 40 Joseph.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theodore Leopold Laufer

(a) Residence. No. ..... St. Clarkston
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): NOV 9 - 1872
7. AGE: Years 63 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter
10. Date deceased last worked at this occupation (mo. and yr.): 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Iowa

FATHER
13. NAME: Conrad Laufer
14. BIRTHPLACE (city or town) (State or country): Alsace-Lorraine

MOTHER
15. MAIDEN NAME: Mary Schutte
16. BIRTHPLACE (city or town) (State or country): Paris France

17. INFORMANT (Address): Miss Elma Laufer Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Uniontown Wash. Date 7/21, 1936

19. UNDERTAKER (Address): H. R. Hendrickson Clarkston Wash.

20. FILED July 23 1936 M. W. Castey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to July 19, 1936.
I last saw him alive on July 18 1936.: death is said to have occurred on the date stated above, at 12 M P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	7/12/36
Other **contributory causes** of importance:	
Cerebral Hemorrhage	1932
Chronic Endocarditis	1932
Chr. Hypertension	1932

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specify
(Signed) L. P. Stroupe M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99767

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 642

AUG 11 1936 RECEIVED

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Frank Anderson

(a) Residence. No. Rexburg Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) not obtainable

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blister Rust C.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not obtainable
(State or country)

FATHER
13. NAME Archie Anderson
14. BIRTHPLACE (city or town) not obtainable
(State or country)

MOTHER
15. MAIDEN NAME not obtainable
16. BIRTHPLACE (city or town) not obtainable
(State or country)

17. INFORMANT Archie Anderson
(Address) Rexburg, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Rexburg Idaho Date July 21 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED July 23, 1936 M. N. Castey Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936, to July 20 1936
I last saw h[illegible] alive on July 20, 1936: death is said to have occurred on the date stated above, at 1:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture & Laceration of brain & Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Syndrome Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 20 1936
Where did injury occur? Canada Road Nez Perce Co Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Car driven by Brunk
Nature of injury Skull fracture & Lacerations of Brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel G. Swanson M. D.
(Address) Lewiston Idaho

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

DO NOT WRITE IN THIS SPACE
State File No. 99768

JUL 20 1936 RECEIVED

Primary Registration District No. 2069

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME Mary Jane Thomas Owens

(a) Residence. No. ..... Malad Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Thomas Owens

6. DATE OF BIRTH (month, day, and year) Sept 1 1862

7. AGE: Years 73 | Months 9 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) employment in this occupation 52

12. BIRTHPLACE (city or town) Brigham
(State or country) Utah

FATHER

13. NAME Thomas W Thomas

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Ruth Morgan

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT Thos E Owens
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date June 13 193 6

19. UNDERTAKER J Evans Kansas
(Address) Malad Idaho

20. FILED June 30 1936 M J Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193 2
I last saw her alive on June 9, 193 6 death is said to have occurred on the date stated above, at 3:15 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acc dent 1932	1932
Clot in brain	
became calcified	
Clot became Calcified	

Other **contributory causes** of importance (Pneumonia)

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C B Mabey M. D.
(Address) Malad Ida

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Early diagnosis ... OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE
State File No. 99769

AUG 14 1936 RECEIVED

Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice G Smith Jenson

(a) Residence. No. Arbon Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

98

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph C Jenson

6. DATE OF BIRTH (month, day, and year) July 3 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

MOTHER FATHER

13. NAME Ralph Smith

14. BIRTHPLACE (city or town) .....
(State or country) England

15. MAIDEN NAME Emma Girdlestone

16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Clyde Jenson
(Address) Arbon Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Logan Utah Date July 27 1936

19. UNDERTAKER J. Guy Jensen
(Address) Malad Idaho

20. FILED July 31, 1936 M. J. Kerr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Patient not attended, Died after returning.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:00 PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable cause of death	
Acute dilitation of heart.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury. -
Nature of injury. -

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. O. Hand M. D.
(Address) Malad, Ida.

OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99770

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 21

AUG 14 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clair J Allen

(a) Residence. No. ..... Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Apr 1936

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

FATHER

13. NAME Spencer F Allen

14. BIRTHPLACE (city or town) Hyrum
(State or country) Utah

MOTHER

15. MAIDEN NAME Sarah Darley

16. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

17. INFORMANT Spencer F Allen
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Hyrum Utah Date July 19 36

19. UNDERTAKER J Guy Keesan
(Address) Malad Idaho

20. FILED July 31, 1936 M J Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193. 3 to July 16., 1936.

I last saw h— alive on July 16 1936: death is said to have occurred on the date stated above, at 8:45PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic	5
Heart	5

Other **contributory causes** of importance:

Acute Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Specify .....

(Signed) O M Baker M. D.

(Address) Malad Idaho

90

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 99771

Local Registrar's No. 22

AUG 14 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

9

2. FULL NAME Gerald W John

(a) Residence. No. Samaria Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 22 1934

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Samaria
(State or country) Idaho

MOTHER FATHER

13. NAME David E John

14. BIRTHPLACE (city or town) Samaria
(State or country) Ida

15. MAIDEN NAME Mattie Williams

16. BIRTHPLACE (city or town) Gwenford
(State or country) Idaho

17. INFORMANT David E. John
(Address) Samaria Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Samaria Idaho Date July 18 1936

19. UNDERTAKER J. Guy Duncan
(Address) Malad Idaho

20. FILED July 31, 1936 M. J. Farnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) July (day) 17 (year) 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to July 17 1936
I last saw h. alive on July 16, 1936 death is said to have occurred on the date stated above, at 3:30 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	July 13

Other **contributory causes** of importance:

Whooping Cough	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) O. B. Walker M. D.
(Address) Malad Ida

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99772

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 23

AUG 14 1936 RECD

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

884

2. FULL NAME Jennie Angle Mullins

(a) Residence. No. ..... Malad Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. ... mos ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jackson Mullins

6. DATE OF BIRTH (month, day, and year) Mar 4 1853

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
83	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ..... Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 20 yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ... Franklin Co.... (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... Unknown ..... (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .. Unknown ..... (State or country)

17. INFORMANT ... Annie Lewis ..... (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Snowville Utah Date July 23 36

19. UNDERTAKER J. Sam Keenan (Address) Malad Idaho

20. FILED July 31, 1936 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 20, 1936.

I last saw her alive on July 17, 1936; death is said to have occurred on the date stated above, at 11:30 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Other **contributory causes** of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Mort. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Marion J. Kerns M. D.

(Address) Malad, Ida

OCCUPATION is very important. See instruction on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99773

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 24

AUG 14 1936 RECEIVED

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Curtis Morgan

(a) Residence. No. Malad Idaho St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel S Morgan

6. DATE OF BIRTH (month, day, and year) July 15 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Springville (State or country) Utah

MOTHER FATHER

13. NAME David Avery Curtis

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Harriet Howard

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Guillem Wallace (Address) Los Angeles

18. BURIAL, CREMATION OR REMOVAL Bueial

Place Malad Idaho Date July 25 1936

19. UNDERTAKER J. Guy Hansen (Address) Malad Idaho

20. FILED July 31, 1936. D. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936 to July 21, 1936.

I last saw her alive on July 21, 1936.: death is said to have occurred on the date stated above, at 8:00 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral regurgitation	

Other **contributory causes** of importance:

Emphysema	
Arteriosclerosis	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury. —

Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.

(Signed) W. A. Gaget, M. D.

(Address) Malad Ida.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2069

AUG 14 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 99774

Local Registrar's No. 25

(No. 9)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Jean Evans

(a) Residence. No. Malad Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28 1934

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
2	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad (State or country) Idaho

FATHER

13. NAME Thomas Lyman Evans

14. BIRTHPLACE (city or town) Samamria (State or country) Idaho

MOTHER

15. MAIDEN NAME Myrle Stella Price

16. BIRTHPLACE (city or town) Malad (State or country) Idaho

17. INFORMANT Thomas L. Evans (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Malad Idaho Date July 25 1936

19. UNDERTAKER J. Guy Rowe (Address) Malad Idaho

20. FILED July 31, 1936 M. J. Nevin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) July (day) 22 (year) 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 22, 1936

I last saw h... alive on July 22, 1936; death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If ... specify .....

(Signed) Dr. Mulvey M. D.

(Address) Malad Ida.

OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99775

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 19

JUL 2 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Thomas Stephens Thomas

(a) Residence. No. Malad Idaho R F D 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M Peterson

6. DATE OF BIRTH (month, day, and year) Oct 18 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming Stock Raising

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) May 1936

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) Cardiff (State or country) Wales

FATHER

13. NAME Morris Thomas

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Eleanor Stephens

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. D. L. Evans Jr. (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place St. John Ida. Date July 2 193 6

19. UNDERTAKER J. Berry Johnson (Address) Malad Idaho

20. FILED June 30, 1936 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29 193 6

22. I HEREBY CERTIFY, That I attended deceased from June 26, 193 6 to June 29, 193 6

I last saw h... alive on June 29, 193 6 death is said to have occurred on the date stated above, at 1:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Renal calculi	
Pyelonephritis	2
etc	

Other **contributory causes** of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Signature

(Signed) ..... M. D.

(Address) Malad Idaho

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99776

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 17

JUL 23 1936 RECEIVED

(No. Malad Community Hospital)
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merle Fergus

(a) Residence. No. Stone Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 25 1919
7. AGE: Years 17 | Months 0 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Snowville
(State or country): Utah

FATHER
13. NAME: William H Fergus
14. BIRTHPLACE (city or town): Logan
(State or country): Utah

MOTHER
15. MAIDEN NAME: Martha E Peterson
16. BIRTHPLACE (city or town): Snowville
(State or country): Utah

17. INFORMANT: W. M. Fergus
(Address): Stone Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Snowville Utah Date: June 7 36
19. UNDERTAKER: J. Sey Brown
(Address): Malad Idaho
20. FILED: June 30, 1936 M. J. Ferns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 5 1936
22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to June 5, 1936.
I last saw her alive on June 4, 1936: death is said to have occurred on the date stated above, at 3:00 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Broncho Pneumonia	6 weeks
Bors. Pericarditis & Effusion	?
Other **contributory causes** of importance:	
Chr. Otitis Media	9 weeks

Name of operation: none Date of:
What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Marion J. Ferns, M. D.
(Address) Malad, Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99777

JUL 2 1936 RECEIVED

Registration District No. 26
Primary Registration District No. 2064
Local Registrar's No. 320

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick James Richards

(a) Residence. No. ..... Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Jane Adams

6. DATE OF BIRTH (month, day, and year) March 31 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Malad
(State or country) Idaho

FATHER

13. NAME Thomas W Richards

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Charlotte Thomas

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMANT Florence Clark
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date July 3 193.6

19. UNDERTAKER J. Sam Ramsay
(Address) Malad Idaho

20. FILED June 30, 1936 M. J. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) June 30 (and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 193.6, to June 30 193.6

I last saw h— alive on 6/30, 193.6: death is said to have occurred on the date stated above, at 11:55 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tumor upper right Quadrant of abdomen	
Post Lethal Cancer	2

Other **contributory causes** of importance:

By Bartlett.
Ogden Ut 1936

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) O. H. Malcolm, M. D.

(Address) Malad

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99778

JUL 29 1936 RECEIVED

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 15

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Rose Bourchuis - Bouwhuis 16 1 a

(a) Residence. No. ... Black Pine St. Oneida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/3/36

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Malad Idaho
(State or country)

MOTHER FATHER
13. NAME Wm Paul Bourchuis
14. BIRTHPLACE (city or town) Stone Idaho
(State or country)

MOTHER
15. MAIDEN NAME Jessie Vanorden
16. BIRTHPLACE (city or town) Lewiston Ut
(State or country)

17. INFORMANT Wm Paul Bourchuis
(Address) Black Pine, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Black Pine Idaho Date 6/6, 1936

19. UNDERTAKER Norge William Paul Bourchuis
(Address) Black Pine Ida (Acting)

20. FILED June 6, 1936 M J Kerans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice 2 hours	
Premature	
Placenta Previa	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O K Meade
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

JUL 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99779

PLACE OF DEATH
County of Cassia
City of Burley
Registration District No. 74
Primary Registration District No. 2151
Local Registrar's No. 4
(No. Burley Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Angus McDonald

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME MacDonald
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMENT (Address) J. E. Nottingham Boise Idaho.
18. BURIAL, CREMATION, OR REMOVAL Place Pioneer Cemetery Date July 15 1936
19. UNDERTAKER (Address) Symmes Funeral Home Boise Idaho.
20. FILED July 15, 1936 Alice C. Erlenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-13 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h alive on ....., 193...: death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Albert L. Harley, M. D.
(Address) Acting Coroner Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Camas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99780

Registration District No. 34
Registration District No. 2026
Local Registrar's No. 16

AUG 11 1936 RECEIVED

(No. 93)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mariano Oyarzabal - Oyarzabel

(a) Residence. No. (Usual place of abode) St. Intn Home, Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7-8-36
11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Spain.

FATHER
13. NAME Jose Oyarzabal
14. BIRTHPLACE (city or town) (State or country) Spain.

MOTHER
15. MAIDEN NAME Pilara Sidergy
16. BIRTHPLACE (city or town) (State or country) Spain.

17. INFORMANT (Address) Boise Oyarzabal Mountain Home, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Intn [illegible] Date 7-11-, 1936

19. UNDERTAKER (Address) Barber Funeral Home Mountain Home-Ida.

20. FILED 7-12-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1936, to 7-8-, 1936
I last saw h..... alive on....., 193....: death is said to have occurred on the date stated above, at 3.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Vein near Tooth	7-8-36
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Lawrence M. D.
(Address) Intn, Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99781

JUN 22 1936 RECEIVED

Registration District No. 107
Primary Registration District No. 2185
Local Registrar's No. 1

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude May Benham

(a) Residence. No. .... Homedale, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Benham

6. DATE OF BIRTH (month, day, and year) March 16 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	0	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER
13. NAME Alfred Coats
14. BIRTHPLACE (city or town) (State or country) — —

MOTHER
15. MAIDEN NAME Rose Rhoades
16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT W. Benham (Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 4-7-1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida.

20. FILED 4/3, 193.. .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1936, to Apr 2, 1936
I last saw h[illegible] alive on Apr 2, 1936: death is said to have occurred on the date stated above, at 3:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Mar 1936
Other contributory causes of importance:	
Chronic Nephritis Brights	[illegible]

Name of operation .... Date of ....
What test confirmed diagnosis? Tab Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Robert E. Tellam, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99782

JUN 22 1936 RECEIVED

Registration District No. 107
Primary Registration District No. 2185 Local Registrar's No. 2
(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta Joan Johnstone

(a) Residence. No. Homedale St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 23 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Homedale
(State or country) Idaho

FATHER
13. NAME James Johnstone
14. BIRTHPLACE (city or town)
(State or country) Scotland

MOTHER
15. MAIDEN NAME Emma Wolf
16. BIRTHPLACE (city or town)
(State or country) Owyhee Idaho

17. INFORMANT James Johnstone
(Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 5/18/, 1936

19. UNDERTAKER E. Peckham
(Address) Caldwell Ida

20. FILED 5/23, 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193....; death is said to have occurred on the date stated above, at 8-15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Meningitis	May 14-36

Other contributory causes of importance:

Scarlet Fever	May 8-36
Otitis Media	[illegible] 7-36
	May 2-36

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Fort Canal Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99785

JUL 23 1936 RECEIVED

Registration District No. 4.
Primary Registration District No. 1008.
Local Registrar's No. 48.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nelson J. Sullens.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jennie S. Sullens.

6. DATE OF BIRTH (month, day, and year) Nov 8 - 1855.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem. (State or country) Oregon.

FATHER
13. NAME Isaac M. Sullens.
14. BIRTHPLACE (city or town) (State or country) not known.

MOTHER
15. MAIDEN NAME Elizabeth Tomlinson
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT Clarence A. Sullens (Address) Portland Oregon.

18. BURIAL, CREMATION OR REMOVAL
Place Rose Plymouth Mt. Date June 10, 1936

19. UNDERTAKER Glenn C. Sanders (Address) Gooding Idaho

20. FILED 6/10/36, 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to June 8, 1936
I last saw him alive on June 6, 1936.: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsonian disease	1930
Hypertension with	P
Cardiac hypertrophy	
Decompensation	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Wedell Bellamy, M. D.
(Address) Gooding Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

JUN 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99786

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della May Davis

(a) Residence. No. 337 So 7th St St. Payette
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	married

5a. If married, widowed, or divorced
Husband (or) WIFE of Charles Davis

6. DATE OF BIRTH (month, day, and year) April 22 1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER
13. NAME Samuel Barber
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Ellen Harold
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Charles Davis Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 6-11- 1936

19. UNDERTAKER (Address) L. C. Northam Weiser Idaho

20. FILED 6/10/36, 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 8, 1936
I last saw her alive on June 8, 1936: death is said to have occurred on the date stated above, at 1.00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Ulcer of Stomach	June 8/36
Hemorrhage	

Other contributory causes of importance:

Ulcer of Stomach	
Hemorrhage	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. T. Reese, M. D.
(Address) Ontario Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99787

JUL 23 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Martha Ann Ketchum.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: J Harvey Ketchum.

6. DATE OF BIRTH (month, day, and year): July 3

7. AGE — Years: 74. Months: 11 Days: 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marietta Co. Ohio.

FATHER
13. NAME: Joe Baker.
14. BIRTHPLACE (city or town) (State or country): unknown.

MOTHER
15. MAIDEN NAME: Mary Williams
16. BIRTHPLACE (city or town) (State or country): Charleston W. Virginia.

17. INFORMANT (Address): C C Sisler New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 6-6-, 1936.

19. UNDERTAKER (Address): Dean C. Hughes. Payette Idaho.

20. FILED 6/10/36 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to June 4, 1936
I last saw h.. alive on June 4, 1936: death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Cerebral hemorrhage	April 1936
Other contributory causes of importance:	
Dementia senilis	May 1936

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alfred M. Copsey, M. D.
(Address) New Plymouth Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gayette

City of Gayette

JUN 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99788

Registration District No. 4

Registration District No. 1008

Local Registrar's No. 43

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Christene Swanson

50

(a) Residence. No. 1321 2nd Ave E South St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Johnson

6. DATE OF BIRTH (month, day, and year) Oct 22-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Mr Swanson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Mrs Swanson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Carl Johnson Gayette Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Payette Idaho Date 6-28, 1936

19. UNDERTAKER (Address) Glover & Saylors Gayette Ida.

20. FILED 6/9/36 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1— 1935, to May 26 1936

last saw h.. alive on May 25 1936: death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Face	Cancer
	Bay

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Paxton, M. D.

(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99789

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 42

JUL 23 1936 RECEIVED

(No. ..... Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Colonel Arthur Patton Moomaw

(a) Residence. No. Payette Street Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Moomaw

6. DATE OF BIRTH (month, day, and year) May 20, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Auburn, Ill. U. S. A.

FATHER

13. NAME William Thomas Moomaw

14. BIRTHPLACE (city or town) (State or country) Roanoke Va. U. S. A.

MOTHER

15. MAIDEN NAME Susan Ann Patton

16. BIRTHPLACE (city or town) (State or country) Auburn Ill. U. S. A.

17. INFORMANT Ada Chapman
(Address) Virden, Ill.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Auburn, Ill. Date 5-19-1936

19. UNDERTAKER Glenn C. Landers
(Address) Payette Idaho

20. FILED 6/26 193.... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936, to May 17 1936
I last saw h[illegible] alive on May 16 1936; death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	May 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. R. Woodward M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99790

JUL 23 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1006
Local Registrar's No. 41.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Arthur LeRoy Albert.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Julie E. Albert.

6. DATE OF BIRTH (month, day, and year) May 9-1892.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	—	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cushore (State or country) Penn.

FATHER
13. NAME Peter Albert.
14. BIRTHPLACE (city or town) Cushore (State or country) Penn.

MOTHER
15. MAIDEN NAME Julie Sidler
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. Julia E. Albert
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date 6-5-, 1936

19. UNDERTAKER Glenn C. Landon
(Address) Payette Idaho.

20. FILED 6/6/36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to June 2, 1936
I last saw him alive on June 2, 1936: death is said to have occurred on the date stated above, at 8:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 2, 1936

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Refus M. Gopms, M. D.
(Address) New Plymouth, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Near Plymouth

JUL 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 9979 1

Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Waldron Duncan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9-36

7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Plymouth Idaho

FATHER

13. NAME Robt Duncan

14. BIRTHPLACE (city or town) (State or country) Willow City N Dak

MOTHER

15. MAIDEN NAME Hazel McDonald Miller

16. BIRTHPLACE (city or town) (State or country) Rushville Iowa

17. INFORMANT (Address) Robert Duncan

18. BURIAL, CREMATION, OR REMOVAL Place New Plymouth Date 6-9, 1936

19. UNDERTAKER Peterson Funeral Co (Address) Payette Ida

20. FILED 6/9/36, 193 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9-, 1936, to June 9-, 1936

I last saw him alive on June 9, 1936; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature child born at about 32 nd week,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. C. Payton M. D.

(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99792

JUN 8 1936 RECEIVED

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 39

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Percy Lee Nehlsen

(a) Residence. No. _____ Wallace, Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) May 18 '36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace (State or country) Idaho

FATHER

13. NAME Gerald Nehlsen

14. BIRTHPLACE (city or town) Aberdeen (State or country) Scotland

MOTHER

15. MAIDEN NAME Marie Dudley

16. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

17. INFORMANT W. A. Nehlsen (Address) Wallace Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Mrs Olympus Ida Date May 20 1936

19. UNDERTAKER Farley (Address) W. A. Nehlsen Wallace Idaho

20. FILED 5/25/36 193... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) May 20, year 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 20, 1936
I last saw him alive on May 20, 1936: death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to ext'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. F. Heese, M. D.
(Address) Cashmere, Ore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99793

JUI 7 1936 RECEIVED

Registrar's Serial No. 25

Primary Registration District No. 2022 Local Registrar's No. 71

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Ann Mosho

42

(a) Residence. No. Pocatello, Idaho, Star Route St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone Ind. 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) 9-II- 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
I	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Reservation Power Co., Idaho

FATHER

13. NAME Snooks Mosho

14. BIRTHPLACE (city or town) (State or country) Fort Hall Res.

MOTHER

15. MAIDEN NAME Bessie Jack

16. BIRTHPLACE (city or town) (State or country) Washakie, Wyo.

17. INFORMANT Bessie Jack Mosho (Address) Pauline, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Fort Hall Ida Date 5-I9, 1936

19. UNDERTAKER None (Address)

20. FILED 7-7, 1936 Geertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-I8 1936

22. I HEREBY CERTIFY, That I attended deceased from 5- I, 1936, to 5- I8, 1936

I last saw her alive on 5- I8, 1936: death is said to have occurred on the date stated above, at 6: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tularemia	5-6-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cli Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. W. Brothers M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99794

Registration District No.

AUG 12 1936 RECEIVED

Registration District No. Local Registrar's No. 72

(If death occurred in a hospital or institution, give its name instead of street and number) (Not Schiltz Memorial Hospital)

2. FULL NAME William Bartel

(a) Residence. No. 721 Fort Hall Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) February 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Merchant

10. Date deceased last worked at this occupation (mo. and yr.) 10-31-34

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Stronsk
(State or country) Thorn, Germany

FATHER

13. NAME Johann Bartel

14. BIRTHPLACE (city or town) Germany
(State or country) 1824

MOTHER

15. MAIDEN NAME Anna Enert

16. BIRTHPLACE (city or town) Germany
(State or country) 1824

17. INFORMANT Lana A. Fields
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Aberdeen
Place ~~Am. Falls~~, Ida. Date 7-21, 1936.

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Idaho

20. FILED July 21, 1936. Gertrude Trumbull
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28..., 1936 to July 18..., 1936..
I last saw him alive on July 18, 1936.: death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other **contributory causes** of importance:

Name of operation.... None ..... Date of....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Oscar L. Jackson M. D.
(Address) American Falls, Idaho

99795

DO NOT WRITE IN THIS SPACE

State File No. 73

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Power

City of American Falls

Registration District No.

Primary Registration District No. ..... Local Registrar's No. .....

AUG 12 1936 RECEIVED

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Florence Black McKnight

(a) Residence. No. 2½ Miles west of Am. Falls, Ida. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Wm. L. McKnight

6. DATE OF BIRTH (month, day, and year): October 2, 1883

7. AGE: Years: 52 | Months: 9 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 7-20-36

11. Total time (years) spent in this occupation:

FATHER

12. BIRTHPLACE (city or town) (State or country): Grove City Penn

13. NAME: Joseph A. Black

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Aurelia Curry

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT (Address): Mrs. L. McKnight, American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: American Falls, Ida. 8-4-, 1936

19. UNDERTAKER (Address): G. N. Davis, American Falls, Idaho

20. FILED Aug 4, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1936, to 7-30-, 1936.

I last saw her alive on 7-30, 1936; death is said to have occurred on the date stated above, at 12 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary thrombosis	
Other **contributory causes** of importance:	
Influenza	

Name of operation: none Date of:

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) V. G. Lee M.D.

(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No. 74

DO NOT WRITE IN THIS SPACE
State File No. 99796

AUG 12 1936 RECEIVED

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mina A. Covert

(a) Residence. No. Rockland, Ida. St. 111a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred A. Covert

6. DATE OF BIRTH (month, day, and year): Oct 3 1884

7. AGE: Years 51 | Months 10 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): March 15 /36

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mich

FATHER

13. NAME: Davis Dell

14. BIRTHPLACE (city or town) (State or country): Mich

MOTHER

15. MAIDEN NAME: Flora Brainard

16. BIRTHPLACE (city or town) (State or country): Mich

17. INFORMANT (Address): Fred A. Covert, Rockland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Corunna Mich Date: Aug. 5, 1936.

19. UNDERTAKER (Address): A. M. Davis, American Falls, Idaho

20. FILED Aug. 5, 1936. Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/3/36 193

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to August 3, 1936
I last saw her alive on Aug. 3, 1936; death is said to have occurred on the date stated above, at 2.15A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Other **contributory causes** of importance:	
Gastric Ulcer.	
Arthritis	

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. F. Lozar, M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Above Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99797

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 11

AUG 11 1936 RECEIVED

(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Carl Schupp

(a) Residence. No. Gem Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Nov 29 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gem Idaho.

FATHER

13. NAME Peter Schupp
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Stiner
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Peter Schupp (Address) Gem Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date July 21, 1936

19. UNDERTAKER J. A Bever (Works) (Address) Wallace Ida.

20. FILED July 21, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Broncho pneumonia	July 15
Edema of lungs	July 16
Burke Idaho	
Other contributory causes of importance:	
Fall on water,	
Head & Neck Surgery	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury, 1936
Where did injury occur? Burke Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Fall on water
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Kreiger M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99798

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 10

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Wallace Hospital)

2. FULL NAME Mary Viscount

(a) Residence. No. K Elgg 2da St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day and year) April 1 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER
13. NAME John ~~Boettg~~ Baurle
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Wm Rullmann
(Address) Wallace Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Spokane Wn Date July 13, 1936

19. UNDERTAKER J. A. Bever (Corby)
(Address) Wallace Idn.

20. FILED July 17, 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 193 6, to July 14, 193 6
I last saw h.sa. alive on July 14, 193 6.: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Cardiac Failure	

Other contributory causes of importance:

Emphysema Gallbladder	June - 36
Obstruction of common duct, choledithiasis	
and chole cystectomy	

Name of operation Cholecystectomy Date of 7-14-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Ramsey Tullis, M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99793

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 9

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Wallace Hospital

31

2. FULL NAME Harry Pyne Owen

(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie Owen

6. DATE OF BIRTH (month, day, and year) July 25 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Montpelier N Wales

FATHER
13. NAME Harry Owen
14. BIRTHPLACE (city or town) (State or country) N Wales

MOTHER
15. MAIDEN NAME Jane Williams
16. BIRTHPLACE (city or town) (State or country) N Wales

17. INFORMANT Nellie Owen (Address) Mullan Ida

18. BURIAL, CREMATION, REMOVAL
Place Mullan Ida Date July 15, 1936

19. UNDERTAKER J A Beer (words) (Address) Wallace Ida

20. FILED July 14, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to July 12, 1936
I last saw h. alive on 7-12, 1936: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Silico-Tuberculosis	unknown
Chr - myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Silicosis
(Signed) [illegible], M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99800

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 8

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorway Leurel

(a) Residence. No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 23 - 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	8	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hunter Mine.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Frances Laurel
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Jack Leonard (Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date July 14, 1936

19. UNDERTAKER J A Bower (Wallace Ida.) (Address) Wallace Ida.

20. FILED July 11, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed by fall of rock	Instantly
Internal injuries	
Shock	
Other contributory causes of importance	
Fractured skull	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury, 193.....
Where did injury occur? Mullan Ida.
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. Mullan Mine
Manner of injury Fell rock fell on him
Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Nicholas Mayer Coroner
(Address) Wallace Ida

Lindsay

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99801

Registration District No. 70
Primary Registration District No. 104 Local Registrar's No. 7
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 11 1936 RECEIVED

2. FULL NAME Leona Beale

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER FATHER

13. NAME "
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Friend
(Address) Wallace Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Date July 15, 1936

19. UNDERTAKER J A Boyd (Boyds)
(Address) Wallace

20. FILED July 10 1936 John Boyd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1936, to July 8th, 1936
I last saw her alive on July 8th, 1936: death is said to have occurred on the date stated above, at 7:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify. .....

(Signed) H Buckley M. D.
(Address) Kellogg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99802
State File No.

County of Shoshone
City of Clarkia

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 6

AUG 11 1936 RECEIVED

(No. 94a) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Orran Downing

(a) Residence. No. / St. Hood River Ore.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret Downing

6. DATE OF BIRTH (month, day, and year): March 19 - 1883

7. AGE: Years 53 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Packer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Sheep Comp
10. Date deceased last worked at this occupation (mo. and yr.): July 1936
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Weston Oregon

FATHER

13. NAME: Joshua Downing
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Ella Zerba
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Errol E. Downing Dayton Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place: Walla Walla Wn Date: July 7, 1936

19. UNDERTAKER (Address): Stephen Funeral Home Inc. St. Maries Idaho

20. FILED July 13, 1936 Hood River
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to ..., 193...
I last saw him alive on July 4, 1936; death is said to have occurred on the date stated above at ... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Hardening of the Arteries	
Chronic Nephritis	
Contributory Cancer of Liver	

Other **contributory causes** of importance:
Lack of Stomach

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wallace Erb M.D.
(Address)

FILED FOR BINDING
PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

D. Fitzgerald

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99803

Registration District No. 70
Registration District No. 1011
Local Registrar's No. 5

AUG 11 1936 RECEIVED

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Butler

(a) Residence. No. Wardner Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Butler -

6. DATE OF BIRTH (month, day, and year) June 15 - 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lindsay
(State or country) Ontario Canada

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Edward Butler
(Address) Wardner Idaho -

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date July 10, 1936

19. UNDERTAKER R L Stout
(Address) Kellogg Idaho.

20. FILED July 11, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to July 8, 1936
I last saw h.e.r. alive on July 8, 1936: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1934
Other contributory causes of importance:	
Carcinoma, Breast	1934?
Carcinoma, Uterus	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) Edward Burgdorf M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mar Orichard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99804

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 4

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME D. L. Noe 66

(a) Residence. No. Orichard Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bluster Rust Camp
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Friends.
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida. Date July 14, 1936

19. UNDERTAKER J. A. Bower (Wards)
(Address) Wallace Ida.

20. FILED July 17, 1936 John Bower.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h~~im~~e alive on ....., 193.....: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	Sudden
Chronic Myocarditis	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:
Senile Debility Fever Bronchitis Acute Tonsilitis Chronic Tonsilitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Peterson M.D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99805

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 3

AUG 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. L. Wagoner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT None
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date July 14 1936

19. UNDERTAKER J. A. Boyer (Wallace Ida.)
(Address)

20. FILED July 7, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Duration 2 days	
Contributory	
Arteriosclerosis	
Other contributory causes of importance:	
Senility	

Name of operation None Date of ....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. P. Woodruff M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99806

AUG 11 1936 RECEIVED

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 2
(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Providence Hospital)

2. FULL NAME Peggy Williams

(a) Residence. No. 919 Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Robert O Williams

6. DATE OF BIRTH (month, day, and year) Sept 10 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME Parry.
14. BIRTHPLACE (city or town) (State or country) N Wales.

MOTHER
15. MAIDEN NAME Jane —
16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT R. D Williams (Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Evansville Ind Date July 9 1936

19. UNDERTAKER J. A. Beard (Wards) (Address) Wallace Ida.

20. FILED July 9, 1936 John Boren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 3, 1936
I last saw her alive on July 3, 1936; death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [redacted], M. D.
(Address) .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99808

PLACE OF DEATH
County of Shoshone
City of Wallace
Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 17
No. Shoshone County Courthouse
(If death occurred in a hospital or institution, give its name instead of street and number.)

AUG 11 1936 RECEIVED

2. FULL NAME Berto Gaspero. 31

(a) Residence. No. Wallace, Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 17 yrs. mos. ds. How long in U. S. if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57.			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓
12. MAIDEN NAME OF MOTHER ✓
13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant Mrs. S. Kemmer
(Address) Wallace Ida

15. Filed Aug 5, 1936. John Burr Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 24 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan., 1933, to July 24., 1936.
that I last saw him alive on July 23, 1936.
and that death occurred, on the date stated above, at 9 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. C. Lindsay, M. D.
7/27, 1936 (Address) Kellogg, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Wallace, Ida.	July 29 1936
20. Undertaker Bruce G. Worstell	Address Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99809

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 16

AUG 11 1936 RECEIVED

(No. Residence.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Stewart 45

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Stewart.

6. DATE OF BIRTH (month, day, and year) Mar. 10-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER
13. NAME Thomas Doyle.
14. BIRTHPLACE (city or town) (State or country) Not Known.

MOTHER
15. MAIDEN NAME Johanna Daly.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Harry Stewart (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date July 30 1936

19. UNDERTAKER J.A. Beer (Cards) (Address) Wallace Ida.

20. FILED July 29, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th, 1934, to July 25th, 1936
I last saw h.Sn alive on July 21, 1936: death is said to have occurred on the date stated above, at 230 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
& Metastases to Liver	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. T. Jones M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99810

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 15

AUG 11 1936 RECEIVED

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Lucelle Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem'l	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Miller

6. DATE OF BIRTH (month, day, and year) Jan 7-1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	6	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Avoca

FATHER
13. NAME George Smith.
14. BIRTHPLACE (city or town) (State or country) Avoca

MOTHER
15. MAIDEN NAME Christina Helgeson
16. BIRTHPLACE (city or town) (State or country) Avoca

17. INFORMANT Harry Miller (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash. Date July 25, 1936.

19. UNDERTAKER J. A. Bever (Wards) (Address) Wallace.

20. FILED July 27 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to July 23, 1936
That I last saw h[illegible] alive on July 23, 1936. death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia gun Puerperal Infection	10-12-36
Other contributory causes of importance:	
Nephritis Chronic	7-5 yrs

Name of operation Cesarean Date of 1935
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. M. W. Wolf, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99811

AUG 11 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 14

(No. Pearl Street
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Micheal Melley. 31

(a) Residence. No. Mullan Idd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. — 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Melley.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Rose O'Donald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mc Entyre (Address) Mullan Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Idaho Date July 23, 1936.

19. UNDERTAKER J. A. Bever (Wards) (Address) Wallace Ida.

20. FILED July 22, 1936. John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th, 193 5, to July 21, 1936
I last saw him alive on July 6, 1936: death is said to have occurred on the date stated above, at 12 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99812

Registration District No. 20
Primary Registration District No. 1011
Local Registrar's No. 12

AUG 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merrel Lesslie Pettijohn

(a) Residence. No. Gem Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 22 - 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

FATHER
13. NAME Clifford Pettijohn
14. BIRTHPLACE (city or town) Dayton Wash
(State or country)

MOTHER
15. MAIDEN NAME Mable Wellman
16. BIRTHPLACE (city or town) Galva Kansas
(State or country)

17. INFORMANT Bernard Wellman
(Address) Dur Park - Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date July 21, 1936

19. UNDERTAKER J A Bower (Wards)
(Address) Wallace Ida.

20. FILED July 20, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Five days
Edema of Lungs	
Edema of Brain	
Other contributory causes of importance:	
Lungs to Liver	
Spleen	

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 1936
Where did injury occur? Wallace Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Bernard Wellman
(Address) Dur Park Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99813

AUG 11 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Wallace Hospital)

2. FULL NAME Erik John Taikka

(a) Residence. No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hilda Taikka

6. DATE OF BIRTH (month, day, and year) July 17 - 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Erik Taikka
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mrs Hilda Taikka (Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Aug 5, 1936

19. UNDERTAKER J A Bever (Lemds) (Address) Wallace Ida

20. FILED Aug 3, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 31, 1936.
I last saw him alive on July 31, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic myocarditis	years
b Generalized arteriosclerosis	"
c Hypertension	

Other contributory causes of importance:

Cirrhosis	"
Chronic passive hyperemia of lungs	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify silicosis
(Signed) Fred W. Monroe M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 99814

Local Registrar's No. 44

AUG 19 1936 RECEIVED

1. (Usual residence) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sullivan, Dan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Blanche Lovett Sullivan

6. DATE OF BIRTH (month, day, and year): Nov 27 1906

7. AGE: Years 29 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Smelterman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sullivan Junction

FATHER

13. NAME: Hampton Sullivan

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Lida Bradley

16. BIRTHPLACE (city or town) (State or country): St. Louis Missouri

17. INFORMANT (Address): Lyle Sullivan St Maries Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: St. Maries Idaho Date: July 28 1936

19. UNDERTAKER (Address): M. C. Thorburn Kellogg Ida

20. FILED Aug 10, 1936. Mrs. J. Hamilton Brady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, ..., 1936, to July 25, 1936. I last saw him alive on July 25, 1936; death is said to have occurred on the date stated above, at 9:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coroners ambulance	July 26, 1936
Other **contributory causes** of importance:	

Name of operation: none Date of .....

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn McCoffen M. D.

(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

DO NOT WRITE IN THIS SPACE

State File No. 99815

AUG 12 1936 RECEIVED

Primary Registration District No. 2201 Local Registrar's No. 42

(No. .....
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Marion Kendrick

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

186

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21, 1915

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	21	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camps Idaho

MOTHER FATHER

13. NAME Seth Kendrick

14. BIRTHPLACE (city or town) (State or country) Arkansas

15. MAIDEN NAME Josephine Lilla

16. BIRTHPLACE (city or town) (State or country) North Platte Nebraska

17. INFORMANT (Address) Seth Kendrick Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date July 17, 1936

19. UNDERTAKER (Address) M. C. Thornhill Kellogg Idaho

20. FILED Aug. 10 1936. Mrs. Helen M. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 2:40 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Head crushed by falling rock	
Contusion of abdomen	
Fracture of pelvis	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (**violence**) fill in also the following: Accident, suicide or homicide? Accident Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state) Burke, Shoshone Co. Idaho

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Working in mine

Manner of injury Fell from cage to bottom of shaft

Nature of injury Crushed head

24. Was disease or injury in any way related to occupation of deceased? If so, specify. No

(Signed) M. C. Thornhill M.D.
(Address) Wallace Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wardner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

DO NOT WRITE IN THIS SPACE
State File No. 99816

AUG 12 1936 RECEIVED

Registration District No. 2201 Local Registrar's No. 143

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Matson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 21, 1877

7. AGE: Years 58 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Miner
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Finland

FATHER
13. NAME: Matt Matson
14. BIRTHPLACE (city or town) (State or country): Finland

MOTHER
15. MAIDEN NAME: Mina
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): Mrs Ida Matson Wardner Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date July 24 1936

19. UNDERTAKER (Address): M. P. Downing Kellogg Idaho

20. FILED Aug. 10 1936 Thos. Tulloch Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 17 1936

22. I HEREBY CERTIFY, That I attended (deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prog. Coronary Thrombosis	
Cerebral Hemorrhage	July 16

Other **contributory causes** of importance:

Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide or homicide? ..... Date of injury, 1936
Where did injury occur? (Specify city or town, county and state) Burke, Shoshone Co. Idaho
Specify whether injury occurred in industry, in home or in public place: Mine
Manner of injury: Struck by falling rock
Nature of injury: Fractured skull
24. Was disease or injury in any way related to occupation of deceased? No If so, specify: .....
(Signed) M. P. Downing M.D.
(Address) Wardner Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Nr. Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

DO NOT WRITE IN THIS SPACE

State File No. 99817

Primary Registration District No. 2201 Local Registrar's No. 41

AUG 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Irene Baldwin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 29 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME C. B. Baldwin

14. BIRTHPLACE (city or town) (State or country) Wash.

MOTHER

15. MAIDEN NAME Medra Bilyeu

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT C. B. Baldwin
(Address) Kellogg, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date July 14 1936

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg Idaho

20. FILED Aug. 10, 1936 Mrs. Helen M. Brade
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.. to ....., 193....

I last saw her alive on July 11, 1936 death is said to have occurred on the date stated above, at 6:50 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Left Lung	
Pleurisy Left Lung	
Gastritis	

Other **contributory causes** of importance:

Weakness due to Tumor of Liver

Name of operation None Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** At Home
Manner of injury .....
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. C. Thornhill M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Pritchard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 99818

Local Registrar's No. 45

AUG 12 1936 RECEIVED

(No. 170)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James Sheehy

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Captain John Sheehy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Harriet Hennagen

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMENT (Address) Eugene Sheehy Kellogg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida. Date Aug 5, 1936

19. UNDERTAKER (Address) M. Thornton Kellogg Idaho

20. FILED Aug 10, 1936 Mrs Julia M. Brice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1 ....., 193..., to ....., 193....

I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate gland	
Secondary Septicaemia	
Exhaustion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury, Aug 1, 1936

Where did injury occur? Home near Kellogg
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home near Kellogg

Manner of injury Fell downstairs

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Mrs Florence Corday

(Address) Wallace Idaho

AUG 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99819

PLACE OF DEATH
County of Twin Falls
City of Burley
R.F.D

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville Fairchild

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Fairchild
6. DATE OF BIRTH (month, day, and year): Apr. 30 — 1900
7. AGE: Years 36 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Basin Ida

MOTHER / FATHER
13. NAME: Leymew Fairchild
14. BIRTHPLACE (city or town) (State or country): Utah
15. MAIDEN NAME: Melissa Sharp
16. BIRTHPLACE (city or town) (State or country): Kay

17. INFORMANT (Address): W.S. Fairchild Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date ..., 193.6

19. UNDERTAKER (Address): Evans & Parkinson Burley Idaho

20. FILED Aug 14, 1936. D.J. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to July 11, 1936.
I last saw him alive on July 11, 1936: death is said to have occurred on the date stated above, at 6:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strychnine poisoning	7-11-36
Self administered	

Other **contributory causes** of importance: none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury took poison
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M.E. Drake, M. D.
(Address) Burley Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99820

AUG 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 160
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1880

2. FULL NAME [redacted] (Thomas Ostle) Record supplied by sheriffs Office
(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43 about			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cumberland,
(State or country) England.

FATHER
13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Cemetery Date 7/17/ 193 6

19. UNDERTAKER White Mortuary Inc.
(Address)

20. FILED 8-13, 193 6 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from Not attended by me, 193..
I last saw ... Not seen alive, 193..; death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mangled by wheels of freight train	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-14, 1936
Where did injury occur? Twin Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Caught under freight Train
Nature of injury Amputation legs, Severe cuts & bruises

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. L. Stowe, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99821

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 159

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Twin Falls County General Hospital)

2. FULL NAME Charlotte McCarthy

(a) Residence. No. 420-4th Ave. West St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

Dr Halley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John McCarthy

6. DATE OF BIRTH (month, day, and year) December 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester, (State or country) Minnesota

FATHER

13. NAME Micheal McCanna

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Myra Burkhardt

16. BIRTHPLACE (city or town) Quebec, (State or country) Canada

17. INFORMANT Gerald McCarthy
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Burial Place Twin Falls Cem. Date 7/11/, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-11-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 10, 1936

I last saw her alive on July 9, 1936: death is said to have occurred on the date stated above, at 4:50A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestine (intestine)	1935
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? No Date of injury....., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Halley, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99822

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 157

AUG 13 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Twin Falls County Hospital

2. FULL NAME Byrda Lee Bennett

(a) Residence. No. ____ St. Jerome, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 20 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER
13. NAME Raymond D Bennett
14. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER
15. MAIDEN NAME Stella Conrad
16. BIRTHPLACE (city or town) (State or country) South Dakota

17. INFORMANT (Address) Raymond Bennett

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date July 7, 1936

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED 7-7-, 1936 D. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to July 5, 1936
I last saw her alive on July 5, 1936: death is said to have occurred on the date stated above, at 12:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	June 26/36

Other contributory causes of importance:
Paralysis of Pharynx

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. E. T. Rees, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99823

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 156

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Hospital

2. FULL NAME Adelia Huffman

(a) Residence. No. Filer St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Lish

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT S A Huffman
(Address) Filer

18. BURIAL, CREMATION OR REMOVAL
Place. Filer Date July 5 1936

19. UNDERTAKER Fred E Hodges
(Address) Twin Falls

20. FILED 7-6-36 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 2, 1936
I last saw h[illegible] alive on July 2, 1936: death is said to have occurred on the date stated above, at 12 45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesentary Thrombosis	June 28 1936
(Mesentary Thrombosis)	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. A. Huffman M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99824
State File No.

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 177

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Bradshaw Rice 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: J. O. Rice

6. DATE OF BIRTH (month, day, and year): Feb. 22-1869

7. AGE — Years: 67 | Months: 5 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer Jr

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bauhac Mich

FATHER

13. NAME: Reuben Bradshaw

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Lydia Evans

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): J. O. Rice Filer, Ida

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place: Filer Date: Aug 4, 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Idaho

20. FILED Aug 4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to Aug 2, 1936.

I last saw h[illegible] alive on July 23, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Some Heart Condition	

Other **contributory causes** of importance:

Age	

Name of operation: no Date of:

What test confirmed diagnosis: Was there an autopsy?: Unknown

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Lamb M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99825

Registration District No. 37

AUG 13 1936 RECEIVED

Registration District No. 1085 Local Registrar's No. 176

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Louis D. Willis

(a) Residence. No. 346 3rd. Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 27, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Roscoe Willis

14. BIRTHPLACE (city or town) (State or country) Kingston Utah

MOTHER

15. MAIDEN NAME Nora Domrose

16. BIRTHPLACE (city or town) (State or country) Rock Creek Idaho

17. INFORMANT Roscoe Willis
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida. Date 8/2, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8-4, 193[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 31, 1936. I last saw him alive on July 31, 1936 death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobaris	July 23, 1936
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest F. Tracy, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99826

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 175

AUG 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy D. Quishenberry

(a) Residence. No. Route #1 Twin Falls, Idaho St. Venita, Oklahoma
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day and year) April 14, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Venita, Oklahoma

FATHER
13. NAME Thomas S. Quishenberry
14. BIRTHPLACE (city or town) (State or country) Bristow, Oklahoma

MOTHER
15. MAIDEN NAME Evelyn Parrish
16. BIRTHPLACE (city or town) (State or country) Venita, Oklahoma

17. INFORMANT Thomas S. Quishenberry,
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Venita, Okla. Date 8-2-, 1936

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho

20. FILED 8-1-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1936 to 7-30, 1936
I last saw him alive on 7-30, 1936: death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed by lightning	
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-30-, 1936
Where did injury occur? On a farm
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Farm or Ranch
Manner of injury Struck by lightning
Nature of injury Killed Instant

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Lusk, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99827

AUG 13 1936 RECEIVED

Registration District No. 1085 Local Registrar's No. 174

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ursula Jane Alger

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
(or) WIFE of Edmund Alger (deceased)

6. DATE OF BIRTH (month, day, and year) Jan 28, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springville, Utah

FATHER
13. NAME Frank Hadlock
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Ursula J. Durfee
16. BIRTHPLACE (city or town) (State or country) Springville, Utah

17. INFORMANT Percy Alger
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer, Idaho Date 7-31, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 7-31, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to July 28, 1936
I last saw her alive on July 28, 1936: death is said to have occurred on the date stated above, at 7:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular renal disease	
Cerebral thrombosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 99828

AUG 13 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 173

(No.) Twin Falls Co. Gen. Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna June Law

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 27 - 1928
7. AGE — Years: 8 — Months: 1 — Days: 2 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Buhl Ida.

FATHER
13. NAME: Hugh W. Law
14. BIRTHPLACE (city or town) (State or country): Springville Utah

MOTHER
15. MAIDEN NAME: Doris Joner
16. BIRTHPLACE (city or town) (State or country): Albion Mich

17. INFORMANT (Address): Hugh W. Law Buhl Ida.

18. BURIAL, CREMATION OR REMOVAL — Place: Buhl — Date: 7/31, 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl — L. L. Johnson

20. FILED 7-29-, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/25, 1936, to 7/29, 1936

I last saw h**er** alive on 7/29, 1936; death is said to have occurred on the date stated above, at 2:30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Septicemia from infection in the Right leg.	6/24/36

Other **contributory causes** of importance:

Name of operation: None Clin + Lab. Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. Emmons, M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of ********** Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3-C 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
State File No. 99829

Local Registrar's No. 172

AUG 13 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Twin Falls Co. Hospital

188C

2. FULL NAME Ronald Stanley McKibben

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. (If married, widowed, or divorced) HUSBAND of (or) ~~WIFE~~ of: Eupha Mayes
6. DATE OF BIRTH (month, day, and year): March 1, 1906
7. AGE: Years: 30 | Months: 4 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Thresher
10. Date deceased last worked at this occupation (mo. and yr.): July 1936
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Clarkston East

FATHER
13. NAME: Walter O. McKibben
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Blanche Price
16. BIRTHPLACE (city or town) (State or country): Trenton Mis

17. INFORMANT (Address): Mrs. Blanche Price Caldwell, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Filer Date: July 28, 1936

19. UNDERTAKER (Address): Grimes & Johnson Buhl Ida

20. FILED: 7-29-, 193.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1936, to 7-25, 1936.
I last saw him alive on 7-25, 1936; death is said to have occurred on the date stated above, at 1.15 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Concussion of brain from automobile accident	

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 7-25 1936
Where did injury occur? Buhl, T.F. Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** on road
Manner of injury: Car turned over.
Nature of injury: Brain concussion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 99830

AUG 13 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 171

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls Co. Gen. Hospital

2. FULL NAME Baby Barnett- Number 2

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

FATHER

13. NAME Leon Barnett

14. BIRTHPLACE (city or town) (State or country) Mountain Home, Ark.

MOTHER

15. MAIDEN NAME Vivian Williams

16. BIRTHPLACE (city or town) (State or country) Mountain Home, Ark.

17. INFORMANT Leon Barnett
(Address) Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date 7/28/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 7-28-, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/26/, 1936 to 7/26/, 1936
I last saw her alive on 7/26/, 1936: death is said to have occurred on the date stated above, at 10:35P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery--5 months	at birth
Cause not known	

Other contributory causes of importance:

Born at 3:50 P.M.
Died at 10:35 P.M.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99831

Registration District No. 37

AUG 13 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 170

(No.) Twin Falls Co.Gen Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Barnett - Number 1

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Ida.

FATHER

13. NAME Leon Barnett

14. BIRTHPLACE (city or town) (State or country) Mountain Home, Ark.

MOTHER

15. MAIDEN NAME Vivian Williams

16. BIRTHPLACE (city or town) (State or country) Mountain Home, Ark.

17. INFORMANT Leon Barnett
(Address) Buhl, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer Cem. Date 7/28/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 7-24-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/26/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/26/, 1936 to 7/26/, 1936
I last saw her alive on 7/26/, 1936: death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery--5 months	at birth
Cause not known.	

Other contributory causes of importance:

Born at 3:45 P.M.	✓
Died at 4:00 P.M.	✓

Name of operation None Date of ✓
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 1936
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls.

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99832

AUG 13 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 169

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

98

2. FULL NAME William F. Irish

(a) Residence. No. 9th Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith A. Irish

6. DATE OF BIRTH (month, day, and year) November 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carrol
(State or country) Missouri

FATHER

13. NAME Frank S. Irish

14. BIRTHPLACE (city or town) Colchester
(State or country) Illinois

MOTHER

15. MAIDEN NAME Elizabeth O'Connor

16. BIRTHPLACE (city or town) Carrol
(State or country) Missouri

17. INFORMANT Edith A. Irish
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida. Date 7/25, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-27-, 193[illegible]. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 193.., to July 23, 1936
I last saw h[illegible] alive on July 22, 193.6.: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac arrest due to	
Other contributory causes of importance: Rheumatism	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Carroll, M. D.
(Address) Twin Falls Idaho

W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99833

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 168

AUG 13 1936 RECEIVED

1. (a) Residence. No. 520 Main So. St.
(If death occurred in a hospital or institution, give its name instead of street and number)

154

2. FULL NAME Mary Elizabeth Willis

(a) Residence. No. 520 Main So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME John Tigue

14. BIRTHPLACE (city or town) (State or country) No. Info.

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town) (State or country) No Info.

17. INFORMANT John McLaughlin
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 7/23, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7/24/36 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/20 193

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1936, to 7/20, 1936

I last saw her alive on 7/20, 1936: death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative cellulitis of the neck	7/1/36
Other contributory causes of importance: Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. D. Weaver M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99834 49 7

Registration District No. 37

AUG 13 1936 RECEIVED

Registration District No. 2085 Local Registrar's No. 167

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Hamilton Brunson 131

(a) Residence. No. Milnaugh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 23 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

MOTHER FATHER

13. NAME Ethel Avery Brunson
14. BIRTHPLACE (city or town) (State or country) Ogden Utah
15. MAIDEN NAME Lydia Hale
16. BIRTHPLACE (city or town) (State or country) Willard Utah

17. INFORMANT (Address) Ida L. Brunson Milnaugh St.

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Date 7-23 1936

19. UNDERTAKER (Address) Los & Payne Burley

20. FILED 7-24-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 17th July, 1936 to July 19th 1936
I last saw h... alive on July 19, 1936; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculi	
Other contributory causes of importance:	
Pyelonephritis	

Name of operation Lumbar Nephrotomy Date of July 14 1936
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Lamb M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99835

AUG 13 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 166

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jo Ann Cornett

(a) Residence. No. 558 Washington St. Twin Falls, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

62

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER

13. NAME LeRoy Cornett
14. BIRTHPLACE (city or town) Dutton,
(State or country) Ark.

MOTHER

15. MAIDEN NAME Dolly Nielson
16. BIRTHPLACE (city or town) Tate,
(State or country) Nebraska

17. INFORMANT Mrs. LeRoy Cornett
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 7/23/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 7-23-, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936 to July 21, 1936
Not seen by me alive.
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thymus lymphaticus	July 10
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) M. L. Stowe (Coroner), M. D.
(Address) Twin Falls, Idaho

A,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99836

Registration District No. 37
County Registration District No. 2085 Local Registrar's No. 165

AUG 13 1936 RECEIVED

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ivo M. Caudle

(a) Residence. No. Rogerson, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Caudle

6. DATE OF BIRTH (month, day, and year) September 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emetsburg
(State or country) Iowa

FATHER
13. NAME Lincoln Curtis
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Fannie Harington
16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Joseph Caudle
(Address) Rogerson, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida. Date 7/22, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 7-29, 1936 J. Reinhardt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936, to July 19 1936
I last saw h.. alive on July 19, 1936: death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
# Colitis Acute	July 12 1936
# Pneumonia Massive Right Streptococcus.	July 12 1936
Other contributory causes of importance: Meningitis Secondary Acute	July 17 1936

Name of operation None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. L. Alexander, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99837

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 164

AUG 13 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. McMaster,

(a) Residence. No. 411 - 3rd, Ave. West. St. Twin Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~XXX XXXXXX~~ Della

6. DATE OF BIRTH (month, day, and year) 12-16-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hopkins, Mo.

FATHER
13. NAME John C. McMaster,
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Sarah Ann Thompson,
16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT (Address) Mrs. J. C. Beauchamp Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Date 7-20, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 7-20, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-18 1936

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1936, to July 18, 1936
I last saw him alive on July 18, 1936: death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chronic?	2 years ago
Oedema Pedis Recurrent	January 1936
Hypertension 2+	January 1936
Apoplexy acute	Today
Other contributory causes of importance: Epileptiform Convulsions	3-20-36
Catheterization Pulmonary +	7-5

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193..
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Duncan & Hayes M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99838

Registration District No. 37
Registration District No. 2085 Local Registrar's No. 163

AUG 13 1936 RECEIVED

(No. Twin Falls Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin Daniel Kerlin

(a) Residence. No. 3½ mi S.W. Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Kerlin

6. DATE OF BIRTH (month, day, and year) May 1. 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lima Ohio
(State or country)

FATHER
13. NAME David Kerlin
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Anna Bowman
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs Charlotte Kerlin
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date July 18, 1936

19. UNDERTAKER F. E. Drake
(Address) Twin Falls Idaho

20. FILED 7-14, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to July 17, 1936.
last saw him alive on July 16, 1936: death is said to have occurred on the date stated above, at 6:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 18-36
Other contributory causes of importance:	
Hypertension	1931

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Russell Teague M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99839

Registration District No. 37

AUG 1[illegible] 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 162

(No. Twin Falls Co. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville LeRoy Jensen 117

(a) Residence. No. St. Hagerman, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 28 - 1918

7. AGE: Years 17 | Months 8 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longview Wash.

FATHER
13. NAME Geo. Henry Jensen
14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER
15. MAIDEN NAME Pearl Emma Green
16. BIRTHPLACE (city or town) (State or country) N.D.

17. INFORMANT Bud Jensen
(Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 7/17 1936

19. UNDERTAKER Eugene F. Johnson
(Address) Buhl

20. FILED 7/18 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13th 1936, to July 15 1936
I last saw him alive on July 15, 1936: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
following Appendectomy	7/1
	7

Other contributory causes of importance:

Acute Appendicitis	

Name of operation Appendectomy Date of July 13th 1936
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 9984 0

AUG 13 1936 RECEIVED

Registration District No. 1085 Local Registrar's No. 161

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Turner K. Hackman, 90

(a) Residence. No. Twin Falls, Idaho, St. 530 - 5th Ave. E.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie G. Hackman.

6. DATE OF BIRTH (month, day, and year) May 24th, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Virginia

FATHER
13. NAME B. F. Hackman,
14. BIRTHPLACE (city or town) (State or country) Lancaster, Virginia.

MOTHER
15. MAIDEN NAME Ella F. Turner,
16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

17. INFORMANT (Address) Mrs. Carrie G. Hackman Twin Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date 7-21-, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 7-18-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Not attended by me, 193..
I last saw him alive on April, 1936; death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-16-36

Other contributory causes of importance:

Arteria-sclerotic cardio vascular-renal disease	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) H. L. Stowe, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 99841

AUG 13 1936 RECEIVED

Registration District No. 1085 Local Registrar's No. 178

(No. 1221 9th Ave. E.)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Jacob C. Bright

(a) Residence. No. 1221 9th Ave. E. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Clora Bright

6. DATE OF BIRTH (month, day, and year) January 27, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brown County
(State or country) Indiana

FATHER
13. NAME No Info.
14. BIRTHPLACE (city or town)
(State or country) No Info.

MOTHER
15. MAIDEN NAME No Info.
16. BIRTHPLACE (city or town)
(State or country) No Info.

17. INFORMANT R. F. Forbs
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Ida. Date 8/1, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8-5-, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 193 6, to 7-31, 193 6
I last saw him alive on 7-31, 193 6: death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Causes of Stomach	
Other contributory causes of importance:	
Age	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. E. Turner, M. D.
(Address) Twin Falls Ida

JUL 21 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of South Fork Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99842

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Leo Howard Fisk

(a) Residence. No. South Fork Salmon St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rossdale Texas

FATHER

13. NAME John D Fisk

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT (Address) Rob't Newcomb Warrens Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Warrens Date 6/9, 1936

19. UNDERTAKER (Address) [illegible]

20. FILED July .., 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Water Hemlock	
Poisoning	
Accidental	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Howard E Ward M. D.
(Address) Valley County Coroner
Cascade, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Donnelly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99843

AUG 7 1936 RECEIVED

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 2

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Brigham Remley

(a) Residence. No. Donnelly Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18 1981

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	55	I	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 7-11-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grayson County

FATHER

13. NAME Hardin Remley

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Molly Brigham

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Dan Remley
(Address) Donnelly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Roseberry Ida. Date 7-14-36, 193..

19. UNDERTAKER A. D. Robb
(Address) Cascade, Idaho

20. FILED July 31, 193.. M. Bashner Keady
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11-36, 193..

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	
Other **contributory causes** of importance:	
Texas	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Roscoe E. Ward M. D.
(Address) Coroner Valley County Cascade Idaho

18 V 99844

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Valley State IDAHO Registered No. 81
Township ____ or Village McCall or
City ____ AUG 13 1936 RECEIVED St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Shirley W. Fredrickson
(a) Residence: No. ____ St., ____ Ward. Montpelier, Ida
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	19	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Enrollee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Laborer
10. Date deceased last worked at this occupation (month and year) 7/4/36
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Montpelier Idaho Date 7-8-36, 19

19. UNDERTAKER McBratney Funeral Home
(Address) Boise Idaho

20. FILED 7-7, 1936 R. Blank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1936, to ____, 19____
I last saw him alive on 7/6, 1936 death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	7/6/36

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury 6/7, 1936
Where did injury occur? Mc Call Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place, Gazette Lake
Manner of injury Accidental Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. B. Barnett Asst. Surgeon
C.C.C. No 1997 M. D.
(Address) Mc Call Idaho

011—5184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—200 f
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99845

Registration District No. 86
Primary Registration District No. 212
Local Registrar's No. 3

AUG 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Pearson

(a) Residence. No. Sunny side St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Thelda Pearson

6. DATE OF BIRTH (month, day, and year) Sept 5 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Pearson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Elsie Pearson
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 7-31-, 1936

19. UNDERTAKER L. C. Nopthaper
(Address) Weiser, Idaho

20. FILED Aug 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to July 28, 1936
I last saw him alive on June 11, 1936: death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1934 ?
Myocardial degeneration	?

Other contributory causes of importance:

Secondary anemia	?

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. Cecil, M. D.
(Address) Soldiers Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

5

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86

DO NOT WRITE IN THIS SPACE
State File No. 99846

AUG 12 1936 RECEIVED

Primary Registration District No. 2112 Local Registrar's No. 2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Warrick 164

(a) Residence. No. Rural Dist St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Warrick

6. DATE OF BIRTH (month, day and year) October 6 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vienna Austria

FATHER
13. NAME Paul Warrick
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Walter Lund
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date July 7, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Aug 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-5-1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935, to 7-5, 1936
I last saw him alive on 7-5, 1936: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

Bingham

R 15

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86

DO NOT WRITE IN THIS SPACE
State File No. 9984

AUG 12 1936 RECEIVED

Registration District No. 1010 Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen McAlavey

(a) Residence. No. 649 West 3rd Street
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

164

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah McAlavey

6. DATE OF BIRTH (month, day, and year) June 16 — 1842

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
94	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Don't Know
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Sarah McAlavey
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date Aug-1st, 1936

19. UNDERTAKER L. L. Northam
(Address) Weiser Idaho

20. FILED Aug 8 1936 Emma Kemiller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to July 29, 1936
I last saw ~~him~~ alive on July 29, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Other contributory causes of importance: Hypostatic Pneumonia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

5

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99848

AUG 12 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Leroy Thomas Hospital) 92

2. FULL NAME Zella Ruth Ledington Lane

(a) Residence. No. Vale Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 8 — 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME D. C. Ledington
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Edith F. Thomas
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Leroy Ledington Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 7-24-1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Aug 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to July 20, 1936
I last saw h— alive on July 22, 1936: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Pneumonia, Embolism	7-19-36
Other contributory causes of importance: [redacted]	

Name of operation Laparotomy Date of 7-22-36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Jackman, M. D.
(Address) Weiser Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Wash.
City of Weiser.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99849

AUG 12 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Maurice Pearson. 117

(a) Residence No. Cambridge Ida St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Pearson

6. DATE OF BIRTH (month, day, and year) Aug 9 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Lindsay Ontario Canada

FATHER
13. NAME John James Pearson
14. BIRTHPLACE (city or town) (State or country) Norland Ontario Canada

MOTHER
15. MAIDEN NAME Matilda La Chappell
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT (Address) Margaret Pearson Cambridge Idaho

18. BURIAL, ~~CREMATION or REMOVAL~~
Place Hell Creek Cem. Date July 5, 1936

19. UNDERTAKER (Address) M M McKinney Weiser Idaho

20. FILED Aug 8, 1936 Tamma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to July 2, 1936
I last saw him alive on July 2, 1936: death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Suppurative appendicitis	June 26-36
Other contributory causes of importance:	
Generalized Peritonitis	June 29-36
Pulmonary Hemorrhage	July 2-36

Name of operation Appendectomy Date of June 29-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hyden Rawley, M. D.
(Address) Weiser Idaho

99850

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99850

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 261

AUG 18 1936 RECEIVED

1. If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Victor H. Galvin

(a) Residence. No. 121 South 9th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Galvin

6. DATE OF BIRTH (month, day, and year): Aug. 29-86

7. AGE — Years: 49 | Months: 11 | Days: 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spain

FATHER
13. NAME: ? Galvin
14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER
15. MAIDEN NAME: Manuela Ybarnegaray
16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Juanita Galvin

18. BURIAL, CREMATION OR REMOVAL
Place: Mt. Jarbidge Cemetery Date: 8-17-, 1936

19. UNDERTAKER (Address): Schreiber & McEaven Chapel

20. FILED 8-17, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-13-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1936, to Aug 13th, 1936
I last saw h[illegible] alive on Aug 12th, 1936; death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation: Exploratory Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) [illegible] M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99851

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 183
(No.) Twin Falls Co. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie William Frazier

(a) Residence. No. Buhl, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Layah Frazier
6. DATE OF BIRTH (month, day and year): Sept 19 - 1902
7. AGE: Years 33 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lone Rock Ore.

FATHER
13. NAME: Chas. G. Frazier
14. BIRTHPLACE (city or town) (State or country): Buhl Ida.

MOTHER
15. MAIDEN NAME: Emma Smith
16. BIRTHPLACE (city or town) (State or country): Eugene, Ore.

17. INFORMANT (Address): Mrs. G. C. Frazier Buhl
18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 8/13/1936
19. UNDERTAKER (Address): Evans & Johnson Buhl
20. FILED 8/14 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1935 to 8-12-1936.
I last saw him alive on 8-12-1936, death is said to have occurred on the date stated above, at 7 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Post op. Shock following amputation of L. leg at hip joint.	1934
Other **contributory causes** of importance: Chron. Osteo-Chondromata of hip joint involving entire pelvis.	

Name of operation: Leg amp. Date of: 8-11-36
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. Emmons, M. D.
(Address) Buhl, Ida.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

99852

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99852

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 268

(No.) 31
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Franklin Cotter.

(a) Residence. No. 614 S. 13 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Elizabeth Cotter.

6. DATE OF BIRTH (month, day, and year) April. 7. 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cora Missouri.
(State or country)

FATHER

13. NAME William Cotter.
14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER

15. MAIDEN NAME Amanda Hooker.
16. BIRTHPLACE (city or town) Missouri.
(State or country)

17. INFORMANT Mrs. Elizabeth Cotter.
(Address) 614 S. 13 Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Aug. 22 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-21, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to Aug 20, 1936
I last saw h.im alive on Aug 20, 1936: death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Summers, M. D.
(Address) Boise Idaho

FORM V. S. No. 5-25 M. 1-19 Duplicate

AUG 27 1936 RECEIVED STATE OF IDAHO 99853

CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bear Lake
City of St. Charles
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 55
Primary Registration District No.
(No. St.)

State File No. 99853
Local Registrar's No.
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sarah Elizabeth P. Butler

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: Jan. (Month) 13 (Day) 1893 (Year)

7. AGE: Yrs. 43 Mos. 6 ds. 1
IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): St. Charles Ida.

10. NAME OF Father: Thos. S. Pugmire

11. BIRTHPLACE OF FATHER (State or Country): St. Charles, Ida.

12. MAIDEN NAME OF MOTHER: Sarah Larsen.

13. BIRTHPLACE OF MOTHER (State or Country): St. Charles, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Thos. S. Pugmire
(Address) St. Charles Ida.

15.
Filed Aug. 7 1936 Hannah J. Nelson Local Registrar

Home at Montpelier—Died at St. Charles

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1936, to July 14 1936, that I last saw her alive on July 1936, and that death occurred on the date stated above, at ....M.

The CAUSE OF DEATH* was as follows:
Carcinoma of breast
+ R.M.L. ~~Dept~~ Pt lung,

(Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) O O Smoot M. D.
7/14 1936 (Address) Paris Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....days. In the State....yrs....mos....ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St. Charles Ida.
DATE OF BURIAL: July 17 1936

20. UNDERTAKER: F. M. Williams
ADDRESS: Montpelier Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. ---

County of Bear Lake

City of Montpelier

St Charles Ida. Registration District No. 55

AUG 11 1936 Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elizabeth A Butler

(a) Residence. No. ..... St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David C Butler

6. DATE OF BIRTH (month, day, and year): Jan 13 1893

7. AGE: Years 43 | Months 6 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): St Charles Idaho

FATHER

13. NAME: Thos S Sharpe

14. BIRTHPLACE (city or town) (State or country): St Charles Idaho

MOTHER

15. MAIDEN NAME: Sarah Lapper

16. BIRTHPLACE (city or town) (State or country): St Charles Idaho

17. INFORMANT (Address): Thos S Sharpe St Charles Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: St Charles Ida. (Date) July 17 1936

19. UNDERTAKER (Address): Lester Poulsen Montpelier

20. FILED 7-7 ....., 1936 Hannah J Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to July 14, 1936.

I last saw her alive on July 12, 1936; death is said to have occurred on the date stated above, at 8:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma right breast and right middle lobe lung.	
Other **contributory causes** of importance:	

Name of operation: Breast amputation Date of: 9/33

What test confirmed diagnosis?: Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O O Moore, M. D.

(Address) Paris Idaho

died at St Charles.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99854

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99854

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 35

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Martha J. Smith

(a) Residence. No. Grangeville Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W.

6. DATE OF BIRTH (month, day, and year) Oct 1-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) June 25-36

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) Roseburg Ore.

FATHER

13. NAME Hardin Davis

14. BIRTHPLACE (city or town) (State or country) not obt Tenn

MOTHER

15. MAIDEN NAME Eva Jane Morton

16. BIRTHPLACE (city or town) (State or country) Oskaloosa Iowa

17. INFORMANT (Address) Mrs. A. Talkington Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date July 5, 1936

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida.

20. FILED 7-7-36, 1936 A. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to July 2, 1936

Last saw h[illegible] alive on ....., 193.. death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-25-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl. Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Kirkwood M. D.

(Address) Grangeville Idaho

AUG 31 1936 RECEI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL
BUREAU OF VITAL STATISTI
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99856

PLACE OF DEATH
County of Custer
City of Clayton, Idaho
(near Robbinson Bar)
Registration District No.
Primary Registration District No.
Local Registrar's No. 221
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Taylor
(a) Residence. No. St. Ogden, Utah
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

18 C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 27, 1915.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Surveying
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ogden, Utah

PARENTS

10. NAME OF FATHER Lawrence Taylor
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Salt Lake City, Utah
12. MAIDEN NAME OF MOTHER Pearl Pingree
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Ogden, Utah

14. Informant (Address) J. A. West, Clayton, Ida.

15. Filed Aug 21, 1936 Elma McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 21, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from (Deceased had expired by the time I reached scene of accident) 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at ...m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cerebral Compression severe, resulting from automobile wreck between Clayton & Stanley, Idaho, app 1 AM - 8-21-36
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Fracture, left femur, left tibia
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) James Wordsworth Creek (with Med Dept) M. D.
August 21, 1936 (Address) CCC Camp F-83, Clayton (Bonanza) Idaho.

19. Place of Burial, Cremation, or Removal	Date of Burial
Ogden Utah	Aug. 24 1936
20. Undertaker Lindquist	Address Ogden, Utah

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99857

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 102

(No. Veterans Administration Facility)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flynn K. Hinckley

(a) Residence. No. ____ St. Buhl, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) April 17, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan (State or country)

FATHER

13. NAME Henry Hinckley

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Susan Skinner

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Doris M. Crawforth

(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise, Idaho Date Aug. 29, 1936

Mamie Hill

19. UNDERTAKER McBratney Funeral Home

(Address) Boise, Idaho

20. FILED 8-29, 1936 L. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1931, to August 28, 1936

I last saw him alive on August 28, 1936; death is said to have occurred on the date stated above, at 10:57 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bilateral	8-27-36
Myocarditis, chronic	Unknown
Degeneration (Softening) Cerebral	Unknown
Other contributory causes of importance: Nephritis, chronic	Unknown

Name of operation ---- Date of ----

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. Baker, M. D.

(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99858

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 269

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Williard C. Moore

(a) Residence. No. Route #1 Eagle, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Moore

6. DATE OF BIRTH (month, day, and year) May 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Clifton Moore
(Address) R. #1 Eagle, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/21/36 1936

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 8-21, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug-19-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Aug 19, 1936.

I last saw him alive on Aug 19, 1936: death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	?
Other contributory causes of importance:	
Senility - Prob.	
Ca of Prostate	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T. Mohler M. D.
(Address) Boise, Idaho

99859

PLACE OF DEATH
County of Bannock.
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99859

Registration District No. 13
Primary Registration District No. 214-0
Local Registrar's No. 156

SEP 2 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Cora V. Oviatt

(a) Residence. No. Parker Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Freeman Oviatt

6. DATE OF BIRTH (month, day, and year) Oct. 31-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Draper Utah

FATHER
13. NAME Nephi Vandrey
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Emiley Crapo
16. BIRTHPLACE (city or town) (State or country) Draper Utah

17. INFORMANT Freeman Oviatt
(Address) Parker Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker, Date 8/4, 1936

19. UNDERTAKER W. M. Farmer
(Address) St. Anthony Idaho

20. FILED 8/4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1936, to 8/2, 1936
I last saw h[illegible] alive on 8/1, 1936; death is said to have occurred on the date stated above, at 5:32 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Coma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Ray Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99860

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99860

SEP 3 1936 RECEIVED

Registration District No. 90

Registration District No. 2157

Local Registrar's No. 99

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel D. Kissinger

(a) Residence. No. (Usual place of abode) Orofino Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Kissinger

6. DATE OF BIRTH (month, day, and year) Jan 22-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber Work

10. Date deceased last worked at this occupation (mo. and yr.) Aug 4-1936

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME E. S. Kissinger

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Mary E. Cuthbert

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Dorothy Kissinger (Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Ida Date Aug 7, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida.

20. FILED 9/7, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936 to Aug 4, 1936

I last saw h[illegible] alive on Aug 4, 1936; death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of skull	Aug 4 1936
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/4 1936

Where did injury occur? Near Orofino
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In industry

Manner of injury Struck by falling tree

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Woodsman

(Signed) R. T. Hoffman M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99861

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 285

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Gentry Mitchell.

(a) Residence. No. 220. E. Bannock Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Claudia. S. Mitchell.

6. DATE OF BIRTH (month, day, and year) July. 29. 1901.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	1	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelbyville
(State or country) Missouri.

FATHER

13. NAME James Mitchell.

14. BIRTHPLACE (city or town) Jamestown, Va.
(State or country)

MOTHER

15. MAIDEN NAME Ann Gentry.

16. BIRTHPLACE (city or town) Jamestown, Va.
(State or country)

17. INFORMANT Elmer. F. Davy.
(Address) Utah Oil Bldg, Salt Lake

18. BURIAL, CREMATION OR REMOVAL Utah.
Place Salt Lake City. Utah. Date Sept. 3. 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-3, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-1 1936.

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1936, to death, 193..
I last saw him alive on 9-1, 1936: death is said to have occurred on the date stated above, at 2.50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	9-1-36.
Other contributory causes of importance: Perforation peptic ulcer	8-27-36.

Name of operation Suture of perforation Date of 8-27-36.
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. F. West M.D.
(Address) Boise Idaho

99862

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99862

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 105

(No. 89)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Cole

(a) Residence. No. Vista Ave. Rt. 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola I Cole

6. DATE OF BIRTH (month, day, and year) May 10th, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion Picture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Williamport, (State or country) Indiana

FATHER
13. NAME Benjamin Cole
14. BIRTHPLACE (city or town) Covington, Ky. (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Miller
16. BIRTHPLACE (city or town) Dayton, Ohio. (State or country)

17. INFORMANT Mrs. Chas. Cole (Address) Vista Ave. Rt. 4

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/3, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 9-4, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/31, 1936 to 8/31, 1936
I last saw h.. alive on Aug., 1936.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Rectoris	8/31/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. W. Forney M. D.
(Address) Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Forney.

99863

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99863

Registration District No. 7
Primary Registration District No. 1005 Local Registrar's No. 115

SEP 1 1936 RECEIVED

(No. Union Pacific Depot)
(If death occurred in a hospital or institution, give its name instead of street and number) 92

2. FULL NAME Eli Reeves

(a) Residence. No. St. Idaho Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hannah Reeves

6. DATE OF BIRTH (month, day, and year) April 28 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midway Utah

MOTHER FATHER
13. NAME Rosa Reeves
14. BIRTHPLACE (city or town) (State or country) Kanawha Virginia
15. MAIDEN NAME Polly Hamilton
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mrs. Ely Reeves
(Address) Idaho Falls

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Idaho Falls Ida. Date 8-23, 1936

19. UNDERTAKER Wm. D. Talley
(Address) Nampa, Ida.

20. FILED 8/25, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at Probably 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis as diagnosed by the County Physician, who was called.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wm D Talley Coroner M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99864

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99864

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 192
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Thornton

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
WIFE of Ezra Thornton

6. DATE OF BIRTH (month, day, and year) January 7, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Copenhagen,
(State or country) Denmark

FATHER
13. NAME James Hansen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) UNKNOWN
(State or country)

17. INFORMANT Mrs. Joe Buck
(Address) Kimberly, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Thornton, Idaho Date 9-5-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 9-4-, 1936 J. Rex Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to Sept. 3, 1936
last saw her alive on Sept. 3, 1936: death is said to have occurred on the date stated above, at 1:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	June 15 '36
Senility	
Other contributory causes of importance:	
Rheumatism	1932

Name of operation 0 Date of
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. E. Langenwalter, M. D.
(Address) Twin Falls, Idaho

almond 9986 V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99865

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 294

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Jane Morris. 74a

(a) Residence. No. 1409. Washington Street. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 26. 1852.

7. AGE — Years: 83. Months: 10. Days: 8. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME William Priday.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Annie. Cadle.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. J.E. Woodring.
(Address) 1409. Washington Street.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Memorial Park. Date Sept. 8 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-8, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1936, to 9/4, 1936
I last saw h~~im~~ alive on 9/4, 1936: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/4/36
(Cerebral Hemorrhage)	

Other contributory causes of importance:

Senility	

Name of operation None Date of .....
What test confirmed diagnosis? ~~Was~~ Was there an autopsy? ~~No~~

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ~~No~~ Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify .....

(Signed) J. W. Almond, M. D.
(Address) Boise

99866

DO NOT WRITE IN THIS SPACE
99866
State File No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Caribou
City of Soda Springs

SEP 8 1936 RECEIVED

Registration District No. 87
Primary Registration District No. 2159 Local Registrar's No. 36
(No. Caribou County Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME A. W. [redacted] Waldram

(a) Residence. No. Pocatello, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, and year) Apr 21 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg (State or country) Idaho

FATHER
13. NAME Orson Waldron
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Sarah Hughmon
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs A. W. Waldron (Address) 340 N. 9th

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Pocatello Date Aug 6 1936

19. UNDERTAKER Downing Fun. Home (Address) Pocatello Idaho

20. FILED Aug 17, 1936 Dr Russell Tigert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12/36, 193..., to 8/16/36, 193...
I last saw h... alive on 8/16/36, 193...: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis with a	
Marked Cord Bladder and	
Hypertrophy of Prostrate	
Other contributory causes of importance:	
0	

Name of operation Transurethreal Resection of Prostrate Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Rackley M. D.
(Address) Soda Springs, Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

AMBULANCE SERVICE

MRS. BYRON B. DOWNARD
LADY ATTENDANT

Downard's Funeral Home

BYRON B. DOWNARD
FUNERAL DIRECTOR

PHONE 672

Pocatello, Idaho

Sept. 9

Dept. Public Welfare
Boise, Idaho

Sirs:

Will you please change these certificates. The name of the deceased is A. W. Waldram Dr. Packley was to change it & he must have forgotten. Will you please make the change on the original & on these.

Very truly
B Downard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

99867

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99867

Registration District No. 90

SEP 3 1936 RECEIVED

Registration District No. 2157 Local Registrar's No. 165

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Harvey R. Ball

(a) Residence. No. C St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene B. Ball

6. DATE OF BIRTH (month, day, and year) Feb 22 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME David Ball

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Elizabeth Payne

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Irene B. Ball
(Address) Orofino Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cook Cemetery Date Aug 21, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 9/2 0, 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 19, 1936
I last saw h[illegible] alive on Aug 19 1936; death is said to have occurred on the date stated above, at 10:00a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of peritoneum	July 15 1936
Other contributory causes of importance:	
Cellulitis of abdominal wall	Aug 16 1936

Name of operation Laparotomy Date of 8/17/36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) P. J. Hopkins, M. D.
(Address) Orofino

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 19 1936 RECEIVED

99868

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99868
State File No.

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliguire Chapman

(a) Residence. No. Burley R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

92

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Amiela Snyder Chapman

6. DATE OF BIRTH (month, day, and year): Feb. 1-1884

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 8/10/36
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Manti Utah / Utah

FATHER

13. NAME: Welcome Chapman
14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Catherine A. Staines
16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): Amiela A. Chapman, Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Ida. Date: 8/24/, 1936

19. UNDERTAKER (Address): H. C. Johnson, Burley Idaho

20. FILED: 8/20/, 1936. Laura D. Procher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/22/1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936, to Aug. 22, 1936.
I last saw him alive on Aug. 22, 1936.: death is said to have occurred on the date stated above, at 11:10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug. 8

Other **contributory causes** of importance:

Arteri Sclerosis	

Name of operation: None. Date of: —
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) Hugh T. Dean, M. D.
(Address) Burley Ida.

SEP 22 1936

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99869

County of Valley

City of Cascade Idaho

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas A. Nichols

(a) Residence. No. Council Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle Nichols

6. DATE OF BIRTH (month, day, and year) Nov. 30th, 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Marshal Mo.

FATHER

13. NAME Not Known to Informant

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Myrtle Nichols Council Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Council Idaho Date ....., 193..

19. UNDERTAKER A.D. Robb
(Address) Cascade Idaho

20. FILED Aug 29, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 28 1936

22. I HEREBY CERTIFY, That I attended deceased from not at all, 193.., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death due to skull fracture &	
contusion L. left leg,	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/28/36
Where did injury occur? Cascade Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. In industry

Manner of injury Truck struck him

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Russell C. Ward, M. D.

(Address) Valley County Caronus Cascade, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

I 99870

DO NOT WRITE IN THIS SPACE
State File No. 99870

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 43

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James McFail Eckersell.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Diana Matilda Eckersell Taylor

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 6/29
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wellsville, UTAH.

FATHER
13. NAME James Eckersell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Heneretta McFail.
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT (Address) Mrs Elisabeth Warenski Rexburg, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Idaho Date 8/23, 1936

19. UNDERTAKER (Address) J. E. Eckersell Rigby, Idaho.

20. FILED 8-29, 1936 Mrs. Kepney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1936, to 8-20, 1936
I last saw him alive on 8-20, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	?

Other contributory causes of importance:
Operation for removal of enlarged prostate gland

Name of operation Prostatectomy Date of
What test confirmed diagnosis? ~~M.~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. B. Gustavenson M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99872

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 10
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard D. Puckett

(a) Residence No. ____ St. Spruce
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Do not know
7. AGE: Years 25; Months —; Days —; If LESS than 1 day ..... hrs or ..... min

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer & Fire
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fighting
10. Date deceased last worked at this occupation (mo. and yr.): 8-7-36
11. Total time (years) spent in this occupation: Do not know
12. BIRTHPLACE (city or town) (State or country): Do not know

FATHER
13. NAME: Do not know
14. BIRTHPLACE (city or town) (State or country): " " "

MOTHER
15. MAIDEN NAME: " " "
16. BIRTHPLACE (city or town) (State or country): " " "

17. INFORMANT: Cpl. L. Gleason
(Address): Potlatch Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Cotard Cem. Date: 8/25, 1936
19. UNDERTAKER: Cassell Funeral Home
(Address): Kellogg Ida
20. FILED: Aug 22, 1936 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 19 1936
22. I HEREBY CERTIFY, That I attended deceased from August 14, 1936, to August 19, 1936.
I last saw him alive on August 17, 1936; death is said to have occurred on the date stated above, at 1:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	Aug 8
Bronchial Pneumonia	Aug 19

Other **contributory causes** of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ____
Manner of injury ____
Naturc of injury ____

24. Was disease or injury in any way related to occupation of deceased ____ If so, specify ____

(Signed) C M Schmidt, M. D.
(Address) Spirit Lake, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99873

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 6

SEP 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Spongberg

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace Spongberg

6. DATE OF BIRTH (month, day, and year) Oct 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mail Carrier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Franklin Idaho.
(State or country)

MOTHER FATHER

13. NAME Charles J. Spongberg

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Jacobina Funk

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mary Spongberg
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Ida. Date 8/16, 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Sept 4, 1936 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 193.6., to 8/12, 193.6.
I last saw him alive on 8/12, 1936.; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombus Right coronary artery thrombosis in right ventricle	
Other **contributory causes** of importance:	
June 17, 1936 accidental injury, crushing over heart and cut on head off work two weeks	

Name of operation ..... Date of

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury Team ran away
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. W. States, M. D.
(Address) .....

SEP 21 1936 RECEIVED

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.M.D.
DIRECTOR

SANITARY ENGINEERING AND CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

Sept. 17, 1936

Dr. G.W.States,
Preston, Idaho

Dear Dr. States:

On the death certificate of Thomas Spongberg who died August 12, 1936 at Preston, the contributory cause of death states "Accidental Injury, 6-17-36".

Kindly advise on the bottom of this letter the kind of accident.

Thanking you, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham

PEARL DILLINGHAM
STATE REGISTRAR

PBA

Mrs Dillingham - Mr Spongberg had an accident June 17-(1936). He was Mail Carrier (rural). His horses ran away, he was thrown between the horses and received injuries to head and chest. He was off duty a months.

Yours truly,
G. W. States

P.S. I did not attend him for injury. G.W.S

Preston Ida
Sept 16-1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

99874

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99874

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 193

1. (No.) Twin Falls Co. Gen. Hospital 117
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Edgar Lowery

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Nellie M. Lowery

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington, Ill.

FATHER
13. NAME Walter Lowery
14. BIRTHPLACE (city or town) (State or country) Stark Co., Ohio

MOTHER
15. MAIDEN NAME Mary Coon
16. BIRTHPLACE (city or town) (State or country) Stark Co., Ohio

17. INFORMANT W. W. Lowery
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 9/1/ 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 9-5 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/29/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1936, to Aug. 29, 1936
I last saw him alive on Aug. 29, 1936: death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - general - gas gangrene Infection	Aug 23-36
Other contributory causes of importance:	
Duodenal ulcer Perforating	Aug. 23-36.
Appendicitis - acute - Perforated	Aug 23-36
Pleurisy - acute - dangerous	Aug. 23-36

Name of operation Laparotomy Date of Aug 29-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) By Geo. B. Baumer M. D.
(Address) Twin Falls, Idaho

99875

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99875

PLACE OF DEATH
County of ADA
City of

SEP 10 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 103

(No. M-F-D-BOISE IDAHO)
(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME PERCY L SCHUBERT

(a) Residence. No. St.
(Usual place of abode) South side of USTICK (If nonresident give city or town and state)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LUMA MAE SCHUBERT

6. DATE OF BIRTH (month, day, and year) June 27 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (mo. and yr.) AUG 1936
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) CHICAGO ILL
(State or country)

FATHER

13. NAME UNKNOWN
14. BIRTHPLACE (city or town) GERMANY
(State or country)

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) GERMANY
(State or country)

17. INFORMANT J-E-B-NELSON
(Address) USTICK IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEM- Date Aug 30, 1936

19. UNDERTAKER W-S-MATHER W S Mather
(Address) MERIDIAN IDAHO

20. FILED 8-31, 1936 R L Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) AUG 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Aug 28, 1936
I last saw h[illegible] alive on Aug 28, 1936: death is said to have occurred on the date stated above, at 11a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Inf. cardiac	10 yrs.
Mitral insufficiency	1
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C W Good, M. D.
(Address) BOISE IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

99876

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99876

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 292

SEP 16 1936 RECEIVED

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME BIAGIO ~~Ben~~ Pezzella

(a) Residence. No. Brooklyn, New York St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Phillip Pezzella
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Phillip Pezzella
(Address) Brooklyn, New York

18. BURIAL, CREMATION OR REMOVAL
Place New York City Date Sept. 8, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-8, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/31, 1936, to 8/31, 1936
I last saw h[illegible] alive on 8-31, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical an autopsy? No

23. If death was due to external causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. W. Torney, M. D.
(Address) Boise Idaho

of Ben Pezzella (the right name is BIAGIO PEZZELLA)

Please address to

Mr. Philip Pezzella
2278, 86th St.
Brooklyn N.Y.

Thanks

Philip Pezzella

99877

DO NOT WRITE IN THIS SPACE

State File No. 99877

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Adams

City of Bear

SEP 14 1936 RECEIVED

Registration District No. 71

Primary Registration District No.

Local Registrar's No. 138

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

186

2. FULL NAME JOHN. EMSLEY [redacted] GLENN.

(a) Residence. No. Frontier St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Divorced

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Robertson Glenn McKinley

6. DATE OF BIRTH (month, day, and year) April 24 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher & Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranching

10. Date deceased last worked at this occupation (mo. and yr.) 8-21-36

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Boise County Idaho

MOTHER FATHER

13. NAME Frank Glenn

14. BIRTHPLACE (city or town) [redacted] (State or country) Marion County Ind

15. MAIDEN NAME Elizabeth Denton.

16. BIRTHPLACE (city or town) Bremen Cnty Ind
(State or country)

17. INFORMANT Fred Glenn Fruitvale
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Old Fellows Cemetery Date 8-24- 1936

19. UNDERTAKER Rob Young.
(Address)

20. FILED SEP 11 1936 DR. ALVIN S. THURSTON COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive 8-22- 1936.; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture (multiple)	

Other contributory causes of importance:
Shock from above + fractured arm.

Name of operation None Date of

What test confirmed diagnosis? Coroner Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-22 1936.
Where did injury occur? Bear Idaho Place (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Place [illegible] Home
Manner of injury Falling from [illegible] striking him.
Nature of injury Instant death from injury to head & skull.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Falling Tree

(Signed) J. J. Peterson Coroner
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DR. ALVIN S. THURSTON
COUNCIL, IDAHO

9/18/36

Bureau of Vital Statistics.

Department of Public Welfare

Capitol Bldg.

Boise Idaho.

My dear Miss Dillingham:- In the matter of the death certificate of John Emsley Glenn, my record shows that the man was killed on Aug 21, 1936. This was the certificate as it was first made out and signed by the coroner. This is in erro as upon investigation here I find that the corrct date of death should have been 8/22/36. Please change your record of same accordingly.

The State Insurance Fund has made inquiry into the matter and I am sending a copy of this letter to Mr. K.W. Hay in order to inform him of the correction.

very truly yours,

Alvin S Thurston MD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

99818

PLACE OF DEATH

County of Payette

City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99878

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 55

SEP 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Adolph J. Hellenberg

(a) Residence. No. New Plymouth St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena J. Hellenberg

6. DATE OF BIRTH (month, day, and year) Oct. 14 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs '36

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Bernard J. Hellenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Lena J. Hellenberg New Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL

Place New Plymouth Idaho Sept 2, 1936

19. UNDERTAKER (Address) Glenn C. Landers Payette Idaho

20. FILED 9/10/36 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936, to Aug 30, 1936

I last saw h[illegible] alive on Aug 30, 1936: death is said to have occurred on the date stated above, at 6-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 14, 1936
Arteriosclerosis	1930

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Topma M. D.

(Address) New Plymouth Idaho

99879

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of [redacted]

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99879

Registration District No. 61

Primary Registration District No. 611 Local Registrar's No. 149

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 21 1938 RECEIVED

740

2. FULL NAME Victor Peterson

(a) Residence. No. 845 East 7 th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Peterson

6. DATE OF BIRTH (month, day, and year): March. 7, 1868

7. AGE — Years: 68 | Months: 5 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired

10. Date deceased last worked at this occupation (mo. and yr.): 1931

11. Total time (years) spent in this occupation: 45 yr.

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER FATHER

13. NAME: Peter Olson

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Hilda Olson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Madeline Lundquist, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Moscow, Idaho Date: 8/26, 1936

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED 8/25, 1936 J. Lauf Eubanks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Sudden death.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) H. R. Short M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99880

Registration District No. 2
Primary Registration District No. 1894
Local Registrar's No. 84250

SEP 10 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital Boise Idaho

2. FULL NAME Andrew J. Mayfield

(a) Residence. No. 104 Dearing St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Mayfield

6. DATE OF BIRTH (month, day, and year) Feb 14 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER
13. NAME Samuel Mayfield
14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Lillie Mayfield (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co Ida Date 9-8, 193[illegible]

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 9-7, 193[illegible] R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/15/36, 193..., to 7/25, 193[illegible]
I last saw h[illegible] alive on July 24, 193[illegible]: death is said to have occurred on the date stated above, at 3-8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Meningeal Hemorrhage	July 15, 1936

Other contributory causes of importance:

Name of operation Spinal puncture Date of 7/18
What test confirmed diagnosis? Spinal fluid Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dawson Chatburn M.D.
(Address) 411 Eastman B[illegible] Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1-1-8

PLACE OF DEATH

County of Ada

City of Boise

SEP 19 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99881

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 246

(No. 1218 Fort Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald D. Mink

(a) Residence. No. 1218 Fort St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/21/36

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME Harvey Mink

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Dona Howard

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) H. S. Howard, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/4/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address)

20. FILED 8-4, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/2/36 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 2, 1936

I last saw him alive on Aug 2, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever -	
Measles -	July 28

Other contributory causes of importance:

Pulmonary edema	8-2-36
Edema of glottis acute	

Name of operation Tracheotomy Date of 8-2-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Simonton, M. D.

(Address) Boise Idaho

Simonton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99882

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 260

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number).

188C

2. FULL NAME Jules Alfred Jacot

(a) Residence. No. ..... St. St. Maries Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/3/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Switzerland
(State or country)

FATHER

13. NAME Fritz Alli Jacot

14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER

15. MAIDEN NAME Anna Marie ?

16. BIRTHPLACE (city or town) Switzerland
(State or country)

17. INFORMANT Samuel C. Jacot
(Address) St. Maries Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Maries Ida Date 8/14/36, 193..

19. UNDERTAKER W. McBratney, Boise, Idaho
(Address)

20. FILED 8-14, 193.6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 193.6, to Aug 13, 193.6
I last saw him alive on 8/13, 1936; death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Leaving Auto Accident	
Car Over turned	
Fracture of 10 Ribs Rt side	
Crushed L. Lung	

Other contributory causes of importance:

Shock	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A Tetherow M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99883

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 267

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Emma Miller

(a) Residence. No. ..... St. Shelly, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17. 1935 ~~1936~~

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME James E. Miller

14. BIRTHPLACE (city or town) Pubelo
(State or country) Colorado

MOTHER

15. MAIDEN NAME Ruby Harris

16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT Willard R. Miller
(Address) R # 1. Shelly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date 8/22/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-20, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug. 20, 1936
I last saw h(er) alive on August 20, 1936: death is said to have occurred on the date stated above, at 3 45P. m.
The principal cause of death and related causes of importance were as follows

	Date of onset
Cerebral Edema	8-19-36
Other contributory causes of importance: Middle ear infection	about March '36

Name of operation None Date of .....
What test confirmed diagnosis? Autopsy there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harmon Stevenson M. D.
(Address) Burial Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99884

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 272

St Lukes Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

119

2. FULL NAME La Moine. K. Magden.

(a) Residence. No. 425. Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 24. 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Edward. L. Magden.

14. BIRTHPLACE (city or town) (State or country) Mountain Home Idaho.

MOTHER

15. MAIDEN NAME Lenore Berry.

16. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

17. INFORMANT Edward. L. Magden.
(Address) 425. Jefferson St. Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Aug. 25 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-25, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Aug. 24, 1936
I last saw (her) alive on Aug 24, 1936: death is said to have occurred on the date stated above, at 11:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	Aug. 20 '36

Other contributory causes of importance:

Acute Otitis Media	Aug. 19 '36

Name of operation Paracentesis Ear Date of 8-21-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Norman Semans M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99885

SEP 10 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 257

(If death occurred in a hospital or institution, give its name instead of street and number)
St. Alphonsus Hospital
(No.)

2. FULL NAME Mrs Maby E, Brown

(a) Residence. No. St. McCall Ida ho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris N. Brown

6. DATE OF BIRTH (month, day, and year) March 3rd 1906

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
30	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meadows
(State or country) Idaho

FATHER

13. NAME Ross Arigbaum

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Anna Osborn

16. BIRTHPLACE (city or town) Warrens
(State or country) Idaho

17. INFORMANT Morris N. Brown
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meadows Idaho Date 8/12, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-12, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1/36, 1936, to 8/10, 1936
I last saw h[illegible] alive on 8/10, 1936; death is said to have occurred on the date stated above, at 1145 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
abortus	
Septicemia	

Other contributory causes of importance:
Peritonitis

Name of operation Laparotomy Date of 8/3/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible] Idaho

N. B.—WRITE PLAINLY, Ilgn
MARGIN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99886

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 251

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eulalia Ellen Rufner

(a) Residence. No. 292 Ann State St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sherwood Rufner

6. DATE OF BIRTH (month, day, and year) July 13-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Paul, Minn

FATHER

13. NAME William H. Schaaf

14. BIRTHPLACE (city or town) (State or country) Evansville Ohio

MOTHER

16. MAIDEN NAME Caroline Simon

(State or country) (city or town) Mexico

17. INFORMANT (Address) Carl L. Rufner Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place St. Johns Cem. Date Aug 8, 1936

19. UNDERTAKER Schrecker & Whitacre (Address)

20. FILED 8-7, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Aug 4, 1936

Last saw h[illegible] alive on [illegible], 1936.: death is said to have occurred on the date stated above, at 5 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus septicaemia	July 31 1936
Other contributory causes of importance:	
Cerebral Thrombosis	

Name of operation Curettement Date of July 6 1936

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W B Thayer M. D.

(Address) 425 Eastman Bldg Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99887

SEP 19 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 244
St. Lukes
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Marie Marlatt

(a) Residence. No. 31st. & Alturas St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Marlatt

6. DATE OF BIRTH (month, day, and year) Sept. 3 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweet
(State or country) Idaho

FATHER
13. NAME Hans Hansen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME Not Obtainable
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Chas. Marlatt
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 9/5 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-4 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1936

22. I HEREBY CERTIFY, That I attended deceased from June 16 1936 to Aug 31 1936
I last saw h[illegible] alive on Aug 31 1936; death is said to have occurred on the date stated above, at 11:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	
Phlebitis right leg	
Other contributory causes of importance:	
Appendicec. infection from kidney cause, anuria, coma and profuse sudamia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? see If so, specify

(Signed) [signature] M. D.
(Address) Boise Ida

Coats

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99888

PLACE OF DEATH
County of Ada
City of Boise.

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 266

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Velma Louise Garland.

(a) Residence. No. Enterprise Oregon. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December. 23. 1925.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	7	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carlton Oregon.
(State or country)

FATHER
13. NAME A. Clayton Garland.
14. BIRTHPLACE (city or town) North Carolina.
(State or country)

MOTHER
15. MAIDEN NAME Ann. Z. Justice.
16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT A. Clayton Garland.
(Address) Enterprise Oregon.

18. BURIAL, CREMATION OR REMOVAL
Place Enterprise Oregon. Date Aug. 20 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-20 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 19, 1936
I last saw her alive on Aug 19, 1936, death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Rocky Mt. Spotted Fever

Date of onset

Other contributory causes of importance:

No

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Coats, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Good free Q

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99889

SEP 19 1936 RECEIVED

PLACE OF DEATH
County of Ada
City of Boise.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 254

(No. 915½ Main Street.)
(If death occurred in a hospital or institution, give its name instead of street and number)

48 a

2. FULL NAME Earl Alvin Hutchings.

(a) Residence. No. 915 ½ Main Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha. H. Hutchings.

6. DATE OF BIRTH (month, day, and year) November. 12. 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53.	8	27.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah.
(State or country)

FATHER
13. NAME Erwin Hutchings.
14. BIRTHPLACE (city or town) Utah.
(State or country)

MOTHER
15. MAIDEN NAME Emily Stewart.
16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Mrs. Bertha. H. Hutchings.
(Address) 915 ½ Main Street.

Cremation ~~Interment~~ Sunset Memorial Park.
Place Morris Hill Cemetery. Date Aug. 12. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-10, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1936, to Aug 9th, 1936
I last saw h..... alive on Aug 8, 1936; death is said to have occurred on the date stated above, at 2A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ~~None~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. Goodfellow M. D.
(Address) Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99890

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 94

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Franz.

(a) Residence. No. 5 Miles West of Boise. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Franz.

6. DATE OF BIRTH (month, day, and year) May. 21. 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	2	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bresleau
(State or country) Germany.

FATHER

13. NAME Oscar Franz.

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Bertha Martin.

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Mrs. Clara Franz.
(Address) R.D. # 1. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Aug. 4, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-3, 1936 D. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him Dead alive on Aug 2nd, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Body Found Hanging In A Tree By Rope Attached To His Neck.	
(Suicide)	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Suicide
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. F. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Near Boise

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99891

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 101

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Elizabeth Milburn

(a) Residence. No. Three Miles West Of Boise Rt. # 1 St.
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Milburn

6. DATE OF BIRTH (month, day, and year) Sept. 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercer Co., Mo.

MOTHER FATHER

13. NAME Henry Duncan

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Elizabeth Mallet

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Ralph P. Milburn Boise RR 2

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 8/24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-24, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 193 , to Dead 8/22 , 193 6
I last saw her alive on , 193 : death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Cause.	
Died without Medical	
Attention.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. T. McCann CORONER
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99892

SEP 10 1936 RECEIVED

Registration District No. 8

Registration District No. 2004 Local Registrar's No. 99

(No. Route 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME John Uren

(a) Residence. No. Route 1 St. Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, and year) 11/8/1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Uren

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Bennett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Beatrice Uren, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date 8/16/36, 193..

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 8-17, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/14/36 193

22. I HEREBY CERTIFY, That I attended deceased from July 3, 193 6 to Aug 14, 193 6

I last saw h..... alive on Aug 6, 193 6: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Coronary Occlusion	July 31 1936

Other contributory causes of importance:

Cerebral Osteosclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A. Stewart, M. D.

(Address) Stewart

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99893

SEP 10 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 2004

Local Registrar's No. 98

(No. 1 block west 1 block south Whitney school.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Marguerite Ingleberg Johnson. 164

(a) Residence. No. Fruitland Idaho St. Fruitland Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married.

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: John A. Johnson.

6. DATE OF BIRTH (month, day, and year): Oct 2 1857.

7. AGE — Years: 78 | Months: 10 | Days: 13 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden.

FATHER

13. NAME: Nels Edfors.

14. BIRTHPLACE (city or town) (State or country): Sweden.

MOTHER

15. MAIDEN NAME: not known.

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMANT (Address): O. Johnson Fruitland Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place: Payette Idaho. Date: Aug 14, 1936.

19. UNDERTAKER (Address): Glenn C. Sharp Payette Idaho

20. FILED 8-17, 1936. R. C. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 14, 1936

I last saw her alive on Aug 3, 1936.: death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas L Johnson, M. D.

(Address) Ontario Oregon.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99894

Registration District No. 8

Registration District No. 2004 Local Registrar's No. 97

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Thomas H. Troy

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Shearer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elgin
(State or country) Oregon

FATHER

13. NAME Dane Troy

14. BIRTHPLACE (city or town)
(State or country) Wisconsis

MOTHER

15. MAIDEN NAME Ellen Bloodsworth

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Jack Troy
(Address) 1711 Boise Ave. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place La Grande, Oregon Date 8/14/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1935, to 8-13, 1936

I last saw h[illegible] alive on 8-9-12, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Hemorrhage	
Stomach Accelerated by Carcinoma & Injuries	

Other contributory causes of importance:

Name of operation Exploratory Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Carcaraway M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

West

PLACE OF DEATH

County of Ada

City of Boise

No. N. R. ... St. 2

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99895

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 96

File No. 1936

(If death occurred in a hospital or institution, give its name instead of street and number)

740

2. FULL NAME Harriet Anne Carter

(a) Residence. No. 404 Eastman St. Boise

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Phillip Carter

6. DATE OF BIRTH (month, day, and year) Feb 1-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER

13. NAME Richard Hedgecock

14. BIRTHPLACE (city or town) U. S. A.
(State or country)

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) U. S. A.
(State or country)

17. INFORMANT Raymond E. Carter
(Address)

18. BURIAL, CREMATION OR REMOVAL Boise, Ida.
Place Morris Hill Date 8-11, 1936

19. UNDERTAKER Schreiber & Mc Cand
(Address)

20. FILED 8-12, 1936 R. A. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8 9 1936.

22. I HEREBY CERTIFY, That I attended deceased from October 1935, to ..... 193..

I last saw her alive on 8-5, 1936; death is said to have occurred on the date stated above, at 10:30 a. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Uncertain.
Cerebral hemorrhage	8-2-36.

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. West M. D.

(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99896

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 239

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

88a

2. FULL NAME Verna May Black Carey

(a) Residence. No. Eagle St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, and year) 7/16/1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	--	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John F. Black
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Carey (Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 8/3/36, 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 8-1, 1936 R. R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/30/1936

22. I HEREBY CERTIFY, That I attended deceased from 7/28/, 193.6, to 7/30/36, 193..
I last saw h.. alive on 7/29/, 193.6, death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis (Mitral)	1919
Cardiac Decompensation	1933

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest E. Lambaugh M. D.
(Address) Boise, Idaho

Lambaugh

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99897

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 249

SEP 10 1936 RECEIVED

(No.) St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Celinda. O. Hawk.

(a) Residence. No. 2 Miles South of Boise. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac. K. Hawk.

6. DATE OF BIRTH (month, day, and year) November. 9. 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68.	8	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa. (State or country)

FATHER

13. NAME Ross Soper.

14. BIRTHPLACE (city or town) Iowa. (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT I. K. Hawk. (Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 8-8, 1936

19. UNDERTAKER Summers Funeral Home. (Address) Boise, Idaho.

20. FILED 8-7, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6-1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.5, to Aug 6, 1936.

I last saw h. w alive on Aug 6 1936: death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	8-6-36.

Other contributory causes of importance:

Toxic Thyroid - and Myocarditis	?

Name of operation Thyroidectomy Date of 8-6-36

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Russell T. Nakes, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99898

Registration District No. 9-10

SEP 9 1936 RECEIVED

Primary Registration District No. 9-10

Local Registrar's No. 1

(No. 164)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas. J. Swope.

(a) Residence. No. 1016. N. 13 Street. St. Died at Star, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Martha Swope.

6. DATE OF BIRTH (month, day, and year) January. 19. 1845.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91.	6	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa. (State or country)

FATHER

13. NAME David Swope.

14. BIRTHPLACE (city or town) Ohio. (State or country)

MOTHER

15. MAIDEN NAME Julia Furr.

16. BIRTHPLACE (city or town) Virginia. (State or country)

17. INFORMANT Mrs. Charles. H. Roberts.
(Address) 1016. N. 13 St, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho. Date Aug. 12, 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9/7, 1936 Emma Dodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1936, to 8-10, 1936

I last saw him alive on 8-10, 1936; death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Other contributory causes of importance: Heart failure	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. V. Hall M. D.
(Address) Star, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99899

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 264

(No. 1113-N-5 Street
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME William Henry Hall.

(a) Residence. No. 1113. N. 5 th Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sena. A. Hall.

6. DATE OF BIRTH (month, day and year) August. 11. 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	6.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois.
(State or country)

FATHER
13. NAME Benjamin Hall.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Sena. A. Hall.
(Address) 1113. N. 5 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery. Date Aug. 19 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-19, 1936 N. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-17 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to August 11, 1936
I last saw him alive on August 14 1936.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Other contributory causes of importance:	

Name of operation Resection of Prostate Date of 4/2/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. B. Jeppesen, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99900

SEP 1 0 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 265

(No. 2003, north 13th street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John E. Carr

(a) Residence. No. 2003, north 13th street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 22. 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sid Carr
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/18/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-19, 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1936, to 8-16, 1936
I last saw him alive on 8-16, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 8/16/36

Other contributory causes of importance:
Senility

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. W. Forney, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99901

Registration District No. 204

Primary Registration District No.

Local Registrar's No. 270

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Suzan Victoria Jester

(a) Residence. No. Rt. # 5 Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alvus L. Jester

6. DATE OF BIRTH (month, day, and year) July 15th. 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster
(State or country) Canada

FATHER

13. NAME James Morrison

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Sarahphine Curry

16. BIRTHPLACE (city or town) Lancaster
(State or country) Canada

17. INFORMANT Warren Jester
(Address) San Francisco, Calif.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/25/36, 193...

19. UNDERTAKER W. McBratney
(Address) Boise

20. FILED 8-24 193 6 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/23/36 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 23, 1936
I last saw her alive on Aug 24, 1936: death is said to have occurred on the date stated above, at 12:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 19 1936

Other contributory causes of importance:

Respiratory Paralysis	Aug 23

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Braxton, M. D.
(Address) Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99902

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 271

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mrs. Julia E. Estes

(a) Residence. No. 1611 Franklin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. P. Estes

6. DATE OF BIRTH (month, day, and year) April 1st. 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris
(State or country) France

FATHER

13. NAME Jean Dick

14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER

15. MAIDEN NAME Mary Shellot

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Bertie Estes
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/24/36 193

19. UNDERTAKER W. McBratney
(Address) Boise, Idaho

20. FILED 8-24 1936 R. Shurp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/22/36 193

22. I HEREBY CERTIFY, That I attended deceased from April 22 193 6 to Aug 22 193 6
I last saw h[illegible] alive on Aug 22 193 6 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Cardiac Vascular	
Renal Degeneration	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Pittenger M.D.
(Address) Boise Idaho
Pittenger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada.
City of Boise.

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99903

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 274

(No. St Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Willis Cornelious Dodge.

(a) Residence. No. New Plymouth. 2da St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Nida Wilda Dodge.

6. DATE OF BIRTH (month, day, and year) 7-15-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	9.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME David Dodge.
14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER
15. MAIDEN NAME Jennie Steers
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) Nida W. Dodge. New Plymouth.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date 8-27-1936

19. UNDERTAKER (Address) Zacher Funeral Home Boise Ida.

20. FILED 8-28, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-24-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug. 24, 1936
I last saw ~~him~~ alive on Aug 24, 1936: death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Obstruction	1935
Pulmonary Embolism	8/24/36

Other contributory causes of importance:

Name of operation Cystostomy Date of 8/13/36
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Jefferson, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

SEP 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99904

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 240

(No. St. Alphonsis Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Perrault Jr. 90

(a) Residence. No. 415 Bannock St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 53 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edythe Ewing Perrault

6. DATE OF BIRTH (month, day, and year) 8-4-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) 7-36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Joseph Perrault Sr.

14. BIRTHPLACE (city or town) Montreal
(State or country) Canada

MOTHER

15. MAIDEN NAME Kate Kelly

16. BIRTHPLACE (city or town) Monroe, Wis.
(State or country)

17. INFORMANT R. S. Campbell
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise Date 8-1, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Idaho

20. FILED 8-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1936, to 7/30, 1936
I last saw [illegible] alive on 7/30, 1936: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Coronary Block	
Other contributory causes of importance:	
Myocardial degeneration Arteriosclerosis	

Name of operation ..... Date .....
What test confirmed diagnosis? Clinical findings

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred A. Pierce, M. D.
(Address) .....

B-15-5

DO NOT WRITE IN THIS SPACE
State File No. 99905

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 241

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME William Arthur Davis

(a) Residence. No. St. Atlanta, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12.23.1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Idaho

FATHER

13. NAME Nelson Davis

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Margaret Hornsby

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Fred C. Davis. Atlanta

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/3/36, 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 8-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/31/36 193

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 193.6, to 7-31, 193.6
I last saw h~~im~~ alive on 7-30, 193.6: death is said to have occurred on the date stated above, at 5:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-26-36
Other contributory causes of importance:	
Cerebral concussion.	7-26-36
Bronchopneumonia.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury 7-26 193.6
Where did injury occur? Atlanta Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Farming.
Manner of injury Fall from hay wagon.
Nature of injury Cerebral concussion, scalp abrasion

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify In course of work
(Signed) L. T. Best, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

West

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

SEP 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99906

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 242

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin A. Heazle

(a) Residence. No. St. DeLamar Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/30/1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bray, Ireland

FATHER

13. NAME Benjamin Heazle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Harriette Bruce

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Annie Heazle, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 8/1/36, 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 8-1, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/30/36 193

22. I HEREBY CERTIFY, That I attended deceased from 7/28/36, 193..., to 7/30, 193.6

I last saw him alive on 7/30/36 193...: death is said to have occurred on the date stated above, at 11 50 p.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Probable malignancy of colon	April 1936
(2) Chronic Nephritis	7

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ~~Surgical~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 193...

Where did injury occur? no

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard M. Stewart, M. D.

(Address) 411 Eastman Bldg

Stewart

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99907

SEP 17 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 243

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Darwin Berry

(a) Residence. No. 910 Grove St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Laura M. Berry

6. DATE OF BIRTH (month, day, and year) Nov 2[illegible] 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chillotche Ill.

FATHER

13. NAME Erasmus Berry

14. BIRTHPLACE (city or town) (State or country) Springfield Ill.

MOTHER

15. MAIDEN NAME Nelso

16. BIRTHPLACE (city or town) (State or country) Not Obtainable ww ww

17. INFORMANT J. H. Berry
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/3/ 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-3, 193 6 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31st. 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dead 193 , to July 31 193 6
I last saw him alive on , 193 : death is said to have occurred on the date stated above, at 4: A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural. Died without Medical Attention	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Corner
(Signed) J. F. McCann M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99908

AUG 1 1936

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 245

(No. 325 Donna Bldg)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Calvin Sparks 89

(a) Residence. No. Donna Apt 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write "the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Sparks

6. DATE OF BIRTH (month, day, and year) June 15th - 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	-	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME James F. Sparks
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Lavina Eleanor Freeman
16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT (Address) Ellen Sparks Donna

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Cem Date 8-2 1936

19. UNDERTAKER (Address) Pierce Funeral Home

20. FILED 8-4, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-30 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to July, 1936, that I last saw him alive on July 30 1936; death is said to have occurred on the date stated above, at 11-45 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
and	
Aneurism	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr J C Wyly D.C., M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99909

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 275

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1882

2. FULL NAME Earl Marion Shelton

(a) Residence. No. Halfway, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jane Shelton

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durkee
(State or country) Oregon

FATHER

13. NAME Frank Shelton

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Isabelle Saling

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Jane Shelton
(Address) Halfway, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Bear, Idaho Date Aug. 30, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-29-1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) aug 28th 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 17th, 1936, to aug 28th, 1936.

I last saw him alive on aug 27, 1936: death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Hemo-Pneumonia of left-lung. Pneumonia of right lung. Hemorrhage in left Pleural cavity. Crushed Chest & frozen leg

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in the following:
Accident, suicide, or homicide? accident Date of injury aug 17 1936.
Where did injury occur? Cascade Valley Co. Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In the woods.

Manner of injury Log rolled over him.

Nature of injury Crushed chest punctured lung & broke leg.

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify Truck logging

(Signed) J. S. Springer, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99910

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 276

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James. M. Harris.

(a) Residence. No. 11. Miles. N.W. Of Boise. R.D. # 3. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Lena. C. Harris.

6. DATE OF BIRTH (month, day, and year) April. 3. 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56.	4.	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colorado.
(State or country)

FATHER
13. NAME John Harris.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Mary. A. Smith.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Lena. C. Harris.
(Address) R.D. # 3. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle, Wash. Date Aug. 31 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-29 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 3rd, 1936, to aug 26, 1936
I last saw h alive on aug 26, 1936: death is said to have occurred on the date stated above, at 12-15 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease with Hypertension. arterio-sclerosis and myocardial degeneration.	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. S. Springer, M. D.
(Address) Boise Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99911

SEP 1 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 258

(No. St. Alphonsus Hospital.) 45

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miguel Menchisabal

(a) Residence. No. ..... St. Mt Home.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Meli	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep Herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gotholo Vizcaya Spain

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Victor Etxu (Address) Boise Ida

18. BURIAL, CREMATION OR REMOVAL Place St. Joseph's Date 8-12, 1936

19. UNDERTAKER Schreiber & McLaughlin (Address) Boise, Ida

20. FILED 8-12, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to Aug. 8, 1936, [last saw h.. alive on 8/8, 1936.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia of Sigmoid	
Obstruction Indicating	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Tetrault M. D.

(Address) Boise Idaho

M-41-4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99912

SEP 1A 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 259

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Andrew Ruben Marker

(a) Residence. No. 1500 Grove St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6. DATE OF BIRTH (month, day, and year) 4/30/1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME James Peter Marker

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Abbigal Woolsey

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Ernest Marker

(Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 8/11/36 193...

19. UNDERTAKER McBratney Funeral Home

(Address) Boise

20. FILED 8-13 193 6 R. Sharp Registrar

Nokes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9/36 193

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Aug 9, 1936.

Last saw him alive on Aug. 9, 1936; death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel ?	
Post-Operated Colapse.	
Other contributory causes of importance:	

Name of operation Exploratory Date of July

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Harold L. Noyes, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99913

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 262

SEP 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Merta D[illegible] Gibson

(a) Residence. No. Centerville, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Will H. Gibson

6. DATE OF BIRTH (month, day, and year) 3-11-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Jerome Drake
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Caroline Hopkins
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Will H. Gibson (Address) Centerville, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 8/18, 1936

19. UNDERTAKER Summers Funeral Home (Address) Boise, Idaho

20. FILED 8-18, 1936 R. L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936, to Aug 16, 1936
I last saw her alive on Aug 16, 1936: death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis.	Jan. 10, 1936
Myocarditis.	" " "
Acute Nephritis.	" " "
Other contributory causes of importance:	
Pneumonia - Lobar	Jan. 3-1936
? Hypertension -	Last 4 or 5 years
Ascites + dropsy	Jan 10 1936

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193....
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———
(Signed) O. P. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99914

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 100

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryn Gregory Garrison

(a) Residence. No. One Mile South of Ada County Hospital St. Boise

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd L. Garrison

6. DATE OF BIRTH (month, day, and year) April 9th. 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Kentucky

FATHER

13. NAME William D. Gregory

14. BIRTHPLACE (city or town) Richmond (State or country) Kentucky

MOTHER

15. MAIDEN NAME Buchanan

16. BIRTHPLACE (city or town) Kentucky (State or country)

17. INFORMANT F.W. Garrison (Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 8-18-36, 193...

19. UNDERTAKER W. McBratney (Address) Boise

20. FILED 9-17 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8 / 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 X, 193 6, to Aug 15, 193 6

I last saw he alive on Aug 15, 193 6: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930
Other contributory causes of importance: Chronic Nephritis	1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Swindell, M. D.

(Address) Boise Idaho

Swindell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99915

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 248

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norma Elda Leahy

(a) Residence. No. Fairfield Idaho St. Fairfield Idho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nov. 18th. 1912

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellevue Idaho

FATHER

13. NAME Michael J. Leahy

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Mich.

MOTHER

15. MAIDEN NAME Nettie E. Williams

16. BIRTHPLACE (city or town) (State or country) Royalton Minn.

17. INFORMANT (Address) C. Earl Williams 417 E. 20th. St Spokane Wn.

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date 8/7 193 6

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 8-6, 193 6 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sunday Aug 2 193 6, to Aug 5, 193 6

I last saw h[illegible] alive on Aug 5, 193 6; death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset about July 29 Approximate interval between onset and death

Other contributory causes of importance:

Perforated ulcer of duodenum

Name of operation [illegible] Date of operation

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D A Wake, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99916

REC'D AUG 1936

Registration District No. 2

Primary Registration District No. 1804 Local Registrar's No. 252

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Marie Lee

(a) Residence. No. 1213 N 5th St St. Jordan Valley Ore

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2 1921

7. AGE — Years: 14 | Months: 10 | Days: 3 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jordan Valley Oregon

FATHER

13. NAME Arthur C. Lee

14. BIRTHPLACE (city or town) (State or country) Frankstown New

MOTHER

15. MAIDEN NAME Isabella Neary

16. BIRTHPLACE (city or town) (State or country) Pleasantville Idaho

17. INFORMANT (Address) Mrs. Arthur Lee Jordan Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Jordan Valley Date Aug 7, 1936

19. UNDERTAKER Schreiber & McCann Boise Ida
(Address)

20. FILED Aug 7, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1936, to Aug 5, 1936

I last saw her alive on Aug 5, 1936; death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma (retro-peritoneal)	Feb. 1936
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. B. Sunnucks, M. D.

(Address) Boise Idaho

Summers

PLACE OF DEATH

County of Ada

City of Boise.

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99917

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 253

(No. St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Shaffer.

(a) Residence. No. Mayfield, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 21. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. A. Shaffer.

6. DATE OF BIRTH (month, day, and year) June. 27. 1889.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota.

FATHER

13. NAME Thomas Forcier.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT John. A. Shaffer.
(Address) Mayfield, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Aug. 12, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho

20. FILED 8-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 9, 1936

I last saw h.. alive on Aug 9, 1936.: death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 2, 1936
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. S. Summers, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Bannock

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99918

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 255

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Sarah. L. Tonkin.

(a) Residence. No. 1208. Fort Street. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September. 24. 1851.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85.	10.	15.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Wales.
(State or country)

FATHER

13. NAME Owen Thomas.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Ann Griffith.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Mrs. A. J. Hall.
(Address) 1208. Fort Street.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Aug. 12 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 8-12, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1936 to Aug 9th, 1936
I last saw h[illegible] alive on Aug 9th, 1936: death is said to have occurred on the date stated above, at 4.15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility.	
and Heart Lesions	
Other contributory causes of importance:	
Cerebral Hemorrhage about	
2 years ago — Dropsy	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [illegible] M. D.
(Address) ....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99919

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 256

44

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Almon Jacob Hall.

(a) Residence. No. 1208. Fort Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Ethel. T. Clark.

6. DATE OF BIRTH (month, day, and year) September. 14. 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Adjuster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond, Vermont.

FATHER

13. NAME William. D. Hall.

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Lucretia. V. Rood.

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Mrs. Ethel. T. Hall.
(Address) 1208. Fort, St. Boise

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Aug. 13 1936.

19. UNDERTAKER Summers Funeral Home,
(Address) Boise, Idaho.

20. FILED 9-12, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 1936 to 8/10, 1936

I last saw him alive on 8/8, 1936; death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Stomach	7/16/36
Other contributory causes of importance:	

Name or operation Exploratory Date of 7/18/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Hyrtl M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99920

SEP 10 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 95
(No. Ridenbaugh Canal)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacqueline Marie Washabaugh

(a) Residence. No. 1105 Woodbine St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 30th. 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Clarence V. Crist

14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER

15. MAIDEN NAME Olga Barnett

16. BIRTHPLACE (city or town) Mineral
(State or country) Idaho

17. INFORMANT Neal Washabaugh
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/8, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-7, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dead 8/5 1936 to ....., 193....
I last saw her alive on ..... 1936; death is said to have occurred on the date stated above, at About 2: P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning In The Ridenbaugh Canal.	
Near Woodbine St. So Boise	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. McCann Coroner, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE
State File No. 99921

Local Registrar's No. 263

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. Porter Snider

(a) Residence. No. 400 Union St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Col. Henry Snider

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Mary Blakely

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT Mrs E F Rosbrig
(Address) 400 Union St. Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 8/18, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 8-18, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1936, to 8/16, 1936.
I last saw h[illegible] alive on 8/14, 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block.	
Cardiac decompensation	
Other contributory causes of importance:	
Chr. Renal Vascular	
Degeneration	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred A Kellogg, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99922

SEP 14 1936 RECEIVED

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 140

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Lester Hann — 25

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Emma Belle Barnett.

6. DATE OF BIRTH (month, day, and year): March 10, 1868

7. AGE: Years 68 | Months 5 | Days 17 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Station
10. Date deceased last worked at this occupation (mo. and yr.): 6-11-36
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Springfield Ill

FATHER
13. NAME: John A. Hann —
14. BIRTHPLACE (city or town) (State or country): Fulton County Ills.

MOTHER
15. MAIDEN NAME: Susanna Patterson.
16. BIRTHPLACE (city or town) (State or country): Albion Wyneth Co. Ohio

17. INFORMANT (Address): Clarke Hann — Ione - Orinda

18. BURIAL, CREMATION OR REMOVAL
Place: Old Fallen Cemetery Date: 8-29-, 193 6

19. UNDERTAKER (Address): Hudelson

20. FILED SEP 11 1936, 193 ____ DR. ALVIN S. THURSTON Registrar. COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 193 6, to 8-27, 193 6
[last saw h[illegible] alive on 8-27-, 193 6.: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Staphylococcus Bacteriemia	2 wks duration
Other contributory causes of importance: Hemiplegia - Cerebral Thrombosis	6-11-36

Name of operation: 0 Date of: 0
What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ....., 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99924

PLACE OF DEATH

County of Adams
City of Meadows
Registration District No. 21
Primary Registration District No.
Local Registrar's No. 132

(No.) (If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Jennie Clark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of James H Clark

6. DATE OF BIRTH (month, day, and year): Aug 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	11	~~27~~ 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home.

10. Date deceased last worked at this occupation (month and year): May 15 1936

11. Total time (years) spent in this occupation: 60 yrs.

12. BIRTHPLACE (city or town) (State or country): Kansas.

FATHER

13. NAME: Thomas Dave Bricker

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Sara Marques.

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMENT (Address): Alice Gimmett (Daughter) Meadows Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: Meadows Ida Date: Aug 5, 1936

19. UNDERTAKER: Family
(Address)

20. FILED SEP 11 1936 193 DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1936, to 8-4, 1936
I last saw h... alive on 8-4, 1936; death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Apparently Caused by the Flu. She was in Coma only time I saw her & dieing.

Date of onset

Other contributory causes of importance:

None of my own knowledge.

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Don S. Numbers, M. D.
(Address) DON S. NUMBERS, M. D. COUNTY HEALTH OFFICER McCALL, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99925

SEP 14 1936 RECEIVED

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 139

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas W. Day

(a) Residence. No. ____ Council Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~ or Divorced (write the word)
Male	W.	Divorced

5a. ~~If married, widowed~~, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie Reed.

6. DATE OF BIRTH (month, day, and year) March 8 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold Mines.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Penarth ENGLAND

MOTHER, FATHER
13. NAME Thomas Webber Day
14. BIRTHPLACE (city or town) (State or country) Penarth ENGLAND
15. MAIDEN NAME ELLEN Webber
16. BIRTHPLACE (city or town) (State or country) SUDBURY ENGLAND

17. INFORMANT (Address) Fred R Day Idaho City Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Hollywood Cem. Date 8-28-, 1936
Le Fortune
19. UNDERTAKER (Address) Weiser Idaho

SEP 11 1936
20. FILED ____, 193__ DR. ALVIN S. THURSTON COUNCIL IDAHO
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw him alive on ____, 193__ Death is said to have occurred on the date stated above, at 10:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	Instant death
Other contributory causes of importance:	
None	

Name of operation 0 Date of 0
What test confirmed diagnosis? ____ Was there an autopsy? 0

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____

(Signed) Alvin S Thurston M.D., M. D.
(Address) Cuprum

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99926

SEP 14 1936 RECEIVED

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 136

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank J. Baker

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) 9-2-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 8-12-36
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) New York State.

FATHER
13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER
15. MAIDEN NAME unk.
16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Mrs. John Kesler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Old Fellows Cemetery Date 8-17, 1936

19. UNDERTAKER John Kesler
(Address)

20. FILED SEP 11 1936, 193... DR. ALVIN S. THURSTON COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 6, 1936, to 8-16, 1936
I last saw him alive on 8-15, 1936: death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy — Hemiplegia.	8-13-36
Other contributory causes of importance:	
Hypertension	1926

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? 0 Date of injury ....., 193...
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S. Thurston M.D., M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99927

Registration District No. 78

SEP 14 1936 RECEIVED

Primary Registration District No. 7161 Local Registrar's No. 754

1. (No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Edward Peart

(a) Residence. No. 338 West Bridger St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Willadean Ward

6. DATE OF BIRTH (month, day, and year): Jan. 8, 1904.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gem State Auto Service Station

10. Date deceased last worked at this occupation (mo. and yr.): May 1936.

11. Total time (years) spent in this occupation: Two

12. BIRTHPLACE (city or town) (State or country): Hiteman, Iowa.

FATHER

13. NAME: John Peart

14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME: Elizabeth Reese

16. BIRTHPLACE (city or town) (State or country): Wales.

17. INFORMANT (Address): Mrs. David Edward Peart, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: Aug. 14, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Aug. 13, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to Aug 11, 1936; that I last saw h[illegible] alive on Aug 11, 1936; death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May
Other contributory causes of importance:	
Peritonitis	June

Name of operation: [illegible] Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: [illegible] 1936
Where did injury occur? Pocatello Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Foreign Body Air Trap
Nature of injury: Rupture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Willadean Ward M.D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99929

Registration District No. 28
Primary Registration District No. 2461 Local Registrar's No. 766

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blaine Albert Jackman

(a) Residence. No. ..... St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 8, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Blackfoot Idaho
(State or country)

FATHER

13. NAME Blaine E. Jackman
14. BIRTHPLACE (city or town) Levan Utah
(State or country)

MOTHER

15. MAIDEN NAME Edna Buchanan
16. BIRTHPLACE (city or town) Blackfoot, Ida.
(State or country)

17. INFORMANT Blaine E. Jackman
(Address) Blackfoot, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot Date Aug 30, 1936

19. UNDERTAKER John C. Stenberg
(Address) Blackfoot, Ida.

20. FILED Aug 29, 1936 D. C. Gay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 28, 1936
I last saw h-im alive on Aug 28, 1936: death is said to have occurred on the date stated above, at 10:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	Aug 7
Other contributory causes of importance:	
Encephalitis Toxic	Aug 18

Name of operation None Date of .....
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. McKnight M. D.
(Address) Pocatello Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Bancroft

SEP 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 32

DO NOT WRITE IN THIS SPACE

State File No. 99930

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Charles J. Wennard

(a) Residence. No. 161 Bancroft Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 22 - 36

7. AGE: Years | Months | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bancroft Ida

FATHER

13. NAME Nolan J. Wennard

14. BIRTHPLACE (city or town) (State or country): Payson Utah

MOTHER

15. MAIDEN NAME Eliza Ann Corbett

16. BIRTHPLACE (city or town) (State or country): Smithfield Utah

17. INFORMENT (Address): Copy-birth report

18. BURIAL, CREMATION, OR REMOVAL
Place Chesterfield Ida Date Aug 31, 193

19. UNDERTAKER (Address): Had none

20. FILED Sept 10, 1936 Mrs. G. J. Fish
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-22-, 1936, to Aug 30-, 1936

I last saw him alive on Aug-25, 1936; death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurse.	
Just wasn't to sleep.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) G. J. Fish, M. D.

(Address) Bancroft Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99931

Registration District No. 28
Primary Registration District No. 2164 Local Registrar's No. 764
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Croshaw Jr.

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER
13. NAME James L. Croshaw
14. BIRTHPLACE (city or town) (State or country) Oxford, Idaho.

MOTHER
15. MAIDEN NAME Ethel Andrus
16. BIRTHPLACE (city or town) (State or country) Ora, Idaho.

17. INFORMANT (Address) James L. Croshaw Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Aug. 27, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Aug. 27, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936, to Aug 26, 1936
I last saw him alive on Aug 26, 1936: death is said to have occurred on the date stated above, at 10 20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital obliteration of bile duct	Aug 25
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. C. McDougall, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99932

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 30
(No. Lava Hot Springs, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert I. Bloxham

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Widower of Martha Bybee

6. DATE OF BIRTH (month, day, and year) October 6, 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Idaho.

FATHER
13. NAME John Bloxham
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Alice Hill
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Merle Bloxham
(Address) Lava Hot Springs, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Downey, Idaho. Date July 19, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 20, 1936. Mrs. G. G. Fitt
Registrar
Sept 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7-15-, 1936, to 7-17, 1936.
I last saw him alive on 7-17, 1936: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? ~~B. B.~~ Before autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Ranching Tick bite
Nature of injury Ranching

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Tick bite
(Signed) C. A. Rich M. D.
(Address) Lava Hot Springs, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Downey

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99934

Registration District No. 89
Primary Registration District No. 2160 Local Registrar's No. 19

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida May VanLeuven

(a) Residence. No. Downey, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Newman D. VanLeuven

6. DATE OF BIRTH (month, day, and year): March 7, 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Galveston, Texas.

FATHER

13. NAME: James A. Robinson

14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER

15. MAIDEN NAME: Mary Morgan

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): S. Emil VanLeuven, Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Downey, Idaho Date: Aug. 28, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept 6, 1936. Mary C. Colton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug. 25, 1936.
I last saw h[illegible] alive on Aug. 24, 1936; death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenomatous Goitre	
Other contributory causes of importance: Compressing of Trachea Myocarditis	

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. F. Rothgiesser, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99935

PLACE OF DEATH

County of Bannock

City of Downey

Registration District No. 89

Primary Registration District No. 2160

Local Registrar's No. 18

SEP 11 1936

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

164

2. FULL NAME Samuel Newbold

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Lucy Olney

6. DATE OF BIRTH (month, day, and year): Aug. 2, 1850.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: John Newbold

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Elizabeth Dakin

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): LerVon Newbold, Downey, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Smithfield, Utah. Date: Sept. 2, 1936.

19. UNDERTAKER (Address): M. W. Hendricks, Preston, Idaho.

20. FILED Sept. 9, 1936. Mary C. Coffin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug. 30, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h... alive on ——, 193...: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age and complications	
not in attendance last	
Other contributory causes of importance: Heart cause of death was natural causes	

Name of operation: none Date of ——

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) R. L. Hastings, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99936

SEP 14 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 7161
Local Registrar's No. 758
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Louis Benjamin Young

(a) Residence. No. Inkom, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Arvilla May Sloat

6. DATE OF BIRTH (month, day, and year): Aug. 13, 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cattleman
10. Date deceased last worked at this occupation (mo. and yr.): Aug. 1936.
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): New Castle, Pennsylvania.

FATHER

13. NAME: Sylvester Mathew Young
14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME: Martha Jane Scott
16. BIRTHPLACE (city or town) (State or country): Pennsylvania.

17. INFORMANT (Address): Mrs. Louis B. Young, Inkom, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Oakland Calif. Date Aug. 24, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Aug. 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 19, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 8/ 38, 1936, to 8/ 15, 1936
I last saw h[illegible] alive on 8/15, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	
Leukosarcoma ? chronic	
Or heart & Myocarditis	
Insufficiency	
Other contributory causes of importance:	
Hyperpyrexia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. K. Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99937

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 7161 Local Registrar's No. 755
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Genaro Devengenzo

(a) Residence. No. 1222 N. Garfield St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired property
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Rosario Devengenzo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Carolina Turchino
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Dominic Salvucci
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Aug., 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 8-20, 1936 D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1936, to Aug. 15, 1936
I last saw him alive on Aug. 14, 1936: death is said to have occurred on the date stated above, at 10:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 8, 1936
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. N. Urquhart, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99938

Registration District No. 78

SEP 14 1936 RECEIVED

Primary Registration District No. 7161 Local Registrar's No. 753

(No. St. Anthonys Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Jesse Shinderling

(a) Residence. No. St. Mackay, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee

6. DATE OF BIRTH (month, day, and year) May 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salina Utah

FATHER
13. NAME John Lipsey
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lee Shinderling (Address) Mackay, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Aug. 13, 1936

19. UNDERTAKER Durrands Funeral Home (Address) Pocatello Idaho

20. FILED 8/12, 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug 11, 1936
I last saw her alive on Aug 11, 1936: death is said to have occurred on the date stated above, at 8:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 11 36
Other contributory causes of importance:	
Arterio-& Coronary Sclerosis, generalized	1912?
Severe Cardiac hypertrophy	"

Name of operation None Date of
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Ben C Eisenberg, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99939

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 752
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Mary McGee

(a) Residence. No. 946 East Whitman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas E. McGee
6. DATE OF BIRTH (month, day, and year): Feb 25 1884
7. AGE: Years 52 | Months 5 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Beaver Canyon Idaho

FATHER
13. NAME: Antone Poulson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Mary E. Jackson
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Chas. E. McGee Pocatello Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello Date: Aug 8 193
19. UNDERTAKER (Address): T. L. McGraw Pocatello Idaho
20. FILED: Aug 8 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1926
Embolism from Heart	8-5-36

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Brothers, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99940

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 749

(No.) 1912

(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 14 1936 RECEIVED

2. FULL NAME Michael Petersen

(a) Residence. No. 856 North Garfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mette Marie Petersen

6. DATE OF BIRTH (month, day, and year) Feb. 15 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. foreman at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. the wharf dock O.S.L.R.R.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) Denmark

FATHER

13. NAME Michael Petersen

14. BIRTHPLACE (city or town) unknown
(State or country) Denmark

MOTHER

15. MAIDEN NAME Christene Larrersen

16. BIRTHPLACE (city or town) unknown
(State or country) Denmark

17. INFORMANT Mette M. Petersen
(Address) R. L, Pocatello, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemet. Date Aug. 5, 1936

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho.

20. FILED 8-3, 1936 S C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1936 to 8-2, 1936
I last saw him alive on 8-2, 1936 Death is said to have occurred on the date stated above, at 3:10p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) ..... M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99941

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 748

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Mastro

(a) Residence. No. 1228 N. Hayes St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastasia

6. DATE OF BIRTH (month, day, and year) June 13, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 43 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Frank Mastro (Address) 1228 N. Hayes

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Aug. 4, 1936.

19. UNDERTAKER Howard's Funeral Home (Address) Pocatello, Idaho

20. FILED 8-2, 1936. D. O'Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Aug 1, 1936.
I last saw h.. alive on July 31, 1936.: death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis & Chronic Interstitial nephritis	

Other contributory causes of importance: Chronic nephritis

Name of operation none Date of
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) H. Symms, M. D.
(Address) Pocatello Idaho

SEP 14 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Downey

IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99942

Registration District No. 83
Primary Registration District No. 2160
Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kennith ElRoy Curtis

(a) Residence. No. Downey Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

195

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fern Thompson Curtis

6. DATE OF BIRTH (month, day, and year) June 17 1909

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
27	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Worked as ditch
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Watcher
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Downey Idaho
(State or country)

FATHER
13. NAME Henry W. Curtis
14. BIRTHPLACE (city or town) Hyrum Utah
(State or country)

MOTHER
15. MAIDEN NAME Nancy Parker
16. BIRTHPLACE (city or town) Welsville Utah
(State or country)

17. INFORMANT Henry W. Curtis
(Address) Downey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Downey Id. Date Aug 20 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Sept. 9 1936 Mary C. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193....
I last saw him alive on ..... dead Aug 17 1936.; death is said to have occurred on the date stated above, at 5 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Struck by lightening.	
Sudden death (apparently)	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-17 1936.
Where did injury occur? Downey Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Ray ranch irrigation canal
Manner of injury Struck by lightening.
Nature of injury Internal burns, electrification.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Ditch Rider.
(Signed) B. J. Hodges M. D.
(Address) Rockland, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99943

PLACE OF DEATH
County of Bannock
City of Pocatello

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 768

SEP 14 1936 RECEIVED

No. Bannock County Court House (Jail)
(If death occurred in a hospital or institution, give its name instead of street and number.)

66

2. FULL NAME Joe Stone

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	52	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Carpenter &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bar-Tender

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison, Missouri.

FATHER

13. NAME James A. Stone

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Bannock County Sheriff's Office Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Sept. 8, 1936.

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.

20. FILED Sept. 8, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw h ..... alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance:

Alcoholism and excessive drinking	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bethuy W. Hall Coroner, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99944

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 767

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Elizabeth Meyer

(a) Residence. No. 408 North Eleventh Ave. St. Pocatello, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of John S. Meyer

6. DATE OF BIRTH (month, day, and year): Aug. 8, 1859.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Forest City, Missouri.

FATHER

13. NAME: James Willis Waggoner

14. BIRTHPLACE (city or town) (State or country): Kentucky.

MOTHER

15. MAIDEN NAME: Nancy Ann Sublett

16. BIRTHPLACE (city or town) (State or country): Indaana.

17. INFORMANT (Address): Mrs. E. O. Leonard, Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Idaho. Date Sept. 3, 1936.

19. UNDERTAKER (Address): Paul Case (Funeral Director) Caldwell, Idaho

20. FILED Aug. 31, 1936. DC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 30 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Aug 30, 1936.
I last saw her alive on Aug 30, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1932
Other contributory causes of importance:	

Name of operation: — Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Graves, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99945

SEP 14 1936 RECEIVED

Registration District No. 25
Primary Registration District No. 2161 Local Registrar's No. 765
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Duncan Riddle
(a) Residence. No. 1 mile McCammon St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newton Grange Cattaraugus

FATHER
13. NAME Robert Duncan
14. BIRTHPLACE (city or town) (State or country) Cattaraugus

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Alexander Duncan McCammon Riddle

18. BURIAL, CREMATION OR REMOVAL
Place Green River Date Aug 30 1936

19. UNDERTAKER (Address) N. L. McMahan POCATELLO IDAHO

20. FILED Aug 28 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 27 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to Aug 27, 1936.
I last saw her alive on Aug 26, 1936: death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Chronic Interstitial nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Watson Jones, M. D.
(Address) POCATELLO, IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99946

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 763
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Elizabeth Ashcroft
(a) Residence. No. 277 Wilson Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced (or) WIFE of Wm. H. Ashcroft

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME Charlie Batly
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME ---------- Fiddler
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT William H. Ashcroft
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Paris, Idaho. Date Aug. 28, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 26, 1936. D C Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 24, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug 24, 1936,
I last saw her alive on Aug. 24, 1936: death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	Several years.
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. H. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99947
State File No.

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 762

1. (No. Residence) (If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Dwight Peck

(a) Residence. No. 148 South Johnson Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Martha Biddlecome

6. DATE OF BIRTH (month, day, and year): Dec. 6, 1845.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel-Operator

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greene County New York.

FATHER

13. NAME: Henry Peck

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Julia E. North

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Walter H. Peck Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Malad, Idaho. Date: Aug. 25, 1936

19. UNDERTAKER (Address): Hall Mortuary Pocatello, Idaho

20. FILED: Aug. 24, 1936. D. E. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1934, 193..., to Aug 22, 1936
I last saw h[illegible] alive on Aug 22, 1936; death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Chronic Nephritis	
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Gay, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99948

SEP 14 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 761
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Annie Elizabeth Gittins

(a) Residence. No. 488 S. Seventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Mendon Utah

FATHER
13. NAME Hans Jensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Christina Larsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mr. George Gittins
(Address) 488 S. Seventh

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Aug. 25 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 5-24 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Aug 22, 1936.
I last saw him alive on Aug 22, 1936: death is said to have occurred on the date stated above, at 1:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	about Jan 15-1936
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) A M Newton, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99949

Registration District No. 28

SEP 14 1936 RECEIVED

Primary Registration District No. 2161 Local Registrar's No. 760

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Jerome J. Phillips

(a) Residence. No. 226 West Greely St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nell Duncan Phillips

6. DATE OF BIRTH (month, day, and year) Oct. 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	9	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Seward
(State or country) Nebraska

FATHER
13. NAME W.H.R. Phillips
14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Mrs Nell D. Phillips
(Address) 226 West Greely

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemet. Date Aug. 23, 1936

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello Idaho

20. FILED 8/24/1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 20, 1936
I last saw him alive on Aug 19, 1936: death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation None Date of None
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Grace J. Parker M.D.
(Address) 205 Gt. Eastern Blk Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99950

Registration District No. 28
Primary Registration District No. 7161 Local Registrar's No. 7 59

SEP 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Coy D. Swanson

(a) Residence. No. 1119 E. Whitman St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph W.

6. DATE OF BIRTH (month, day, and year) Mar. 25, 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME Harry Stephens
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Caroline Evans
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT (Address) Rudolph W. Swanson 1119 E Whitman

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Aug. 23 1936

19. UNDERTAKER (Address) Howard's Funeral Home Pocatello, Idaho

20. FILED 8-24, 1936 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1936, to 8-20, 1936
I last saw her alive on 8-19, 1936: death is said to have occurred on the date stated above, at 4:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Lovell, M. D.
(Address) Pocatello

SEP 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99951

PLACE OF DEATH
County of Bonneville
City of ~~Ferrol~~ DeSmet
Registration District No. 37
Primary Registration District No.
Local Registrar's No. 10

(No.) 164
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Isidaor Bazil

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bazil

6. DATE OF BIRTH (month, day, and year) Oct 25-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Calalda Idaho

FATHER

13. NAME Unknown Basil Spain

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown Margaret Schizul

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) Marie Carboy Tensed Ida

18. BURIAL, CREMATION, OR REMOVAL Place DeSmet Date Aug 22, 1936

19. UNDERTAKER D. D. Kimball (Address) Tekoa Wash

20. FILED Aug 20, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193

I last saw him alive on July 1st, 1936: death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile decay	
Other contributory causes of importance: No doctor	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Nelson, M. D.

(Address) Tekoa Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99952

Registration District No. 116

SEP 1 1936 REC'D

Primary Registration District No. 2195 Local Registrar's No. 15

(No. 42)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Samuel Abercrombie

(a) Residence. No. Aberdeen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alyce Huls Abercrombie

6. DATE OF BIRTH (month, day, and year): May 18, 1876

7. AGE: Years 60 | Months 2 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): April 1931

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Joplin Mo

MOTHER FATHER

13. NAME: William K Abercrombie

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Vaughn

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): G. K. Abercrombie Jr. Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: American Falls, Ida. Date: Aug. 16 1936

19. UNDERTAKER: A W Davis
(Address): American Falls, Idho

20. FILED Aug. 15, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1932, to Aug. 13, 1936.
I last saw him alive on Aug. 13, 1936; death is said to have occurred on the date stated above, at 11:00 PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1932

Other **contributory causes** of importance:

Recurrent attacks of Cerebral Apoplexy	

Name of operation: none Date of:

What test confirmed diagnosis: clinical Were an autopsy?: no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?: no If so, specify.

(Signed) [signature], M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of [illegible] Idaho

City of Shelley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 3953

SEP 8 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 138

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Elizabeth "Muir" Livingston

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Livingston

6. DATE OF BIRTH (month, day, and year) Feb. 3. 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ....., min.
82	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Salt Lake city Utah

FATHER

13. NAME Thomas W. Muir

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabell Samson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) W. Livingston Ritchfield Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Date 8-28-, 193 6

19. UNDERTAKER L. M. Mulder
(Address) Shelley, Idaho

20. FILED Aug 29 193 6 Mrs Walter E Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26-, 193 6, to 8-26-, 193 6

That I saw h[illegible] alive on 6-15-, 193 6: death is said to have occurred on the date stated above, at 4:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation .... Date of ....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Edwin Cyphers, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99954

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 127
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Pearl Collings

(a) Residence. No..... St. Circleville, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 28, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Circleville Utah

FATHER
13. NAME Fredrick June Collings
14. BIRTHPLACE (city or town) (State or country) Grass Valley Garfield Co. Utah

MOTHER
15. MAIDEN NAME Louise Ellen May
16. BIRTHPLACE (city or town) (State or country) Circleville Utah.

17. INFORMANT (Address) Mrs. Horace Hale Blackfoot Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~ Removal
Place Circleville Utah Date....., 193..

19. UNDERTAKER (Address) John C. Sandberg Blackfoot, Idaho.

20. FILED Sept 20, 1936 M. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Called to Before 6 arrived but she died, 193..., to ....., 193...
I last saw h... alive on....., 193...; death is said to have occurred on the date stated above, at 10:P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
From Symptoms described by attendants I conclude she died of Coronary Sclerosis	
Other contributory causes of importance: Pneumonia	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Carlton, M. D.
(Address) Box 56 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 8 1936 RECEIVED

PLACE OF DEATH

County of Bingham

City or Firth near Aimbal

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99955

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 136

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME George William Heaton

(a) Residence. No. Firth R. F. D. #1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of La Nora Heaton

6. DATE OF BIRTH (month, day, and year) November 1, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cache Valley, Utah.

FATHER

13. NAME George Heaton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Robinson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) La Nora Heaton Firth Idaho R.F.D.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Grove City Cem. Date Aug. 18 1936

19. UNDERTAKER (Address) E. T. Peck Blackfoot Idaho

20. FILED Aug 13 1936 Mrs. Thelma E. Lance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h— alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-14-36
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. O. Hargreaves M. D.

(Address) Blackfoot Ida. (County Physician)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99956

Registration District No. 121

Primary Registration District No. 3194

Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Russel Samuel Kelley

(a) Residence. No Blackfoot, # I St.
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abagil Kelley

6. DATE OF BIRTH (month, day, and year) July 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all time

12. BIRTHPLACE (city or town) (State or country) Provo, Utah

FATHER

13. NAME Russel T Kelley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Harriet Moore

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMENT (Address) Lydia D. Marble

18. BURIAL, CREMATION, OR REMOVAL Place Groveland, Idaho Date Aug. 14, 1936

19. UNDERTAKER (Address) John C. Sandberg, Blackfoot, Idaho

20. FILED Aug 16, 1936 Mrs Vesta E Lane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Aug 13, 1936

I last saw him alive on Aug 13, 1936; death is said to have occurred on the date stated above, at 10 /30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insuffiency	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Mitchell, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

SEP [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99957

Registration District No. 121
Primary Registration District No. 8194 Local Registrar's No. 134

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Dena Schweer Steffens

(a) Residence. No. Blackfoot R#3 St. 97 Ward
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Herman Steffens

6. DATE OF BIRTH (month, day, and year) Oct 3 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Louis Mo (State or country) U. S. A.

FATHER
13. NAME Wm Schweer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dena Uthe
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. D. M. Keary (Address) Blackfoot Ida R#3

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Ferm city cem Date Aug 14, 1936

19. UNDERTAKER E T Peck (Address) Blackfoot Ida

20. FILED Aug 13 1936 Wm Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1936, to 8-11, 1936
I last saw her alive on 8-11, 1936: death is said to have occurred on the date stated above, at 11:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-11-36
Other contributory causes of importance:	
Hardening Arteries	2 yrs.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. O. Hayes M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99958

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 133.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Laubenstein

(a) Residence. No. St. Rt #3
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlob M. Laubenstein

6. DATE OF BIRTH (month, day, and year) Jan 22 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME William Nero
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Doris Harmsen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Willard Wheeler Moore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arco, Idaho Date Aug. 11, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot, Idaho

20. FILED Aug. 8, 1936 W. McDales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1936, to Aug 8th, 1936
I last saw her alive on Aug 4th, 1936: death is said to have occurred on the date stated above, at 3:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8 mos
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Greenstein M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Basalt

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99959

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 122

(No. 119)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lellie Aseneth Porter Jorgensen

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. the 11 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Orderville
(State or country) Utah

FATHER

13. NAME Francis LaPorter

14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER

15. MAIDEN NAME Laura M. Carling

16. BIRTHPLACE (city or town) .....
(State or country) Utah

17. INFORMANT Earl Jorgensen
(Address) Shelley, R. #2

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Basalt Idaho Date ....., 193...

19. UNDERTAKER W. M. Nalder
(Address) Shelley

20. FILED Aug 9, 1936 Mrs. Hales E. Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to Aug. 8, 1936
I last saw her alive on Aug. 8, 1936.: death is said to have occurred on the date stated above, at 12:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis.	1/1/36
Gastric achlorhydria.	"
Other contributory causes of importance:	
Inanition.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Lloyd Nelson, M. D.
(Address) Shelley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of Groveland Prec't

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99960

SEP 3 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 131

189

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Austin Packham

(a) Residence. No. Groveland Idaho. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of May Hickenlooper

6. DATE OF BIRTH (month, day, and year) March 24, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm

10. Date deceased last worked at this occupation (mo. and yr.) 8/36

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Pleasant View, Utah.

FATHER

13. NAME John Packham

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emily Knowles

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT ....
(Address) Nampa, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Groveland, Ida. Date Aug 9, 1936

19. UNDERTAKER E. J. Beck
(Address) Blackfoot, Idaho

20. FILED Aug 8, 1936 Wm. Hales Fabian
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1936, to 7-6, 1936

last saw him alive on 7-6, 1936.: death is said to have occurred on the date stated above, at 7 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	8-6-36
Other contributory causes of importance:	
Crushed chest	8-6-36

Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-7 1936

Where did injury occur? Blackfoot, Bingham
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Upon his farm

Manner of injury Team runaway (Potatoe Digger)

Nature of injury ran over Chest) Crushing Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) E. E. Beck, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99961

AUG 3 1936 RECEIVED

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 129

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HENRY M WELCH

(a) Residence. No. ..... St. Jerome, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) August 23rd, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---------

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) Salem, (State or country) Oregon

FATHER

13. NAME Henry Welch-

14. BIRTHPLACE (city or town) ------ (State or country) No data

MOTHER

15. MAIDEN NAME Emma Robinson

16. BIRTHPLACE (city or town) no data (State or country)

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Blackfoot Date Aug 1st, 1936

19. UNDERTAKER A. E. Hollands (Address) State Hospital South

20. FILED Aug 1, 1936 Mae Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1936, to August 1st, 1936

I last saw him alive on July 31st, 1936: death is said to have occurred on the date stated above, at 2 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-14-36
Other contributory causes of importance:	

Name of operation None Date of ----

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 193....

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----------

(Signed) Chas. R. Dowd, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99962

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 120

(No. 95 So. Birch)

(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Dora Lay Hawley

(a) Residence. No. 95 South Birch St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hawley

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Godrich Canada

FATHER

13. NAME Donald McLeod

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary McLeod

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Robert E. Olds
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Blackfoot, Ida Date Aug 3, 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Aug 3, 1936 W. M. Sykes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to Aug 1, 1936

I last saw her alive on Aug 1, 1936: death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo. Angitis	
Obliteration, foot	
Other contributory causes of importance:	
Septicaemic Infection, foot	

Name of operation None Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. W. Mitchell, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

- PLACE OF DEATH

County of Blaine

City of Hailey.

SEP 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99963

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 39

(No. Hailey Clinical Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gifford JOSEPH Winkler

(a) Residence. No. Ogden, Utah St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1880

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Inez Taylor Winkler

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. road engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8/20/36

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

FATHER

13. NAME Ernest Winkler

14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

MOTHER

15. MAIDEN NAME Venetia Porter

16. BIRTHPLACE (city or town) (State or country) Marysvale Utah

17. INFORMANT (Address) Ernest Winkler Ogden Utah.

18. BURIAL, CREMATION OR REMOVAL

Place Ogden Utah Date 8/23, 1936

19. UNDERTAKER (Address) J. J. Harris Lone Goodrich

20. FILED 8-24, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 193.., to 8/21, 193..

I last saw him alive on 8/21, 193..: death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pneumothorax Thorax at origin.	fractured
	15 hours.
Other contributory causes of importance: Crushed chest - emphysema	15 hrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 8/21, 193..

Where did injury occur? Clayton, Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile accident

Nature of injury Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. G. Jones, M. D.

(Address) Hailey, Idaho

State of Utah)
(SS
County of Weber)

A F F I D A V I T

I Ernest Winckler, being first duly sworn, depose and say that I reside at 668-24 st., Ogden, Utah, that I am the father of GIFFORD JOSEPH WINKLER born at Mt. Plesant, Utah, April 2 1907; that the original death certificate of the said GIFFORD JOSEPH WINKLER, which is now on file in the office of the Idaho State Board of Health at Boise, Idaho, gives the name of this person as GIFFORD W. WINKLER, which information is incorrect, the full and correct name of said person being GIFFORD JOSEPH WINKLER, and that this affidavit is made for the purpose of correcting the said certificate of death.

Ernest Winckler

Subscribed and sworn to before me this 7 day of Oct, A.D., 1936.

Ray Lauder
NOTARY PUBLIC

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

SEP 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99964

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 36

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Neal,

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 7-1936

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hailey Idaho.
(State or country)

FATHER

13. NAME H. H. Neal

14. BIRTHPLACE (city or town) Fort Scott Kansas
(State or country)

MOTHER

15. MAIDEN NAME Anna McCrary

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT H. H. Neal
(Address) Hailey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Aug 8, 1936

19. UNDERTAKER G. Harris
(Address) Hailey Ida.

20. FILED 9-4, 1936. R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Aug 8, 1936

I last saw him alive on Aug 6, 1936: death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	8-7-36
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) C. D. Rice M. D.

(Address) Hailey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine.
City of Diana Mine

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99965

SEP 10 1936 RECEIVED

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellis Ivey -

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME ✓
14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Israel Seagroves (Address) Hailey Idaho -

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place County Plot Date Aug 4, 1936

19. UNDERTAKER Ray McGoldrick (Address) Hailey, Idaho.

20. FILED 9-4, 1936 R. H. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-3 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓ ....., 193....., to ✓ ....., 193.....

I last saw h..... alive on ✓ ....., 193.....: death is said to have occurred on the date stated above, at ✓ ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead - heart lesion -	
Other contributory causes of importance: Chronic alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Wright, M. D.

(Address) Blaine Co. Coroner Hailey, Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99966

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 28
(No. 11)
(If death occurred in a hospital or institution, give its name instead of street and number)

For 48 hrs

2. FULL NAME Hannah Crouse Wertz

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 30-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Aug-1935
11. Total time (years) spent in this occupation 59 yrs

12. BIRTHPLACE (city or town) Rudy Ruth
(State or country) England

FATHER
13. NAME Edmund Moreom
14. BIRTHPLACE (city or town) ____
(State or country) England

MOTHER
15. MAIDEN NAME Dorothy Craise
16. BIRTHPLACE (city or town) ____
(State or country) England

17. INFORMANT Ann V. Petrys
(Address) Bellevue, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~,
Place Bellevue Idaho Date Aug. 15, 1936

19. UNDERTAKER D. Harris
(Address) Ray McGoldrick

20. FILED 9-4, 1936 O. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1936 to 8/13, 1936
I last saw her alive on 8/13, 1936: death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
Other contributory causes of importance:	
Senility	3 mo

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boise

City of New Banks, Idaho

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99967

Registration District No. ____

Primary Registration District No. ____ Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Martin Longeteig

(a) Residence. No. 315 N 16th St., Boise, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1880

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, and year) Jan. 13 1892

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
44	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation 3y

12. BIRTHPLACE (city or town) (State or country) Moscow, Ida

FATHER

13. NAME L. G. Longeteig

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Harriet Berreman

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Grace Longeteig Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Boise Idaho Date 9/29/36 193

19. UNDERTAKER (Address) Wm. McDraney, Boise, Idaho

20. FILED 9/9 193 6 Mrs E S Robson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/27/36 193

22. I HEREBY CERTIFY, That I attended deceased from ____, 193____, to ____, 193____

I last saw h____ alive on ____, 193____: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193____

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J E Shanahan, MD

(Address) Idaho City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99968

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 271

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Kirkpatrick

(a) Residence. No. 704 Larch St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Kirkpatrick

6. DATE OF BIRTH (month, day, and year): August 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bridge Construction

10. Date deceased last worked at this occupation (mo. and yr.): 3/18/36

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Mossineen, Wisconsin

FATHER

13. NAME: John Kirkpatrick

14. BIRTHPLACE (city or town) (State or country): Unknown, "

MOTHER

15. MAIDEN NAME: Isophine Cramer

16. BIRTHPLACE (city or town) (State or country): Unknown, "

17. INFORMANT (Address): Mrs. Wm. Osborne, Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Lakeview Cem
Place: Sandpoint, Ida. Date: 8-27, 1936

19. UNDERTAKER (Address): L. G. MOON, Sandpoint, Idaho

20. FILED: 8/28, 1936 Virgil O. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17-, 1933, to 8-25-, 1936.
I last saw him alive on 8-25-, 1936: death is said to have occurred on the date stated above, at 1.08 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of respitory System	2m 1926.
Other contributory causes of importance: Injured by a fall.	3-17-33

Name of operation: ~ Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fall from bridge, 40 ft.
Nature of injury: Back + Thorax

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Bridge construction
(Signed) O. J. Page, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99969

Registration District No. 78

SEP 9 1936 RECEIVED

Primary Registration District No. 2155 Local Registrar's No. 267

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

161

2. FULL NAME Infant Tyler

(a) Residence. No. Sagle, Ida. R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-13-36

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
~~1~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho

FATHER

13. NAME Clinton J. Tyler

14. BIRTHPLACE (city or town) (State or country) Wapakoneta Ohio

MOTHER

15. MAIDEN NAME Hazel Valentine Stapen

16. BIRTHPLACE (city or town) (State or country) Cayuse City Idaho.

17. INFORMANT (Address) Clinton Tyler Sagle Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint Date 7-15, 1936

19. UNDERTAKER (Address) L. D. Dixon Sandpoint Idaho

20. FILED 7/15/36, 1936 Eugene Lenevin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1936, to 7-13, 1936
I last saw her alive on 7-13, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth, 5½ mo. gestation.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Floyd C. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 3 1936 RECEIVED

PLACE OF DEATH

County of Bonner

City of Ponderay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99970

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 272

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME ROLAND E. WATTS

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Watts

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1936

11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) Bomcom County
(State or country) North Carolina

FATHER

13. NAME David Watts

14. BIRTHPLACE (city or town) Haywood County
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Susan Abbott

16. BIRTHPLACE (city or town) Haywood County
(State or country) North Carolina

17. INFORMANT Herbert Watts
(Address) Spokane, Washington.

18. BURIAL, CREMATION OR REMOVAL Removal Cem
Place Sandpoint, Ida. Date Aug. 29 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Aug 31, 1936 Virgil C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936, to Aug 27, 1936
I last saw him alive on Aug 21, 1936: death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombo Angiitis Obliterans	1934

Other contributory causes of importance:

Senility	
Hypostasis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Kinsella, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99971

SEP 3 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 269
(No. 407 Larch)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME ANNA KIRKPATRICK

(a) Residence. No. 407 Larch St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Kirkpatrick

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland

FATHER

13. NAME Peter Steg
14. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Carolina
16. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland

17. INFORMANT Mrs. William Osborne
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem.
Place Sandpoint, Ida. Date 8/25/36 193

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho

20. FILED 8/26, 1936 Virgil C. Gadwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 23, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h&r alive on Aug 12, 193 6; death is said to have occurred on the date stated above, at 5:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralyzed 4yrs	
Cardio-Renal Disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99972

SEP 3 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 270

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188a

2. FULL NAME Asa Vaughn

(a) Residence. No. ..... St. Portland, Ore.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT L. G. Moon Coroner
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem/
Place Sandpoint, Idaho Date Aug. 28, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 9/2/36 Virgil C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Crushed Skull	
Railway accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury ....., 193....
Where did injury occur Sandpoint, Bonner County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Crushed by railway train
Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) L. G. Moon Coroner M.D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99973

Registration District No. 78

SEP 9 1936 RECEIVED

Primary Registration District No. 2155 Local Registrar's No. 273

(No. 108 N. Third Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JENNIE BEATRICE WEAR

131

(a) Residence. No. 108 N. Third Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John MacWear

6. DATE OF BIRTH (month, day, and year) August 24, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) Fairbury
(State or country) Illinois

FATHER

13. NAME William Sedars

14. BIRTHPLACE (city or town) Newtown
(State or country) Indiana

MOTHER

15. MAIDEN NAME Harriet Duncan

16. BIRTHPLACE (city or town) Newtown
(State or country) Indiana

17. INFORMANT John M. Wear
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL - Funeral Chapel
Place Sandpoint, Ida Date Sept. 2, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED ....., 193... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 30, 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 5, to Aug 30, 193 6

I last saw her alive on Aug 29 193 6; death is said to have occurred on the date stated above, at 1:30a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Disease	

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd G. Wendle ..., M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99974

SEP 3 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 74a

2. FULL NAME AUGUSTUS KERBY

(a) Residence. No. St. Helena, Montana.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth 6 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kerby

6. DATE OF BIRTH (month, day, and year) February 19th 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smelter
10. Date deceased last worked at this occupation (mo. and yr.) 1927
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Cameran England

FATHER
13. NAME John Kerby
14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER
15. MAIDEN NAME Ellen Rutter
16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMANT (Address) Helena, Montana.

18. BURIAL, CREMATION OR REMOVAL
Place Helena, Mont. Date Aug. 5, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Aug. 5, 1936 Clay Evans Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 5th 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 5, 1936
I last saw him alive on Aug 4, 1936: death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 1 '36
Other contributory causes of importance:	
Hypostatic Pneumonia	Aug 2 '36

Name of operation None Date of
What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. C. Rude, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99974

SEP 3 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 265

(No. 740)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME AUGUSTUS KERBY

(a) Residence. No. ..... St. Helena, Montana.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kerby

6. DATE OF BIRTH (month, day, and year) February 19th 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smelter
10. Date deceased last worked at this occupation (mo. and yr.) 1927
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Cameran (State or country) England

FATHER
13. NAME John Kerby
14. BIRTHPLACE (city or town) Unknown (State or country) England

MOTHER
15. MAIDEN NAME Ellen Rutter
16. BIRTHPLACE (city or town) Unknown (State or country) England

17. INFORMANT (Address) Helena, Montana.

18. BURIAL, CREMATION OR REMOVAL
Place Helena, Mont. Date Aug. 5, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED Aug. 5, 1936 Clay P. Evans Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 5, 1936
I last saw him alive on Aug 4, 1936: death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 1 '36
Other contributory causes of importance:	
Hypostatic Pneumonia	Aug 2 '36

Name of operation None Date of
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Rudd, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99975

SEP 3 1936 RECEIVED

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 268

(No. 1007 N. Florence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MARIE ELIZABETH NORDQUIST

(a) Residence. No. 1007 N. Florence St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eric Nordquist

6. DATE OF BIRTH (month, day, and year) August 11 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) Weimland (State or country) Sweden

FATHER

13. NAME Magnus Lassen

14. BIRTHPLACE (city or town) Weimland (State or country) Sweden

MOTHER

15. MAIDEN NAME—~~Ce~~ Unknown

16. BIRTHPLACE (city or town) Weimland (State or country) Sweden

17. INFORMANT Eric Nordquist (Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint, Ida Date Aug. 26, 1936

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.

20. FILED Aug 27, 1936 Virgil C. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 23 1936 193

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to Aug 23, 1936
I last saw her alive on Aug 22, 1936.: death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	
Senility	
Cardiac Decompensation	July 28 '6

Name of operation None Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Kindle, M. D.

(Address) Sandpoint, Idaho.

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99976

PLACE OF DEATH
County of Bonner
City of Coolin Idaho

Registration District No. 85
Primary Registration District No. 7185
(No. Coolin, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 16-36

2. FULL NAME John Asbery Scott

(a) Residence. No. Buena Vista Apts. St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sadie

6. DATE OF BIRTH (month, day and year) Mar. 14, 1854

7. AGE	Years	Months	Days	If LESS than 1 day,
	82	5	7	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own farm
(c) Name of employer Own farm

9. BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10. NAME OF FATHER John Scott

11. BIRTHPLACE OF FATHER (city or town) (State or Country) West Virginia

12. MAIDEN NAME OF MOTHER Not obt.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) West Virginia

14. Informant Mr. Henry F. Sorg
(Address) Globe Hotel, Spokane, Wash.

15. Filed Aug. 13, 1936 Ben C. Ross Registrar

PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 21 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to aug 21, 1936 that I last saw him alive on June 10, 1936 and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Coronary artery disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) sev yrs. mos. ds.

18. Where was disease contracted if not at place of death? his home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Geele M. D.

aug 22, 1936 (Address) Fernwell Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Spokane, Wash.	8-22 1936
20. Undertaker	Address
Smith Funeral Home	Spokane, Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 9997

Local Registrar's No. 15-36

PLACE OF DEATH

County of Bonner

City of Newport, Idaho

Registration District No. 8

Primary Registration District No. 218

(No. 74a)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME Francis Ophelia Funk

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James R. Funk

6 DATE OF BIRTH (month, day and year) Aug. 21 1885

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Hardy Co. West Virginia

PARENTS

10 NAME OF FATHER Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hardy Co. West Virginia

12 MAIDEN NAME OF MOTHER Virginia Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shenandoah Co. Virginia

14 Informant James R. Funk

(Address) Newport, Wash.

15 Filed Aug 11, 1936 Bert Ross Registrar
PRIEST RIVER IDA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 10th 1936
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Aug. 10, 1936
that I last saw her alive on August 9, 1936
and that death occurred, on the date stated above, at 11:40a.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis since
1934.
Cerebral hemorrhage
(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) None known
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. D. Eshelman M. D.

Aug. 10, 1936 (Address) Newport, Wash.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial 19
Newport, Wash.	
20. Undertaker Sherman & Davis	Address Newport, Wn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99978

County of Bonneville
City of Ida. Falls

Registration District No. 13

SEP 2 1936 RECEIVED

Registration District No. 24-9 Local Registrar's No. 15-7

(No.) Ida Falls L. D. S. Hospital 188 C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beryle E. Cover

(a) Residence. No. St. Victor, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. – mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (mo. and yr.) 8-8-36

11. Total time (years) spent in this occupation 4 [illegible]

12. BIRTHPLACE (city or town) (State or country) Victor Idaho

FATHER

13. NAME L. E. Cover

14. BIRTHPLACE (city or town) (State or country) Mc Comb Illinois

MOTHER

15. MAIDEN NAME Etta Pritchett

16. BIRTHPLACE (city or town) (State or country) Springfield [illegible]

17. INFORMANT Mrs. E. Cover
(Address) Victor Idaho

18. BURIAL, CREMATION OR REMOVAL Removal
Place Victor Ida. Date Aug. 13, 1936

19. UNDERTAKER [illegible]
(Address) Ida. Falls, Ida.

20. FILED 9/2, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 193 6, to Aug 11, 193 6

I last saw h[illegible] alive on Aug 11, 1936; death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Gangrene	Aug 9-1936
Other contributory causes of importance:	
Compound fracture both legs	Aug 8

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Automobile Date of injury Aug 8, 193 6

Where did injury occur? Bingham Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Car

Nature of injury Compound fracture both legs

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99979

Registration District No. 7J
Primary Registration District No. 2-V-0
Local Registrar's No. 163

SEP 2 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

1866

2. FULL NAME Arlie Vernon Bills

(a) Residence. No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Bills
6. DATE OF BIRTH (month, day, and year): March 26, 1912
7. AGE: Years 24 | Months 5 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hay Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dewa County Tennessee

FATHER
13. NAME: W. E. Bills
14. BIRTHPLACE (city or town) (State or country): Tennessee

MOTHER
15. MAIDEN NAME: Melinda Harris
16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): W. E. Bills Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date Aug 17 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED Aug 17, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull caused by hit and run Car.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury Aug 15 1936
Where did injury occur? Ucon Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury. By Car
Nature of injury. Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Jenkins M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99980

Registration District No. 73
Primary Registration District No. 2107-D
Local Registrar's No. 162

SEP 2 1936 RECEIVED

(No. 188 C)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curtis L Norman

(a) Residence. No. ..... St. Provo, Utah
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	3	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

FATHER
13. NAME Ingley Norman
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Lula Curtis
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mrs. Ingley Norman (Address) Provo, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Provo, Utah Date Aug 18, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 8/17, 1936 Jay Timmins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Caused By Fall from	
Car.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? Near Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto Car.
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Fred Curtis Carpenter M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS AS IN A TYPEWRITER. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99981

Registration District No. 73
Primary Registration District No. 21-0
Local Registrar's No. 152

SEP 2 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. L.D.S. Hospital

188C

2. FULL NAME Jessie L. Lovell

(a) Residence. No. Shelton, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edmond Lovell

6. DATE OF BIRTH (month, day, and year) April 2, 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylersville
(State or country) Utah

FATHER
13. NAME Charles Cole
14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER
15. MAIDEN NAME Mary Ann Black
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Joseph Lovell
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Idaho Date Aug. 7, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 9/2, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug 5, 1936
I last saw her alive on Aug 4, 1936: death is said to have occurred on the date stated above, at 5-30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury to Ch. Chest, fractured ribs puncture right lung Trauma to abdominal viscera	Aug. 4, 1936
Other contributory causes of importance: Emphysema	Aug. 3, 1936
Myocarditis	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Auto accident Date of injury Aug 4 1936
Where did injury occur? Yellowstone Highway
(Specify city or town, county, and state) Bonneville Co. Idaho
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto wreck
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Henry H. Wilson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99982

Registration District No. 73

Registration District No. 2116

Local Registrar's No. 168

SEP 2 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Amelia Walters

(a) Residence. No. Challis Idaho St.

(Usual place of abode) Challis, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Walters

6. DATE OF BIRTH (month, day, and year) Feb. 5th 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grantsville (State or country) Utah

FATHER

13. NAME C B DeMott

14. BIRTHPLACE (city or town) Portage County (State or country) Ohio

MOTHER

15. MAIDEN NAME Eliza Rowberry

16. BIRTHPLACE (city or town) Twilla County, Utah (State or country)

17. INFORMANT Earl Walters (Address) Challis, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Rexburg, Idaho Date Aug. 24th, 1936

19. UNDERTAKER Olson & Keller (Address) Rexburg, Ida.

20. FILED 8/24/36 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Aug. 20, 1936

Last saw h[illegible] alive on Aug. 20, 1936: death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	~~Feb. 1935~~
+ complications from	18 days ago
Automobile injuries	July 4/36

Other contributory causes of importance:

Paralysis caused	
by Hemorrhage	
Concussion	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 7/4, 1936

Where did injury occur? near Challis, Ida (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. public highway

Manner of injury Head on collision

Nature of injury Laceration to forehead 2 fractured ribs continued pneumonia + pleurodes

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. Hillyard M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99983

SEP 2 1936 RECEIVED
Registration District No.
Primary Registration District No. Local Registrar's No. 167

(No. 180)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [redacted] Waddell
Allen Bruce Waddell

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Eugene Waddell
14. BIRTHPLACE (city or town)
(State or country) [redacted] Illinois

MOTHER
15. MAIDEN NAME Bertha Dymack
16. BIRTHPLACE (city or town)
(State or country) Nebraska

17. INFORMANT Eugene Waddell
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date Aug [illegible] 193 6

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Aug 22, 193 6 Wm Kinnaird
by R. M. N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 15 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 193 6, to Aug 15, 193 6
I last saw h[illegible] alive on Aug 15, 193 6: death is said to have occurred on the date stated above, at 6p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pylorospasm.	

Other contributory causes of importance:

Aspiration of vomitus during attack of vomiting with resulting asphyxia.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 15 193 6
Where did injury occur? at home, Ida Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in home.
Manner of injury Aspiration of vomitus.
Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99984

Registration District No. 73

SEP 2 1936 RECEIVED

Primary Registration District No. 2150 Local Registrar's No. 169

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Merle Nash

(a) Residence. No. College St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Roy Nash
14. BIRTHPLACE (city or town) (State or country) Melrose

MOTHER
15. MAIDEN NAME Cleah Young
16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMANT (Address) My Roy Nash Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date Aug 25, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 8/27, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 1936, to 8/23, 1936
I last saw him alive on 8/23, 1936: death is said to have occurred on the date stated above, at 9-30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal nutrition	Birth
Other contributory causes of importance: Secondary bronchio pneumonia	8/23/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. Woolley, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99985

Registration District No. 3

SEP 2 1936 RECEIVED

Registrar's Registration District No. 2102 Local Registrar's No. 170

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorothy Stoddard

(a) Residence. No. Idaho Falls Rt #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) October 4, 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harlem
(State or country) Montana

FATHER

13. NAME Arnold Lorenzo Stoddard

14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER

15. MAIDEN NAME Mary Elizabeth Weaver

16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

17. INFORMANT Mrs. Lorenda M. Weaver
(Address) Idaho Falls Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Idaho Date Aug 25, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Aug 27, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936, to Aug 22, 1936
I last saw her alive on Expired, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis - Acute	
Gun Shot Immediate	Aug 22 1936
Other contributory causes of importance:	
Spina Bifida	Birth

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99986

Registration District No. 73

SEP 2 1936 RECEIVED

Registration District No. 2147-0 Local Registrar's No. 153

(No. 1 M.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Hanson

(a) Residence. No. Shelley, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ola Hanson

6. DATE OF BIRTH (month, day, and year) January 9, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hyrum (State or country) Utah

FATHER

13. NAME Soren Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Karen Selmansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. Sylvia Gutke (Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Hyrum, Utah Date Aug. 6, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls Idaho

20. FILED Aug 6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to Aug 3, 1936.

I last saw her alive on Aug 3 1936: death is said to have occurred on the date stated above, at 12-5p m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia
following Cholecystectomy
Thrombosis
Coronary Embolism

Date of onset

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 7-23-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Ray Hurst M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99987

Registration District No. 73

SEP 2 1936 RECEIVED

Registration District No. 21-D Local Registrar's No. 154

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Wayne Mannina

(a) Residence. No. 175 - 14th Street St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1884

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Idaho

FATHER

13. NAME George J. Manning

14. BIRTHPLACE (city or town) (State or country) Logan Utah

MOTHER

15. MAIDEN NAME Lillian Peterson

16. BIRTHPLACE (city or town) (State or country) Hyrum Utah

17. INFORMANT (Address) George J. Mannina Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Logan Utah, Idaho Date Aug 6, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Sept 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 5-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death was a fractured Skull, caused by a Motorcycle accident on Highway.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 2, 1936

Where did injury occur? Near Idaho Falls Idaho.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Street or Highway.

Manner of injury By Motorcycle accident.

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Gale Carney M. D.

(Address) Idaho Falls Idaho

MARGIN RESERVED FOR BINDING

.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99988

SEP 2 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 159

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rod Lamar Millar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, and year): Aug. 20, 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls, Idaho

FATHER
13. NAME: Roderick Millar
14. BIRTHPLACE (city or town) (State or country): American Fork, Utah

MOTHER
15. MAIDEN NAME: Louie Dial
16. BIRTHPLACE (city or town) (State or country): Shelley, Idaho

17. INFORMANT: Roderick Millar (Address) Shelley, R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Cemetery Date 8-12, 1936

19. UNDERTAKER: L.M. Walker (Address) Shelley, Idaho

20. FILED 8/13, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1936, to 8-10, 1936
I last saw h[illegible] alive on 8-9, 1936: death is said to have occurred on the date stated above, at 9:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-6-36
and Pan carditis,	

Other contributory causes of importance: Chronic Endocarditis 1930

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Edward Cutler M. D.
(Address) Box 86 - Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99989

Registration District No. 13
Primary Registration District No. 2140
Local Registrar's No. 161

SEP 2 1936 RECEIVED

No. 88 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo. Pinkney Harrill

(a) Residence. No. 309 S Ridge Ave St. Los Angeles Cal
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. G. O. Harrill

6. DATE OF BIRTH (month, day, and year) Oct. 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	10	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baptist Church
10. Date deceased last worked at this occupation (mo. and yr.) 5/30
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Forest City
(State or country) North Carolina

FATHER
13. NAME Robert M. Harrill
14. BIRTHPLACE (city or town) Rutherford Co.
(State or country) N. Car.

MOTHER
15. MAIDEN NAME Katherine Suttle
16. BIRTHPLACE (city or town) Rutherford Co.
(State or country) No. Carolina

17. INFORMANT Mrs. Geo. P. Harrill
(Address) Ida. Falls

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida Falls Date Aug. 17, 1936

19. UNDERTAKER O. C. Buck
(Address) Ida. Falls, Ida.

20. FILED 9/1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Aug 15, 1936
I last saw him alive on Aug 15, 1936: death is said to have occurred on the date stated above, at 12 30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Dawson Fenches, M.D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn.
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99990

Registration District No. 3

SEP 2 1936 RECEIVED

Primary Registration District No. 21-4 Local Registrar's No. 165

(No. Ida Falls, L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Daniel Ellis

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ellis

6. DATE OF BIRTH (month, day, and year) Sept 27, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Apt. House prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartment House

10. Date deceased last worked at this occupation (mo. and yr.) 8/13/36

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Francis Ellis

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Daniels

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs. Martha Ellis Ida. Falls Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls Date 8/17, 1936

19. UNDERTAKER (Address) Ida. Falls

20. FILED 8/17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 193.7, to Aug 16, 193.7
I last saw h[illegible] alive on Aug 16, 193.7: death is said to have occurred on the date stated above, at 9 50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Brain	Aug 16
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Aug 16, 193.6
Where did injury occur? Ida. Falls Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell down stairs
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99991

SEP 2 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2 1 4 2 Local Registrar's No. 166
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME John Henry Wessel

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ottilie Wessel

6. DATE OF BIRTH (month, day, and year) Feb 27, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (mo. and yr.) 8/15/36

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Bremen
(State or country) Germany

FATHER

13. NAME Dietrich Wessel

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs. Ottilie Wessel
(Address) Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Aug. 20, 1936

19. UNDERTAKER O. C. Beck
(Address) Ida. Falls, Ida.

20. FILED 8/19, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 16, 1936

I last saw him alive on Aug 16, 1936; death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Ruptured bowel days	
Other contributory causes of importance:	

Name of operation Appendectomy Not Completed Date of Aug 16-36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. O. Spencer, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99993

SEP 2 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 155

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carlyle Leslie Andrus

(a) Residence. No. Ucon, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 5, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or [illegible] min.
			10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER FATHER

13. NAME Ray B. Andrus

14. BIRTHPLACE (city or town) (State or country) Ucon Idaho

15. MAIDEN NAME Frances Charlotte Hemsley

16. BIRTHPLACE (city or town) (State or country) Plano Idaho

17. INFORMANT (Address) Ray B. Andrus Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ucon, Idaho Date Aug. 7, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 8/6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Aug 5, 1936

I last saw him alive on Aug 5, 1936; death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
Cerebral Hemorrhage	Aug 5
Other contributory causes of importance:	
Premature Baby 7½ months	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99994

Registration District No. 3

SEP 2 1936 RECEIVED

Primary Registration District No. 21-D Local Registrar's No. 151

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Owen Bevaird 1610

(a) Residence. No. 595 - 1 Higbee St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 30, 1936
7. AGE — Years | Months | Days: 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER | FATHER
13. NAME: James Richard Bevaird
14. BIRTHPLACE (city or town) (State or country): Marysville Utah
15. MAIDEN NAME: Rosella White
16. BIRTHPLACE (city or town) (State or country): Mt. Pleasant Utah

17. INFORMANT (Address): James R. Bevaird Idaho Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Idaho Falls, Idaho Date: Aug 5, 1936
19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho
20. FILED Aug 4, 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 3 1936
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936, to Aug 3, 1936
I last saw him alive on Aug 3, 1936: death is said to have occurred on the date stated above, at 10-20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. A. Hyde M.D. M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99995

Registration District No. 12

SEP 2 1936 RECEIVED

Primary Registration District No. 21-7

Local Registrar's No. 121

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159c

2. FULL NAME Eldro Jay Reid

(a) Residence. No. Forth, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-27-36

7. AGE Years	Months	Days	If LESS than 1 day Hrs. Min.
			11 hrs. 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) L.D.S. Hospital
(State or country) Idaho Falls, Idaho

MOTHER FATHER

13. NAME Eldro Just Reid

14. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

15. MAIDEN NAME Geraldine Larsen

16. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

17. INFORMANT Eldro Just Reid
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Graham Cem. Date 9/29, 193 6

19. UNDERTAKER C. M. Meeder
(Address) Shelley

20. FILED 9/29, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-28-193 6

22. I HEREBY CERTIFY, That I attended deceased from Birth, 193..., to 8-25-, 193 6
I last saw h... alive on 8-28, 193 6; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiration Failure	8-28-36
Prematurity	

Other contributory causes of importance:

Premature Labor Instrumental Delivery	

Name of operation Just. Delivery Date of 8-28-

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward Cutler, M. D.
(Address) Box 86 - Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville Co

City of Idaho Falls

SEP 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99996

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 150

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldon Ferrell

(a) Residence. No. LDS Hospital St. ....

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

159C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Aug 3, 1936

7. AGE: Years / Months / Days | If LESS than 1 day, .. hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): ....

FATHER

13. NAME: Eldon Albert Ferrell

14. BIRTHPLACE (city or town) (State or country): Beaver Valley Utah

MOTHER

15. MAIDEN NAME: Lila Hannah Coles

16. BIRTHPLACE (city or town) (State or country): Rigby Rt 2

17. INFORMANT (Address): Mother

18. BURIAL, CREMATION OR REMOVAL
Place: Rose, Idaho Date: Aug 4 193 6

19. UNDERTAKER (Address): Jack A. W. Ladd Idaho Falls, Idaho

20. FILED 8/4 193 6 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936, to Aug 3, 1936

I last saw him alive on Aug 3 1936: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Evisceration	Before
Club Feet	Birth
Spina Bifida	
Other **contributory causes** of importance:	
Premature Birth	

Name of operation: None Date of: ....

What test confirmed diagnosis?: .... Was there an autopsy?: ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?: .... Date of injury .., 193.

Where did injury occur?: .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**: —

Manner of injury: ....

Nature of injury: ....

24. Was disease or injury in any way related to occupation of deceased?: .... If so, specify: ....

(Signed) [signature] M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99997

SEP 2 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 215-0
Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME George Hess

(a) Residence. No. 675 North Water St. Idaho Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hus. of Olive A. Hess

6. DATE OF BIRTH (month, day, and year) April 25, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 6/36. 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.

FATHER

13. NAME Frank Heese

14. BIRTHPLACE (city or town) (State or country) Apenrade Schleswig, Germany.

MOTHER

15. MAIDEN NAME Catherine Greve

16. BIRTHPLACE (city or town) (State or country) Apenrade, Schleswig, Germany.

17. INFORMANT Fred H. Reese
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Date Aug. 19, 1936

19. UNDERTAKER E. F. Rush
(Address) Blackfoot Ida

20. FILED Aug 17, 1936 Wm Kennaird
By O. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 193.., to 8/16, 193.6
I last saw him alive on 8/16, 193.6: death is said to have occurred on the date stated above, at 11:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	9
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Weeks, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canas
City of Hayfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99999

Registration District No. 58
Registration District No. 2138
Local Registrar's No.

AUG 19 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

198C

2. FULL NAME Douglas Leroy Miller

(a) Residence. No. Boise Ida St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	1927 Oct	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Ted L. Miller

14. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

MOTHER

15. MAIDEN NAME Vivian Bistrus Hook

16. BIRTHPLACE (city or town) Dauberry
(State or country) Iowa

17. INFORMANT Mrs J. W. Hook
(Address) Hayfield Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Idaho Date Aug 6, 1936

19. UNDERTAKER Shreeber & Mc Cann
(Address)

20. FILED Aug 7, 1936 W B Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 6, 1936
I last saw h— alive on Aug 6, 1936; death is said to have occurred on the date stated above, at 12 ~~PM~~ AM. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile accident	Aug 6-36
Truck went off grade and boy fell out and hit head on rock skull fractured,	"
Other **contributory causes of importance:**	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 6 1936
Where did injury occur? On highway just S of Hayfield
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. public place
Manner of injury Truck went off road & turned over
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Parkinson, M. D.
(Address) Hayfield Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 100000

PLACE OF DEATH **CERTIFICATE OF DEATH**

County of Canyon Registration District No. 7

City of Nampa Primary Registration District No. 2006 Local Registrar's No. 127

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. **FULL NAME** Eva Lenore Lockner

(a) Residence No. Cherokee, Kansas (If nonresident give city or town and State.)
(Usual place of abode.)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. if of foreign birth yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a If married, widowed or divorced
HUSBAND of
or WIFE of Joe Lockner

6 DATE OF BIRTH (month, day and year) 12-29-18

7 AGE Years	Months	Days	If LESS than 1 day
19	8	6	hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Working for
(b) General nature of industry, business, or establishment in which employed (or employer) publishing co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) mo.

PARENTS
10 NAME OF FATHER Robert Ross
11 BIRTHPLACE OF FATHER (City or town) (State or country) mo.
12 MAIDEN NAME OF MOTHER Harmon
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ill.

14 INFORMANT Joe Lockner
(Address) Cherokee, Kansas

15 Filed Sept. 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 25, 1936
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1936 to Aug. 25, 1936
that I last saw her alive on Aug. 25 1936; death is said to have occurred on the date stated above, at 11:15 A M.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:
Acute Myocardial Failure (Cat Operation)
Accidental - due to brain injury -
Necrosis & hemorrhag of brain - auto accident
(duration) yrs. mos. 22 ds.
CONTRIBUTORY Fracture of Skull - Concussion
(Secondary)
(duration) yrs. mos. 22 ds

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug 24 1936
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy. X-rays. Operation
(Signed) R. L. Rodwell, M. D.
, 193 (Address) Nampa Idaho.

19 ~~Place of Burial, Cremation~~ or Removal: Cherokee, Kansas | Date of Burial 8-26 1936

20 Undertaker (Address) F. K. Robinson Nampa Idaho

ation on this certificate is an exact COPY of the official certificate at place of death.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] LACE OF DEATH

County of Canyon

City of Nampa

SEP 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100001

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 131

(No. State School & Colony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank McGraw 78

(a) Residence. No. State School & Colony St. Nampa Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 12 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	19	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME J. A. McGraw

14. BIRTHPLACE (city or town) (State or country) Okla

MOTHER

15. MAIDEN NAME Mary Skinner

16. BIRTHPLACE (city or town) (State or country) Wyo

17. INFORMENT (Address) Dan Doyle Nampa

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida Date Aug 16 1936

19. UNDERTAKER Keith Talbert (Address) Nampa Ida

20. FILED Sept 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1933, to 8-14-, 1936

I last saw him alive on 8-14-, 1936; death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Epileptic Fits	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Don Doyle, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100003

Registration District No. /

SEP 11 1936 RECEIVED

Registration District No. 1005 Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number) Lemon Nursing Home

2. FULL NAME Mrs. Effie Jordan

(a) Residence. No. Caldwell, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

34

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: Oscar Jordan

6. DATE OF BIRTH (month, day, and year): 6-18-1881

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Housewife

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hoffard, Kans

MOTHER FATHER

13. NAME Jakob A. Kropf

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME Clara Benefield

16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Jess Kropf Middleton, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Greenleaf Cemetery Date 8-18, 1936

19. UNDERTAKER (Address): Paul L. Case Caldwell Idaho

20. FILED 8-20, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to 8-15, 1936.

I last saw her alive on 8-15, 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Not Known	

Other **contributory causes** of importance:

Old Potts disease of Spine	1928
Tuberculosis of Spine	
Sudden death	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No Refused

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 1936.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) W. E. Tipton M. D.

(Address) [illegible] Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100005

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 124

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1110

2. FULL NAME Harry Koko

(a) Residence. No. East of Nampa 3 miles St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Koko

6. DATE OF BIRTH (month, day, and year) Jan 1-1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris, Ida

FATHER

13. NAME Ben Koko

14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT G.W. Koko
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 8-18, 193 6

19. UNDERTAKER F K Robinson
(Address) Nampa Idaho

20. FILED Aug 20, 193 6 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to 8-15, 1936

I last saw h alive on Aug 15, 1936: death is said to have occurred on the date stated above, at 8-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Stomach Ulcer	8-14-36
Other contributory causes of importance: Amputation left Leg Gangrene Arteriosclerosis	8-12-36

Name of operation Amputation Leg Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100006

Registration District No. /

Primary Registration District No. 2005

Local Registrar's No. 116

SEP 11 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orval J. Jordan

(a) Residence. No. Rt. #5 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
Husband of Ethel Edith Jordan

6. DATE OF BIRTH (month, day, and year)
April 2, 1880

7. AGE: Years 56 | Months 8 | Days 5 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 7-7-36

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Lindon (State or country) Kansas

MOTHER FATHER

13. NAME James Lindon Jordan

14. BIRTHPLACE (city or town) Marvin (State or country) Indiana

15. MAIDEN NAME Melvina Herron

16. BIRTHPLACE (city or town) Sharpsville (State or country) Indiana

17. INFORMANT Mrs. Orval J Jordan (Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Greenleaf Cemetery Date Aug. 9-36, 193..

19. UNDERTAKER Paul L. Case (Address) Caldwell Idaho

20. FILED 8-25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7-36, 193

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 193.6, to 8-7, 1936

I last saw him alive on 8-7, 193.6; death is said to have occurred on the date stated above, at 3.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	8-7-36
Causing acute	
heart failure	
Other **contributory causes** of importance: Intestinal Infection	8-2-36

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry J. Gilkey, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100007

SEP 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 128

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wheeler

(a) Residence No. Cascade Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thos. E. Mangum M.D.
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Date Aug 28 1936

19. UNDERTAKER A. D. Robb
(Address) Cascade Idaho

20. FILED Sept 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936, to Aug. 28, 1936

I last saw him alive on 8-27-36, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Unknown

Other **contributory causes** of importance:

Gangrene of right Leg & foot-C	

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Thos. E. Mangum M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Melba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100008

SEP 9 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 133

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susannah Annamarie Bierd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Bierd

6. DATE OF BIRTH (month, day, and year) October 1st 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Elijah Hunt
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Hannah —
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Roy Coffman
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Canyon Hill
Place Caldwell, Ida. Date 9-2, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida.

20. FILED Sept 2, 1936 Lyda Bordeaux
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1936 to 8-31, 1936
I last saw her alive on 8-30, 1936: death is said to have occurred on the date stated above, at 12:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Old age	

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos. E. Mangum M. D.
(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

...—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100009

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 126

(If death occurred in a hospital or institution, give its name instead of street and number) (Mercy Hospital)

2. FULL NAME Charles Grant Heard

(a) Residence. No. Meridian, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Heard

6. DATE OF BIRTH (month, day, and year) Oct 21-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME W. J. Heard

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Jamson

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Mrs. C. G. Heard

(Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Idaho Date 9-10, 1936

19. UNDERTAKER L. R. Swanson

(Address) Nampa Idaho

20. FILED Sept-1, 1936 Lyda Rodgers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1936, to 8-17, 1936

I last saw h alive on 8-17, 1936; death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Ruptured Aneurism,	
Other contributory causes of importance:	
Arteriosclerosis, myocarditis	
& high blood pressure.	

Name of operation None Date of 8-16-36

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? No

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace D. Gilbreath, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

SEP 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100010

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 122

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Carlton Davis

(a) Residence. No. Broadway 1026 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 7-88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasantville Mo

FATHER

13. NAME J. H. Davis

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Myers

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs O. C. Davis
(Address) Boise Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Morris Hill Mem. Park Date Aug 8, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Aug 8, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 7 1936

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1936, to August 6, 1936

I last saw him alive on Aug 6, 1936: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure (Arteriosclerotic Heart disease)	8/6/36
Other contributory causes of importance: Bronchial Asthma Bronchiectasis	Years

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edgar H. Irving M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Middleton

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100011

Registration District No. 7

Primary Registration District No. 2206 Local Registrar's No. 129

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Merrill Watts

(a) Residence No. R. F. D. Caldwell St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/15/63

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Chas Watts

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Culverson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Jos Watts (Address) Caldwell, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Ida. Date Aug 9, 1936

19. UNDERTAKER F. H. Fahrman (Address) Nampa, Ida.

20. FILED Sept 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193..... ; death is said to have occurred on the date stated above, at Probably 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Endocarditis	
History of case: troubled with pains in region of heart for about 2 yrs. Found dead [illegible] cause of importance	
lying in field, dead.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 8/6, 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm T Bailey Coroner

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

SEP 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100012

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 132

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Frank Clark

(a) Residence. No. 20 - 16th Ave. So. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Clark

6. DATE OF BIRTH (month, day, and year) March 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Muscatine Iowa Michigan

FATHER

13. NAME Joseph Clark

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Eva B. Church (Address) Portland Ore.

18. BURIAL, CREMATION OR REMOVAL Kohlerlawn

Place Nampa, Ida. Date 9-2-, 1936

19. UNDERTAKER Keith Talley (Address) Nampa, Ida.

20. FILED Sept 2, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1936, to Aug 26th, 1936

I last saw him alive on Aug 26th, 1936: death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 26th 1936
Other contributory causes of importance:	
Arteriosclerosis ?	?
Hypertension ?	1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt L Rodgers M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100013

Registration District No. 7

SEP 1 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 126

(No. Castera Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Henry Dann

(a) Residence. No. 815 - 11 Ave So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of Ella M. Dann (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-19-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on R.R. (Retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Ella M Dann
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cliffdale Dann Date 8-21, 1936

19. UNDERTAKER F K Robinson
(Address) Nampa, Idaho

20. FILED Sept 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to Aug 19, 1936
I last saw h/m alive on August 17, 1936: death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	About March 1936
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L Rodwell, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100014

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 130

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia Carrie Shepherd

(a) Residence. No. 1/4 mile west Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

117

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 25, 1933

7. AGE: Years 3 | Months 1 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernal (State or country) Utah

FATHER

13. NAME Edward Shepherd

14. BIRTHPLACE (city or town) Vernal (State or country) Utah

MOTHER

15. MAIDEN NAME Carrie Nash

16. BIRTHPLACE (city or town) Vernal (State or country) Utah

17. INFORMANT Mrs. Edw. Shepherd (Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Rohrbaugh

Place Nampa, Ida Date 9-9, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa, Ida.

20. FILED Sept 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1936, to 8-7-, 1936

I last saw h.. alive on 8-7-, 1936: death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute	8-6-36

Other contributory causes of importance:

Acute Suppurative Appendicitis

Name of operation Appendectomy Date of 8-6-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Redfield M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100015

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 136
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jabez Seldem Hulbert 90

(a) Residence. No. Nampa Bald St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, and year) 1/29/49

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
87	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Elkhart, Ind

FATHER

13. NAME James H. Hulbert
14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Day
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Mary Tyler
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rosedale Cem Date Sept-8, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Sept-8, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept-7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept 7, 1936
I last saw h... alive on Sept 5, 1936: death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Hall M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ____

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 100016

Local Registrar's No. 122

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Sheldon Reeves. 118a

(a) Residence. No. 1314 Cleveland St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Jan 16 1852

7. AGE: Years 84 | Months 7 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME James C. Reeves

14. BIRTHPLACE (city or town) (State or country) Canyon Co. Idaho

MOTHER

15. MAIDEN NAME Almira Wiseman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Mrs. Fred Mitchell Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Co. Ida Date 9/11 1936

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 9-10 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Sept 2, 1936

I last saw h[illegible] alive on Sept 1, 1936: death is said to have occurred on the date stated above, at 2 A (m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Cause of Death)	Aug 30

Other contributory causes of importance: Arteriosclerotic Heart Aug 27 36

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193[illegible]

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100017

SEP 11 1936 RECEIVED

Registration District No. 2005
Primary Registration District No. ____ Local Registrar's No. 118
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Sloan
(a) Residence. No. R-3 Caldwell Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13 1862

7. AGE: Years 74 | Months 5 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Atwood, Ill.

FATHER
13. NAME James Swietzer
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Mossbarger
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mrs. R. L. Davis Caldwell, Rt. 3

18. BURIAL, CREMATION OR REMOVAL
Place Fargo Date 8- , 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida

20. FILED 9-2, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to Aug 27, 1936.
Last saw her alive on Aug 27, 1936: death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart	Aug 27, 1936
Other contributory causes of importance: Chronic myocardial degeneration of the heart	2 years or

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. C. Wattenberger M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100018

SEP 11 1936 RECEIVED

Registration District No. _____

Primary Registration District No. 1015

Local Registrar's No. 120

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Elizabeth Clark. 89

(a) Residence. No. _____ Middleton Ida St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Ohio

FATHER

13. NAME John Swaney

14. BIRTHPLACE (city or town) _____ (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT W. J. Clark Middleton Ida (Address)

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Place Date 9-7 1936

19. UNDERTAKER S. V. Beckham Caldwell Ida (Address)

20. FILED 9-8, 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 193__, to Sept 1, 1936

I last saw her alive on Sept 1, 1936; death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1933
Other contributory causes of importance:	
Chronic Nephritis	1932
C.A. of Stomach ?	1936

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Robert E. Hall M. D.

(Address) Middleton Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100019

Registration District No. /
Primary Registration District No. 2005
Local Registrar's No. 119
(No.) 94a
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Lindsey Howard

(a) Residence. No. Wilder Idaho R-2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Howard

6. DATE OF BIRTH (month, day, and year) March 14 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alterton
(State or country) Iowa

FATHER
13. NAME Jacob S. Howard
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME //
16. BIRTHPLACE (city or town) //
(State or country)

17. INFORMANT Mrs. Maggie A. Howard
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Sept 2, 1936

19. UNDERTAKER C. K. Peckham
(Address) Caldwell, Ida

20. FILED 9-2, 1936 T. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Aug 29, 1936
I last saw him alive on Aug 29, 1936: death is said to have occurred on the date stated above, at 1:28A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 28/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nels Peterson M. D.
(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100020

Registration District No. 82

SEP 8 1936 RECEIVED

Primary Registration District No. 2159 Local Registrar's No. 35

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Floyd Everett

(a) Residence. No. Pocatello, Idaho St. Caribou County Hosp.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Everett

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Mary Harger

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Mrs. John Everett (Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Pocatello, Idaho Date 8-16, 1936

19. UNDERTAKER Downard
(Address) Pocatello, Idaho

20. FILED 8-16, 1936 D. M. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/12/36, 193.., to 8/16/36, 193..
I last saw h.. alive on 8/15/36, 193..: death is said to have occurred on the date stated above, at 2.25 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Sigmoid	
Other contributory causes of importance: Hypertrophy of the Prostrate	
advanced	

Name of operation Dilatation of Prostratic Urethra with resection Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley, M. D.
(Address)

SEP 10 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100021

Registration District No. 117

Primary Registration District No. 2106 Local Registrar's No. 82

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LeRay Vann

(a) Residence. No. Burley Ida. 622 N. Burton
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug- 8- 1934

7. AGE: Years | Months | Days: 1 1/2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Burley Ida.

FATHER

13. NAME Earl LeMont Vann

14. BIRTHPLACE (city or town) (State or country) Bellgrove Ida.

MOTHER

15. MAIDEN NAME Thenna Weight

16. BIRTHPLACE (city or town) (State or country) Roseclult Utah

17. INFORMANT (Address) Earl LeMont Vann Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 8/11, 193 6

19. UNDERTAKER (Address) D. C. Johnson Mortuary Vern B. McCulloch

20. FILED 8/9, 1936 Laura J. Graeber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/9/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
7½ months	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100023

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 79

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1012

2. FULL NAME Raymond Albert Campbell

(a) Residence. No. North Burton ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 28 - 1903

7. AGE: Years 33 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farm Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Working on Farms
10. Date deceased last worked at this occupation (mo. and yr.): 12/2/35
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Cherokee Co. Kansas

MOTHER FATHER

13. NAME: Geo. Luf Campbell
14. BIRTHPLACE (city or town) (State or country): Del.
15. MAIDEN NAME: — Fehrenbach
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): Mrs. Mary Ellen Gilbert Heyburn Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 7/12/1936

19. UNDERTAKER (Address): E. E. Johnson Burley Idaho

20. FILED 7/11/36, 193 Cassia D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/9/1936

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 193 6, to 7-9-, 193 6
I last saw h... alive on 7-6-, 193 6 death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Double	

Other **contributory causes** of importance:

Nephritis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.....
(Signed) Joseph Brinstad M.D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100024

Registration District No. 167

Primary Registration District No. 2196 Local Registrar's No. 83

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luana B. Hamson Manning 44

(a) Residence. No. ..... Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W. Manning Sr.

6. DATE OF BIRTH (month, day, and year) Nov. 21 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmers Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Davis Weber Ut

FATHER

13. NAME Levi B. Hamson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sally Bebee

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs. Ila Manning (Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Ut Date 8-23 1936

19. UNDERTAKER Mrs. L. Lowry Jr. (Address) Burley Idaho

20. FILED Aug. 21, 1936 Laura M. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936, to August 19, 1936.
I last saw her alive on August 18, 1936; death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of	1934
Stomach.	

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Chas. M. Fortune, M.D.
(Address) Burley Idaho

SEP 1 0 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100025

PLACE OF DEATH

County of Cassia
City of Burley
Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 84

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merlyn Abbott

(a) Residence. No. Overland Hotel - N Auxiliary (Usual place of abode) Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Geo. L. Abbott
6. DATE OF BIRTH (month, day, and year): July 9 1916
7. AGE: Years 20 Months 1 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 8/9/36
11. Total time (years) spent in this occupation: 1½ yrs.

12. BIRTHPLACE (city or town) (State or country): Twin Falls Idaho

FATHER
13. NAME: Elmer Cagney
14. BIRTHPLACE (city or town) (State or country): Grantsville Utah

MOTHER
15. MAIDEN NAME: Maud Walker
16. BIRTHPLACE (city or town) (State or country): Oakley Idaho

17. INFORMANT (Address): Geo. L. Abbott Burley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls, Ida. Date: 8/13/1936

19. UNDERTAKER (Address): D. E. Johnson Burley Idaho

20. FILED: 8/13/..., 1936 Laura D. Groscher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1936, to 8-10, 1936.
I last saw h[illegible] alive on 8-10, 1936: death is said to have occurred on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Block	8-9-36
Other **contributory causes** of importance:	
Myocarditis	1936

Name of operation: No Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. L. Greaves M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100026

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Celine Josephine Shangler

46

(a) Residence. No. Albion Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Leo. W. Shangler

6. DATE OF BIRTH (month, day, and year): Feb 22 1875

7. AGE — Years: 61 | Months: 5 | Days: 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Point Look Out Utah

MOTHER/FATHER

13. NAME: Andrew Perry Lansbury
14. BIRTHPLACE (city or town) (State or country): Bango Maine
15. MAIDEN NAME: MaryAnn Horn
16. BIRTHPLACE (city or town) (State or country): Lavenshire England
17. INFORMANT (Address): Geo. W. Shangler Albion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Albion Ida. Date: 8/17/, 1936

19. UNDERTAKER (Address): L. E. Johnson Burley Idaho

20. FILED: 8/17/, 1936 C. E. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/15/1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to Aug. 15, 1936.
I last saw her alive on Aug. 13, 1936.: death is said to have occurred on the date stated above, at 5 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	8/1/35
Other **contributory causes** of importance:	
None	

Name of operation: None Date of: —

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following: No
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify.....

(Signed) C. E. Slater, M. D.

(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 100027

Local Registrar's No. 96

SEP 2 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number) Orofino Hosp

2. FULL NAME Walter Matala

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Eveleth
(State or country) Minn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Edwin Krier
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Eveleth Minn Date Aug ....., 193...

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 9/3, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936 to Aug 1, 1936, last saw him alive on Aug 1, 1936; death is said to have occurred on the date stated above, at 11.30 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilat Pneumonia	July 26 1936

Other contributory causes of importance:

Name of operation No Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100028

SEP 3 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 97
(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Doris Wiklund

(a) Residence. No. ..... St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oscar H. Wiklund

6. DATE OF BIRTH (month, day, and year) September 5, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

FATHER
13. NAME Albert Lasbo
14. BIRTHPLACE (city or town) (State or country) Minneapolis Minnesota

MOTHER
15. MAIDEN NAME Ella Augusta Hepp
16. BIRTHPLACE (city or town) (State or country) Clearwater Minnesota

17. INFORMANT Records: State Hospital North (Address) Orofino Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cem. Dalene Ida Date 8-4, 1936

19. UNDERTAKER Cossed Funeral Home (Address) Dalene Idaho

20. FILED 8/4, 1936 V. A. Shaier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to Aug. 4, 1936
I last saw her alive on August 3, 1936: death is said to have occurred on the date stated above, at 3.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic myocarditis	
Other contributory causes of importance:	
Dementia praecox	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Irvine McInerney, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100029

Registration District No. 90

SEP 3 1936 RECEIVED

Registration District No. 2187 Local Registrar's No. 95

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Stanley

(a) Residence. No. (Usual place of abode) St. Banners Ferry, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Bird (State or country) Idaho

FATHER

13. NAME George V. Stanley

14. BIRTHPLACE (city or town) Unascertained (State or country)

MOTHER

15. MAIDEN NAME Cleora Bedford

16. BIRTHPLACE (city or town) Unascertained (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Hospital Cemetery Date Aug. 5, 1936

19. UNDERTAKER F. A. Billberg, Hosp. Attd. (Address) Orofino - Idaho

20. FILED 9/6, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Aug. 7, 1936.

I last saw him alive on Aug. 1, 1936: death is said to have occurred on the date stated above, at 8 A. M. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental drowning	

Other **contributory causes** of importance;

	Date of onset
Psychosis with other infectious diseases (post infectious psychosis - encephalitis lethargica	1922

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 7, 1936

Where did injury occur? Orofino - Idaho. (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** State Hospital North

Manner of injury Slipped into bath tub

Nature of injury Drowning - accidental.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Wayne Berger Coroner

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100030

SEP 3 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 101

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Andrew J. Fitz

(a) Residence. No. Pierce Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME "
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George Englehorn
(Address) Pierce Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Ida Date 8-13, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 9/13, 1936 W. A. Shaen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Trouble	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Wayne S. Hayes Coroner
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Drafino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100031

SEP 3 1936 RECEIVED

Registration District No. 96

Primary Registration District No. 2157

Local Registrar's No. 102

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Arthur Buzzell

(a) Residence. No. ..... St. Moscow - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of -
(or) WIFE of -

6. DATE OF BIRTH (month, day, and year) June 15, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME William A. Buzzell

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Martha Collins

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT (Address) Records: State Hospital North Drafino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. Cemetery Date Aug. 14, 1936

19. UNDERTAKER Fred A. Billberg, Hosp. Attd.
(Address) State Hospital North, Drafino, Idaho.

20. FILED Sep 5, 1936 Hal Peace
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to August 13, 1936.
I last saw him alive on August 13 1936: death is said to have occurred on the date stated above, at 5.45 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	8/13/36
Other **contributory causes** of importance: Psychosis with cerebral arteriosclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? Clinic Signs Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) John Irvine McKelway, M. D.
(Address) Drafino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100032

Registration District No. 90

SEP 3 1936 RECEIVED

Registration District No. 2187 Local Registrar's No. 100

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Anna Nette

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thilo Nette

6. DATE OF BIRTH (month, day, and year) Apr 9 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Carl Nette
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank H Nette (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Cook Cemetery Date 9-17, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 9/17, 1936 L A Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to Aug 16, 1936
Last saw her alive on Aug 1, 1936: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular disease	Unknown
Other contributory causes of importance: Myocarditis chronic	1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. S. Wolfgang, M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100033

SEP 3 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 106

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Johnson

(a) Residence. No. ..... St. Orofino Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 13 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Jerrsey
(State or country)

FATHER
13. NAME Chas Carlson
14. BIRTHPLACE (city or town) Sweeden
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Sweeden
(State or country)

17. INFORMANT Clarnce Johnson
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Aug 24, 1936

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 8/23, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1936, to August 22, 1936
I last saw her alive on August 22, 1936: death is said to have occurred on the date stated above, at 4. A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pabulus Heart lesion	8-20-36

Other contributory causes of importance:

Kidney stone-Liver & stomach	Yrs ago

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) W. W. Johnson M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

SEP 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100034

Registration District No. 96
Primary Registration District No. 2157
Local Registrar's No. 107

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles R. Wiley

(a) Residence. No. Weippe St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Wiley

6. DATE OF BIRTH (month, day, and year) Oct 12 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME William J. Wiley
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Rebecca Mahffey
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Florence Reed (Address) Weippe Idaho

18. BURIAL, CREMATION OR REMOVAL Place Gilbert Date Aug 31, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 9/31, 1936 H. A. Elder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936, to Aug 29, 1936
I last saw him alive on July 15, 1936: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	5 years ago
Other contributory causes of importance:	
Mitral Regurgitation	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harland P. Kahler M. D.
(Address) Orofino Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100035

Registration District No. 90

SEP 3 1936 RECEIVED

Registration District No. 2187 Local Registrar's No. 168

Orofino Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Lucas

(a) Residence. No. 2006 North Clifton Avenue St. Chicago, Illinois

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 25, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNKNOWN

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT (Address) Official Records. C.C.C. Lewiston, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Chicago, Illinois Date 8/31/36. 193...

19. UNDERTAKER Brower-Wann Funeral Home (Address) Lewiston, Idaho.

20. FILED 8/31, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28., 1936, to August 29., 1936

I last saw him alive on Aug. 29., 1936: death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	8-28-36

Other contributory causes of importance:

Fracture, right femur	8-28-36
Fractures 3.4.5.6.7.8. ribs right.	8-28-36

Name of operation Laparotomy Date of 8-29-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide or homicide?~~ Date of injury 8-28, 1936

Where did injury occur? Ahsahka, Clearwater, Idaho. (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury Run over by a truck

Nature of injury Ruptured liver.

24. Was disease or injury in any way related to occupation of deceased? Yes Also specify injured while at work.

(Signed) Wallace S. Douglas, M. D.

(Address) Hq. CCC. Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100036

AUG 20 1936 RECEIVED

Registration District No. 47
Primary Registration District No. ..... Local Registrar's No. 212

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldon Robert Greek. 188

(a) Residence. No. Nezperce Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) June 25 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15		29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.R.C. Worker
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nezperce

FATHER
13. NAME Fred L. Greek.
14. BIRTHPLACE (city or town) (State or country) ✓ Garrison Iowa

MOTHER
15. MAIDEN NAME Ora Swartz
16. BIRTHPLACE (city or town) (State or country) ✓ Mount Clair Nebraska

17. INFORMANT ✓ Ora Greek (Address) ✓ Nezperce Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nezperce Cemetery Date July 22, 1936

19. UNDERTAKER Albert Huff (Address) Nezperce Idaho

20. FILED 7-31, 1936 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest Crushed in automobile accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. State Highway
Manner of injury Chest Crushed in
Nature of injury Auto accident

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) Wayne L. Hynes Coroner
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
90

DO NOT WRITE IN THIS SPACE
State File No. 10003?

SEP 3 1936 RECEIVED

Registration District No. 2187
Primary Registration District No. Orofino Hosp
Local Registrar's No. 104
(No.) 49
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Zigan

(a) Residence. No. St. Orofino
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Orofino Hospital Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Aug 18, 1936

19. UNDERTAKER (Address) W.A. Shaw Orofino

20. FILED 9/1, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/7, 1936, to 8/17, 1936
I last saw h alive on Aug 17, 1936; death is said to have occurred on the date stated above, at 5.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of skeleton	1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. J. Hopkins, M. D.
(Address) Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100040

PLACE OF DEATH
County of Franklin
City of Clifton

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 1
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Andrew John Lessman

(a) Residence. No. Preston Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. 0 ds. How long in U. S. if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 7 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer) Sugar Factory
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Bay City Michigan

PARENTS

10. NAME OF FATHER Koert Lessman

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Holland

12. MAIDEN NAME OF MOTHER Maud Gwrrison

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Bay City Michigan

14. Informant (Address) Mrs Thomas Heath Preston Idaho

15. Filed 9/6, 1936 — Registrar. G. W. Stoker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 22 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred, on the date stated above, at ... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Fractured skull.
Automobile accident.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) M. Hancey Coroner, M. D.
..., 19... (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Preston Idaho	Aug 25 36

20. Undertaker M. W. Hendricks — Address Preston Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 100041

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2114
Local Registrar's No. 8
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

10/0

2. FULL NAME Thomas Henry Weeks

(a) Residence. No. Dayton Idaho St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. 10 ds. How long in U. S. if of foreign birth? yrs mos ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word.)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Orrilla Hansen Weeks

6. DATE OF BIRTH (month, day and year) Nov 23 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Smithfield Utah

PARENTS

10. NAME OF FATHER Samuel Weeks

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Eliza Woolford

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Eliza Weeks
(Address) Dayton Idaho

15. Filed Sept, 19 36 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 19 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-27-1936, 19..., to 8-19, 19 36
that I last saw him alive on August 19, 19 36
and that death occurred, on the date stated above, at 8:45P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

(2) Left lobar pneumonia
(3) ~~Acute appendicitis~~
(1) Cardiac failure
(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Obesity
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Dayton, Idaho.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood count & examination

(Signed) C. Ronald Smith, M. D.
8-26, 19 36 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Dayton Idaho	Aug 21 36
20. Undertaker M. W. Hendricks	Address Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100042

PLACE OF DEATH
County of Franklin
City of Franklin

Registration District No. 27
Primary Registration District No. 2169
Local Registrar's No. 9
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1889

2. **FULL NAME** Willis Bodily

(a) Residence. No. ..... Fairview Idaho ..... St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured ..... yrs. ..... mos. 0 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 16 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fairview Idaho

PARENTS

10. NAME OF FATHER Levi Bodily

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fairview Id.

12. MAIDEN NAME OF MOTHER Ivy Smith Bø

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Lewiston Utah

14. Informant (Address) Angus Bodily Fairview Idaho.

15. Filed 9/6, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 21 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19.....
and that death occurred, on the date stated above, at ..... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Fractured skull, Asphyxiation, gravel pit slide.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) M. Harvey Coroner, M. D.
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal: Fairview Idaho — Date of Burial: Aug 25 1936

20. Undertaker: M. W. Hendricks — Address: Preston Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 100043

PLACE OF DEATH

County of Franklin
City of Franklin

CERTIFICATE OF DEATH

Registration District No. 27
Primary Registration District No. 2709 Local Registrar's No. 6
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1936

2. FULL NAME Arlo Cole Gilbert

(a) Residence. No. Fairview Idaho St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured yrs. mos. 0 ds. How long in U. S if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 27 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fairview Idaho

PARENTS

10. NAME OF FATHER Charles Gilbert

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Mary E. Cole

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Willard Utah

14. Informant Charles Gilbert
(Address) Fairview Idaho

15. Filed 9/8, 1936 G. W. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 21 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Asfixiation gravel pit slide

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
..... (duration) .....yrs. .....mos. .....ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. Harvey Cowdrey, M. D.
....., 19..... (Address)

19. Place of Burial, Cremation, or Removal	Date of Burial
Fairview Idaho	Aug 24 36

20. Undertaker M. W. Hendricks Address Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

SEP 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100044

PLACE OF DEATH
County of Franklin
City of Dayton Idaho

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 12
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** William Peter Phillipps

(a) Residence. No. ..... Dayton Idaho ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 40 yrs. ... mos. ... ds. How long in U. S if of foreign birth? ... yrs ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Phillipps

6. DATE OF BIRTH (month, day and year) Dec 9 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) Wales

PARENTS

10. NAME OF FATHER William S Phillips

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wales

12. MAIDEN NAME OF MOTHER Hannah Henderson

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Wales

14. Informant M.L.Phillips
(Address) Dayton Idaho

15. Filed 9/6 19 36 G.W. Shaler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 22 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
8-17 19 36 to 8-18 1936
that I last saw him alive on 8-17 19 36
and that death occurred, on the date stated above, at 6:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Broncho Pneic
..... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Old age
..... (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Urin analysis
(Signed) C. Ronald Smith, M. D.
8-26, 36 (Address) Preston, Ida

19. Place of Burial, Cremation, or Removal	Date of Burial
Dayton Idaho	Aug 25 36
20. Undertaker M. W. Hendricks	**Address** Preston Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

SEP 12 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 100045

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Franklin

City of Weston

Registration District No. 27

Primary Registration District No. 2118

Local Registrar's No. 7

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

119

2. FULL NAME Francis William Gill

(a) Residence. No. Weston Idaho St. ....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 23 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER William Gill

11. BIRTHPLACE OF FATHER (city or town) (State or Country) England

12. MAIDEN NAME OF MOTHER Elizabeth Brown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) England

14. Informant Mr Gill (a son)
(Address) Weston Idaho

15. Filed Sept 8 1936 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 6 (Day) 1936 (Year), 19....

17. I HEREBY CERTIFY, That I attended deceased from 7-20, 1936 to ...., 19.... that I last saw him alive on 8-5, 1936 and that death occurred, on the date stated above, at .... m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

The CAUSE OF DEATH* was as follows:

Acute Hyperpyrexia

.... (duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

.... (duration) 3 yrs. .... mos. .... ds.

18. Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) G. W. Stokes, M. D.

...., 19.... (Address) ....

19. Place of Burial, Cremation, or Removal	Date of Burial
Weston Idaho	Aug 12 1936

20. Undertaker	Address
M. W. Hendricks	Preston Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100046

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

SEP 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joel Green Hallmark

(a) Residence. No. Emmett St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Hallmark

6. DATE OF BIRTH (month, day, and year) May 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) McNary County
(State or country) Tennessee

FATHER
13. NAME John Hallmark
14. BIRTHPLACE (city or town) ____
(State or country) Mississippi

MOTHER
15. MAIDEN NAME Susan Elizabeth Highfield
16. BIRTHPLACE (city or town) ____
(State or country) Georgia

17. INFORMANT M. M. Hallmark
(Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date Aug 10, 1936

19. UNDERTAKER C. D. Buckner
(Address) Emmett

20. FILED Aug 10, 1936 J. E. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1936, to Aug 9, 1936.
I last saw him alive on 7-30, 1936: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart	Chronic
Other contributory causes of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) R. M. Emmett M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100047

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 5 1936 RECEIVED

2. FULL NAME Amanda Barrett

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 17 - 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Mar 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia Co Penn

FATHER
13. NAME Obid Gensel
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Katie Swan
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) G L Dicky Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho (Date) 8/15, 1936

19. UNDERTAKER C D Buckner (Address) Emmett Idaho

20. FILED 8/15, 1936 J C Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/13 1936

22. I HEREBY CERTIFY, That I attended deceased from about ____, 193__, to 8-13 ____, 1936
I last saw him alive on July 11 ____, 1936: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Other contributory causes of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? none Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) R D Buckner, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100048

Registration District No. 6

SEP 5 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Edmond Kincaid

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Florence E. Kincaid

6. DATE OF BIRTH (month, day, and year) Mar 14 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 8 yrs
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) St Joseph Mo

FATHER
13. NAME Joseph Kincaid
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Hattie Mainwaring
16. BIRTHPLACE (city or town) (State or country) Ills.

17. INFORMANT Roy A Kincaid
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date 8/31 1936

19. UNDERTAKER C O Buckmeen
(Address) Emmett Idaho

20. FILED 8/29 1936 J L Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193.0., to August 28 1936
I last saw h~~e~~ alive on June 6 1936: death is said to have occurred on the date stated above, at 11-45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
arthritis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to ext'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J L Reynolds M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100050

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 281

(No. Gooding Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Charlene Perl Claiborn

(a) Residence. No. Wendell, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome, Idaho

FATHER

13. NAME Charles Claiborn

14. BIRTHPLACE (city or town) (State or country) Boise, Idaho

MOTHER

15. MAIDEN NAME Merl Simmons

16. BIRTHPLACE (city or town) (State or country) Genesee, Idaho

17. INFORMANT Charles Claiborn (Address) Wendell, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL Place Twin Falls, Ida. Date 8/6/, 1936

19. UNDERTAKER White Mortuary Inc. (Address) Twin Falls, Idaho

20. FILED ....., 193..... J. F. Cranwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/6/ 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to August 6, 1936

I last saw her alive on Aug. 6, 1936: death is said to have occurred on the date stated above, at 1:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, traumatic	8-6-36

Other contributory causes of importance:

multiple fractures of ribs	
abrasions, arms & chest	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Accident Date of injury 8/6/36, 193...

Where did injury occur? On highway north of Gooding (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public highway

Manner of injury car ran off road

Nature of injury thrown from car

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) J. Cranwell, M. D.

(Address) Gooding, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS ... A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP ... 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100051

PLACE OF DEATH
County of Idaho
City of Cottonwood

Registration District No. 105
Primary Registration District No. 2183
(No. St. G. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 24

101

2. FULL NAME Axel Young

(a) Residence. No. ... Kamiah Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Young

6. DATE OF BIRTH (month, day and year) Jan 9. 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	7	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

PARENTS

10. NAME OF FATHER James Young
11. BIRTHPLACE OF FATHER (City or town) (State or Country) Iowa
12. MAIDEN NAME OF MOTHER Maud Montgomery
13. BIRTHPLACE OF MOTHER (City or town) (State or Country) Oregon

14. Informant James L. Young
(Address) Kamiah Idaho

15. Filed Aug 5, 1936. H. J. Orr per S. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 5 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to Aug 5, 1936, that I last saw h... alive on Aug. 5, 1936, and that death occurred, on the date stated above, at 9 05 A.m.

The CAUSE OF DEATH* was as follows:
Bilateral tuberculosis
Rib resection on June 3 - 36
Rib resection " July 2 - 36
(duration) ... yrs. 2½ mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia 3 wks
duration unknown. (duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of See above
Was there an autopsy? No
What test confirmed diagnosis? Surgical

(Signed) Harley J. Orr, M. D.
Aug. 8, 1936 (Address) Cottonwood Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Kamiah Ida — Date of Burial: 8/7 1936

20. Undertaker: Kamiah Mortuary — Address: Kamiah Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood

STATE DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100052

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 25

(No. 129)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Burgund

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	N.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Burgund

6. DATE OF BIRTH (month, day, and year) Feb. 7- 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10 Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newtown (State or country) Illinois

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Newtown (State or country) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Clepzene

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Maxine Rehfeld (Address) Cottonwood, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Ido. Place Cottonwood Date Aug 17, 1936

19. UNDERTAKER Nelson Aitcher (Address)

20. FILED Aug 16, 1936 M. F. Orr per R.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to July 15, 1936

I last saw him alive on July 15, 1936: death is said to have occurred on the date stated above, at 6:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Unknown	
Myocarditis	1934
Valvular Insufficiency	1934 April

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) M. F. Orr, M. D.

(Address) Cottonwood, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100053

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 27

JUL 3 1936

(No. @ Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans Halvorsen

(a) Residence. No. Elk City, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

75

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years: about 72 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): 1936
11. Total time (years) spent in this occupation: 50 years

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Hans Halvorsen
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Fredrick Halvorsen
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Elk City Date 5/40, 1936

19. UNDERTAKER (Address): Glenn Allen Grangeville Ida.

20. FILED July 1, 1936 W. S. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1936, to 5/9, 1936.
I last saw him alive on 5/9, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis	
Other **contributory causes** of importance:	
Old age +	
Palsy for years	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. Chapman, M. D.
(Address) .....

SEP 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100054

PLACE OF DEATH
County of Idaho
City of Grangeville

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 96

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Guss Keating

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 27-1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (mo. and yr.) Mar-1935

11. Total time (years) spent in this occupation 6 5 yrs.

12. BIRTHPLACE (city or town) (State or country) not obt Ill.

FATHER

13. NAME not obt.

14. BIRTHPLACE (city or town) (State or country) not obt.

MOTHER

15. MAIDEN NAME not obt.

16. BIRTHPLACE (city or town) (State or country) not obt

17. INFORMANT Mrs. A O Smith
(Address) Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date Aug 3, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Aug 4, 1936 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936, to 8-1, 1936
I last saw ~~him~~ alive on 7-31, 1936: death is said to have occurred on the date stated above, at 7:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H W Weber M D
(Address) Grangeville Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 10005b

Local Registrar's No. 44

(No. 88 1/2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Louise Dinsdale.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Robert Dinsdale.

6. DATE OF BIRTH (month, day, and year) September 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME David Lowder.

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Matilda Jane Heninger

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Mrs. J. O. Call.
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 8/16 1936

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 8-15 1936 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Aug. 13, 1936
I last saw her alive on Aug 13, 1936; death is said to have occurred on the date stated above, at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	Aug. 7, 1936
Hypertension & Chronic Myocarditis	1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Parker Lyday, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson.
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100057

Registration District No. 98
Primary Registration District No. 2176. Local Registrar's No. 43

SEP 11 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Stahl.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Simmie Stahl.

6. DATE OF BIRTH (month, day, and year) May 3, 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store.
10. Date deceased last worked at this occupation (mo. and yr.) 2/35
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) N. J.
(State or country)

FATHER
13. NAME Julius Stahl
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Rebaca Michel
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Earle E. Stahl
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date Aug 20, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED Aug 20, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to Aug 17, 1936
I last saw him alive on Aug 16th, 1936: death is said to have occurred on the date stated above, at 9:15A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance:	

Name of operation Exploratory Date of Jan 1936
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) A. C. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Hamer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100058

SEP 11 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Price Joynes

18 V

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school

10. Date deceased last worked at this occupation (mo. and yr.) 6-1-36

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Jack Joynes

14. BIRTHPLACE (city or town) .....
(State or country) Missouri

MOTHER

15. MAIDEN NAME Marion Beagles

16. BIRTHPLACE (city or town) Missoula
(State or country) Montana

17. INFORMANT Mrs. N. W. Savage
(Address) Hamer, Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Ida. Falls Date Aug. 4, 1936

19. UNDERTAKER O. C. Buck
(Address) Ida. Falls, Ida.

20. FILED 8-15-1936 C. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That [redacted] from ....., 193....., to ....., 193.....; [redacted], 193.....; death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury 8/2/36, 193....
Where did injury occur? Hamer, Ida. Jeff.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Drowning

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Eckersell M. D. Coroner
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson.

City of Labelle.

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 100059

Local Registrar's No. 46

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amelia B. Scott.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hyram Scott.

6. DATE OF BIRTH (month, day, and year) April 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 8/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME John Morgan.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Ann Gillett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fanny Scott
(Address) Rigby, Idaho. R. #3

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 8/31, 1936

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 8-31, 1936 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Aug 25, 1936.

I last saw her alive on Aug 26, 1936: death is said to have occurred on the date stated above, at 8:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	8/24/36
Hypertensive heart disease	1927 (?)
Other contributory causes of importance:	
Hypertension & Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Harper Bagley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100060

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 11 1936 RECEIVED

2. FULL NAME Donald Casto

(a) Residence. No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 18, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER
13. NAME Stanley Casto
14. BIRTHPLACE (city or town) ____
(State or country) Idaho

MOTHER
15. MAIDEN NAME Mabel Hinton
16. BIRTHPLACE (city or town) ____
(State or country) Ill

17. INFORMANT Stanley Casto
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date ____, 193...

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Sept 11, 1936 Mrs. C. F. Bell Registrar
By W. C. O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at 5:15 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Drowned in Irrigation Ditch	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ____ Date of injury ____, 193...
Where did injury occur? Jerome Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100061

Registration District No. 2
Primary Registration District No. ____ Local Registrar's No. 987
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florilla Lee Laird

(a) Residence. No. Jerome (Usual place of abode) Idaho St. ____
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. W. Laird

6. DATE OF BIRTH (month, day, and year) July 22, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Kansas

FATHER
13. NAME Albert Limbocker
14. BIRTHPLACE (city or town) ____ (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) ____ (State or country) Indiana

17. INFORMANT L. W. Laird (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lucas Kansas Date ____, 193...

19. UNDERTAKER J. R. Wiley (Address) Jerome Idaho

20. FILED Sept 12 1936 Ida A. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 193 4, to Sept 6, 1936.
I last saw h[illegible] alive on Sept 5, 193 6: death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1936
Other contributory causes of importance:	

Name of operation No Date of No
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

AUG 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
CERTIFICATE OF DEATH

County of Jerome
City of Eden

DO NOT WRITE IN THIS SPACE
State File No. 100062

Registration District No.
Primary Registration District No. 18 Local Registrar's No.

AUG 12 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winnie Francis McGee

(a) Residence. No. Eden Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John E McGee

6. DATE OF BIRTH (month, day, and year) 3 6 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mt Home, Ark

FATHER

13. NAME Anderson Thompson

14. BIRTHPLACE (city or town) (State or country) Ava Mo.

MOTHER

15. MAIDEN NAME Amanda Morris

16. BIRTHPLACE (city or town) (State or country) Ark.

17. INFORMANT (Address) John E McGee Eden Ida

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER (Address) D. A. Thompson Jerome Ida

20. FILED 8/17, 1936 C. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 193.6, to 8/5, 193.6

I last saw h alive on Aug 4 193..: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a Cirrhosis of Liver	

Other **contributory causes** of importance:

Name of operation Section of Rib Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Zeller, M. D.
(Address) Jerome Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of (or Twp.) N. Jerome

SEP 1 A 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100063

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Mildred Janis Stafford

(a) Residence. No. Jerome Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 13, 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jerome Idaho
(State or country)

FATHER

13. NAME Nat Stafford

14. BIRTHPLACE (city or town) Chicago Ill
(State or country)

MOTHER

15. MAIDEN NAME Doris Tyler

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Nat Stafford
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Aug 19, 1936

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Aug 20, 1936 Dan C. Tillman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw ~~him~~ alive on ....., ~~193...~~; death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned - when Cat went in Gorge Canal	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide,~~ or ~~homicide~~? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J R Wiley (Coroner) M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100068

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 127

AUG 19 1936 RECEIVED

(No. C. H. Q. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Charles Peterson

(a) Residence. No. 505 - 3rd St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-14-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (mo. and yr.) 1929

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nels Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs Elizabeth Peterson Wife

18. BURIAL, CREMATION OR REMOVAL

Place Dunn Bros. Date Aug 6, 1936

19. UNDERTAKER (Address) Unknown

20. FILED Aug 6, 1936 E. L. Sparks, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Aug 4th, 1936

I last saw him alive on Aug 3, 1936: death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Silicosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner

(Signed) Alexander Barclay, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeurd' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 38A 100069

SEP 1 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1950
Local Registrar's No. 155

(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Tyree 31

(a) Residence. No. 1411 - Foster St.
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Edna Tyree.

6. DATE OF BIRTH (month, day, and year) 1876-4-4

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3-18-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montrose Mo.

FATHER
13. NAME Levi. Tyree
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Rhoda Harvey
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Mrs O. L. Tyree. 411 - Foster CD'Alene

18. BURIAL, CREMATION OR REMOVAL
Forest Place CD'Alene Date 8-9, 1936

19. UNDERTAKER (Address) Cassed Funeral Home CD'Alene, Idaho

20. FILED Aug. 31, 1936 E. L. Sponn, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to 8/5, 1936
I last saw him alive on 8/4/36, 1936; death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tbc.	about 1933
Other contributory causes of importance: Enlarged Prostate gland with moderate infection of urine	

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Sponn, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

AUG 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100070

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 141

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carroll Tabor

(a) Residence. No. 2018 — N. 4th St.
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1922 - 12 - 31

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

FATHER
13. NAME W. Tabor
14. BIRTHPLACE (city or town) Ind.
(State or country)

MOTHER
15. MAIDEN NAME Chlora Smith
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Mrs W. Tabor
(Address) Coeur d'Alene. Ida

18. BURIAL, CREMATION OR REMOVAL
Forest Place C D'Alene Ida Date 7-13, 1936

19. UNDERTAKER Cossed Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED Aug. 13, 1936 E. L. Lyon, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 12, 1936.
I last saw h..... alive on ....., 193..; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	July 5/36
Hemorrhage & nephritis	
Gangrene.	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Lyle Lyon, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100071
State File No.

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 132

AUG 12 1936 RECEIVED

(No. Lakeside Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Catherine Angela Dernault

(a) Residence. No. 602 - N. 11th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 7-29-1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Woodbury Co. Iowa

MOTHER FATHER

13. NAME Joseph Dernault

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Rose Sauvageau

16. BIRTHPLACE (city or town) (State or country) N. Dakota

17. INFORMANT Joseph Dernault Coeur d'Alene
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace C.D.A. Date July 29 1936

19. UNDERTAKER Money Mortuary
(Address) Spokane, Wash.

20. FILED Aug. 12, 1936 E. L. Sparkman M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 27, 1936

I last saw her alive on July 27, 1936: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremic Poisoning	about
Convulsions	July 20-36.

Other contributory causes of importance:

Scarlet Fever	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 193—

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Hubert Sturges M. D.

(Address) Coeur d' Alene Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100072

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 11

SEP 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Edward ~~Beeman~~ Beeman

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) August 6 1936

7. AGE Years — | Months — | Days 18 | If LESS than 1 day ..... hrs or ..... min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spirit Lake (State or country) Idaho

FATHER

13. NAME Lemard Beeman

14. BIRTHPLACE (city or town) ..... (State or country) Iowa

MOTHER

15. MAIDEN NAME Lillian Collis

16. BIRTHPLACE (city or town) ..... (State or country) Washington

17. INFORMANT Leonard Beeman (Address) Spirit Lake Ida

18. BURIAL, CREMATION OR REMOVAL
Place Teasdem, Wash. Date 9/24, 1936

19. UNDERTAKER Cassidy Funeral Home (Address) Bonners Ferry Ida

20. FILED Aug 23, 1936 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 20, 1936

I last saw him alive on Aug 20 1936: death is said to have occurred on the date stated above, at 2 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spina bifida	Congenital
(congenital)	
Other **contributory causes of importance:**	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Naturc of injury .....

24. Was disease or injury in any way related to occupation of deceased no If so, specify .....

(Signed) A C Spooner, M. D.

(Address) Spirit Lake Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of (If not in incorporated city or town, give township) Near. Worley

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100073

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 148

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Ole Larson

(a) Residence. No. 5 mi E Montana Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Alda Levine

6. DATE OF BIRTH (month, day, and year) May 8 - 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant Instructor - 148th Field

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Artillery Co Sept.

10. Date deceased last worked at this occupation (mo. and yr.) 8 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dora Hurd (Address)

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Payette Idaho Date Aug. 19, 1936

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED Aug. 18, 1936 E. L. Spokane M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~district as~~ Aug 16, 1936, to Aug. 16, 1936

I last ~~saw him~~ alive on Aug 16, 1936.; death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull in left supraorbital region	Aug 16, 1936

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to ~~ext'l causes (violense) fill in also the~~ following:
Accident, suicide, or homicide? accident Date of injury 8-16 1936
Where did injury occur? 4 mile from Worley, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Auto accident on road

Manner of injury Auto crashed into tree

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hamilton H. Brunworth M.D.

(Address) Coeur d'Alene, Idaho

SEP 9 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene (Near Worley)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100074

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 147

(No. 188C)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alda Levine

(a) Residence. No. 5th & Montana St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joel Levine

6. DATE OF BIRTH (month, day, and year) May 21 - 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (mo. and yr.) 8 1936

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Fred S Hurd

14. BIRTHPLACE (city or town) (State or country) Springfield, Ill

MOTHER

15. MAIDEN NAME Edna Bachelder

16. BIRTHPLACE (city or town) (State or country) Trout Creek Idaho

17. INFORMANT Elaine Hurd (Address) Payette Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Payette Ida. Date Aug 19 1936

19. UNDERTAKER Mary Mahaney (Address) Coeur d'Alene, Idaho

20. FILED Aug-18-, 1936 E. L. Spokny M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 16, 1936
[I last saw her alive on Aug 16, 1936: death is said to have occurred on the date stated above, at 11:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Skull fractures	8-16-36
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-16 1936
Where did injury occur? 4 miles from Worley, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Public highway
Manner of injury Auto accident
Nature of injury Multiple Skull fractures

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Hamilton H. Greenwood M.D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10007

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 12

SEP 12 1936 RECEIVED

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer A. Halsey.

(a) Residence No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ethel Halsey.

6. DATE OF BIRTH (month, day, and year) Aug. 17 - 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
56	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) New Haven Mich.

FATHER

13. NAME Silas Halsey.

14. BIRTHPLACE (city or town) (State or country) Richmond Mich.

MOTHER

15. MAIDEN NAME Harriett Woodruff

16. BIRTHPLACE (city or town) (State or country) Lyons N.Y. New York

17. INFORMANT (Address) Mrs. Ethel Halsey Spirit Lake Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Cemetery Spirit Lake Date 8-30, 1936

19. UNDERTAKER (Address) C. Eddy Funeral Home Rathdrum Ida.

20. FILED Aug 29, 1936 A C Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to August 28, 1936.

I last saw him alive on Aug 28, 1936; death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac Asthma	
Diabetes	

Other contributory causes of importance:

Chronic Bronchitis	
Bronchiectasis	
Chronic Sinusitis	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased ____ If so, specify ____

(Signed) C M Hammond, M. D.

(Address) Spirit Lake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 45

DO NOT WRITE IN THIS SPACE

State File No. 100076

SEP 12 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. 9

No. 148

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James F. Delp

(a) Residence No. Spirit Lake Hospital St. Rathdrum Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Clark Delp

6. DATE OF BIRTH (month, day, and year) 7-9-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
55	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logger

10. Date deceased last worked at this occupation (mo. and yr.) 7/18/36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME A. C. Delp

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Delp (Address) Rathdrum Ida

18. BURIAL, CREMATION OR REMOVAL

Place Forest Cemetery - Cour d'Alene Date 8/21, 1936

19. UNDERTAKER Lappin Funeral Home (Address) Rathdrum Ida

20. FILED Aug 19, 1936 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 A.M. 1936, to Aug 18 P.M., 1936.

I last saw him alive on Aug 18 1936.: death is said to have occurred on the date stated above, at 8 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental injury from falling log from top of truck, crushing left Chest & left hip	Aug 18
Shock	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury Aug 18 1936

Where did injury occur? Kootenai Co. Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Falling log from top of truck

Naturc of injury Crushing Chest & Hip

24. Was disease or injury in any way related to occupation of deceased N/A If so, specify Logging

(Signed) C. M. Schmidlapp M. D.

(Address) Spirit Lake, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Athol, Idaho

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100077

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 150

(No. —)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Bomar 49

(a) Residence. No. Mead Athol Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): 7-8-1860

7. AGE — Years: 76 | Months: 1 | Days: 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (mo. and yr.): 1933

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Illinois

FATHER

13. NAME: Robert Bomar

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Mary T. Swanger

16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. E. J. Legg Athol Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Townsend, Mont. Date August 30 1936

19. UNDERTAKER (Address): Mooney Mortuary Coeur d'Alene

20. FILED Aug. 30, 1936 E. L. Ipsen, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to August 30 1936.

I last saw him alive on July 28, 1936: death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis of intestinal origin	1935

Other contributory causes of importance:

Name of operation: Biopsy Date of: April 1936

What test confirmed diagnosis? C.P. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? not Date of injury....., 193...

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. M. Wigstad, M. D.

(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100078

Registration District No.

Primary Registration District No.

Local Registrar's No. 149

(No. Home Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Mallum

(a) Residence. No. 744 Military Drive St. Coeur d'Alene, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ? ? 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	—?	—?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Handler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackwell Lumber Co.

10. Date deceased last worked at this occupation (mo. and yr.) 8/36

11. Total time (years) spent in this occupation 1 - Weeks

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene, Wisconsin

FATHER

13. NAME John Mallum

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Amelia Dahl

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Edwin Dahl Coeur d'Alene
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene, Ida. Date 8 31, 1936

19. UNDERTAKER Mooney Mortuary Coeur d'Alene, Ida.
(Address)

20. FILED Aug 29, 1936 E. L. Sparks, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug 28, 1936.

I last saw him alive on Aug 27, 1936: death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilitation	Aug 28, 1936
Chronic and acute alcoholism —	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton H. Greene M.D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100079

SEP [illegible]

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 162

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cynthia J. Cavanaugh 74 a

(a) Residence. No. [illegible] Kellogg Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14 - 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Cyrus Johnstone

14. BIRTHPLACE (city or town) (State or country) Prince Edward Island

MOTHER

15. MAIDEN NAME Jane Chamberlain

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT (Address) Mrs. Tella Matteys St. Maries Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida. Date Aug 21, 1936

19. UNDERTAKER (Address) R-L Stout Kellogg Idaho

20. FILED Aug. 31, 1936 E. L. Spohn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 19, 1936
I last saw her alive on Aug 18, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Harold J. Lange, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Rathdrum

SEP 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 161

DO NOT WRITE IN THIS SPACE

State File No. 100086

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Stoutenburg 74a

(a) Residence No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs or ..... min
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cullinwood
(State or country) Canada.

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) .....
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Ellen Harvell
(Address) County Matron

18. BURIAL, CREMATION OR REMOVAL
Place Rose Cemetery Date 9-11, 1936

19. UNDERTAKER Moseley Funeral Home
(Address) Rathdrum Ida.

20. FILED Aug 31, 1936 E. L. Spahn M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1934, to 8/9, 1936

I last saw him alive on 8/5 1936; death is said to have occurred on the date stated above, at 3:00 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/9/36

Other **contributory causes** of importance:

Senility	
Chronic myocarditis	

Name of operation None Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No ... If so, specify .....

(Signed) C. F. Hornung, M. D.
(Address) Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100081

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
(No. Home Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 160

1889

2. FULL NAME Jen Dirmas

(a) Residence. No. ..... St. Spokane, Washington
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) not obt. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Log Sawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Ohio Match Co
(c) Name of employer Ohio Match Co.

9. BIRTHPLACE (city or town) (State or country) Isle of Crete

PARENTS
10. NAME OF FATHER Michael Dirmas
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Isle of Crete
12. MAIDEN NAME OF MOTHER Francis Spillos
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Isle of Crete

14. Informant George Spillos
(Address) 2624 W Broadway, Spokane, Wn.

15. Filed Aug. 31, 1936 E. L. Spohn, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 28 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug. 24, 1936
that I last saw him alive on Aug 24, 1936
and that death occurred, on the date stated above, at 10:00 a.m.
The CAUSE OF DEATH* was as follows:
accidental death - was struck by a falling tree while logging causing Skull Fracture and Shock
injury of Chest (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY
(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at Logging Operation
Did an operation precede death? no Date of none
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination
(Signed) O M Sherstad, M. D.
Aug 28, 1936 (Address) Coeur d'Alene Id

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Riverside Pk. Cemetery Spokane, Wash.	8-29 1936
20. Undertaker? Smith Funeral Home	Address Spokane, Wn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Husted.

DO NOT WRITE IN THIS SPACE

State File No. 100082

Near Camp #36 - Ohio Match Co. Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 159

SEP 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar E Olson

(a) Residence. No. St. St Maries 1889

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/21/1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Swamper - Misc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Match Co

10. Date deceased last worked at this occupation (mo. and yr.) 8/1936

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Olof Marion

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Karen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Esther Peterson (Address) St Maries Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Forest Cem Date Aug. 22 1936

19. UNDERTAKER Mooney Mortuary (Address) St. Maries Ida

20. FILED Aug. 31, 1936 E. L. Sprohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull - Fracture of Right Femur	Aug 17 '36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/17 1936

Where did injury occur? Camp #36 Ohio Match Co. (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury — A log rolled over him while working.

Nature of injury — Crushed Head - Back and Legs.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Confirmed, M. D.

(Address) Coeur d'Alene, Idaho

PLACE OF DEATH

County of Kootenai

City of Rathdrum

SEP 0 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100083

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 156

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie Alice Williams

(a) Residence No. Athol Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: American | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE OF: Milton Alonzo Williams

6. DATE OF BIRTH (month, day, and year)

7. AGE: [redacted] | Months: 6 | Days: 18 | If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (mo. and yr.): May 1936

11. Total time (years) spent in this occupation: 6 years

12. BIRTHPLACE (city or town) (State or country): St Johns New Brunswick

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Jennie Alice Clark

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): M. A. Williams Athol Ida

18. BURIAL, CREMATION OR REMOVAL: Coeur d'Alene Forest Cemetery Date 8-25, 1936

19. UNDERTAKER (Address): Cassedy Funeral Home, Rathdrum Ida.

20. FILED Aug. 31, 1936 E. L. Brooks, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Aug 23, 1936

Last saw her alive on Aug 20 1936. death is said to have occurred on the date stated above, at 5:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	10 yrs

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) F. E. Fleming, M. D.

(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100084

Registration District No. 20
Primary Registration District No. 1050 Local Registrar's No. 154
(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Botton 74a
(a) Residence. No. Harrison St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or ~~Divorced~~ (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 1854 - Don't know

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	7	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Harrison Date Aug 15, 1936

19. UNDERTAKER Cassedy (Address) Coeur d'Alene.

20. FILED Aug. 31, 1936 E. L. Spohn, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936, to Aug 11, 1936
I last saw him alive on Aug 11, 1936: death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis ~~Was there~~ an autopsy?

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold Stringer, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100085

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 153

SEP 9 1936 REGISTERED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl R. Craney

(a) Residence. No. 1313 - N 7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Craney

6. DATE OF BIRTH (month, day, and year) 1878-1-25

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window trimmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (mo. and yr.) 8-1935
11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME Edward Craney
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Nelson Craney
(Address) 1313 7th Street

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Ida Date 8-12, 193 6

19. UNDERTAKER Casper Funeral Home
(Address) C'dAlene, Idaho

20. FILED Aug 31, 193 6 E. L. Spohn, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Aug 10, 1936
I last saw him alive on Aug 10, 1936.: death is said to have occurred on the date stated above, at 11:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self inflicted gunshot Wound to left Temple	Aug 10, 1936
Insanity	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8-10 1936
Where did injury occur? Coeur d'Alene
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Self inflicted gunshot Wound
Nature of injury Bullet entered left supra orbital area and

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Hamilton H. Kaymond Coroner M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai.

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Husted.

DO NOT WRITE IN THIS SPACE

State File No. 100086

Registration District No. 30

SEP 4 1936

Primary Registration District No. 1050

Local Registrar's No. 151

(No. Farm Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel E. Gaylord

(a) Residence. No. 923 - 6th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sadie

6. DATE OF BIRTH (month, day, and year) June 7 - 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Red Collar Line Boats

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Ethelred Gaylord

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Lulu —

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mrs. Gaylord Cda.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cda Date August 8 1936

19. UNDERTAKER Mason Mortuary
(Address) Cda. Ida.

20. FILED Aug 31, 1936 E. L. Sparks, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug 6 - 1936

I last saw him alive on Aug 6, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Fracture of left Femur.	
Thigh was caught in a rope attached to a moving Cable car.	
Gangrene followed.	
Other contributory causes of importance:	
Surgical Shock - following amputation.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? July 31 - 1936 Date of injury ....., 193...

Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In Industry.

Manner of injury Thigh was caught in a rope attached to Cable Car.

Nature of injury Communited Fracture of Femur followed by Gangrene

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Accident

(Signed) O M Husted, M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Bayview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100087
State File No.

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 152

(No. Bayview Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Young Russell

(a) Residence. No. Bayview Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Russell

6. DATE OF BIRTH (month, day, and year) Apr 14 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Charles Russell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Joanna M Hunt

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Albert Russell Bayview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Cemetery Date July 19 1936

19. UNDERTAKER (Address) Turnbull & Co

20. FILED Aug. 31, 1936 E. L. Spohn M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to July 17, 1936.
I last saw him alive on July 17, 1936: death is said to have occurred on the date stated above, at 7:31 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	May 1936
Other **contributory causes** of importance:	
Hypertension	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ken Henderson M. D.
(Address) Coeur d'Alene Idaho

Dr Hansen C.D.A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene. Wolf Lodge.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100088

AUG 10 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jasper Cooper

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Augusta Cooper

6. DATE OF BIRTH (month, day, and year) 1859-8-4

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livery man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silverton Ore

MOTHER FATHER

13. NAME Jas. Cooper

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Kate Moorley,

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Augusta Cooper
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Coeur d'Alene Ida Date 7-24 193 6

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Aug 10, 193 6 E. L. Lyon, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21 193 6

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 193 6, to 7-21, 193 6.
I last saw h~~im~~ alive on 7-12, 193 6; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of throat	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. H. Teed, M. D.
(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Post-Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100089

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 130

AUG 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Louis Johnston

(a) Residence. No. Post-Falls St.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Emma Johnston

6. DATE OF BIRTH (month, day, and year) 1872 - 6 - 22

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME Jas. Johnston.
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Mary Ann Hickox
16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT (Address) Emma Johnston Post-Falls. Ida

18. BURIAL, CREMATION OR REMOVAL
Place Post Falls. Id Date 7-10, 1936

19. UNDERTAKER (Address) Casey Funeral Home Coeur d'Alene. Ida.

20. FILED 8-10-, 1936.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to July 9, 1936.
I last saw him alive on July 8, 1936.; death is said to have occurred on the date stated above, at 12:30 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Colon	Duration Almost Eight

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. J. Benbrook M. D.
(Address) Post-Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100090

AUG 19 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 135

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Grigson

(a) Residence. No. 1119 - Lakeside Ave
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Cassius Grigson

6. DATE OF BIRTH (month, day, and year) 1877 10-28

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Apr. 12 - 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Geo. Stark
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mrs. Clifford Sisk
(Address)

18. BURIAL, CREMATION or REMOVAL
Place Riverside Cemetery Date 7-9, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED 7-8, 1936 E. L. Perkins, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to July 7, 1936
I last saw her alive on July 7, 1936; death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months
Senility, with general breaking down.	3 months
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? P.E. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. E. Norris, M. D.
(Address) Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100091

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 133

AUG 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

177

2. FULL NAME Ronald Bruce Burns.

(a) Residence. No. Home Hospital St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1934 - 6 - 6

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wenatchee Wash

FATHER

13. NAME Chester Burns

14. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho

MOTHER

15. MAIDEN NAME Anna Harle

16. BIRTHPLACE (city or town) (State or country) Pinnane N. D.

17. INFORMANT (Address) Mrs Annal Burns

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida. Date 7-22 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED 8-10 1936 E. L. Lyons, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 20, 1936

I last saw h[illegible] alive on July 20, 1936; death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Poisoning by Swallowing Lye	July 19-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in **also** the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Hurtel, M. D.

(Address) Coeur d'Alene, Idaho

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100093

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 135

AUG 19 1936 RECEIVED

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jennie R. Cairns

(a) Residence. No. 611 Garden St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. Alex Cairns

6. DATE OF BIRTH (month, day, and year) 10-11-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ireland (State or country)

FATHER

13. NAME George Reid

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Jennie —

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Margaret Reed (Address) Philadelphia, Penn

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Lawn Cem. Coeur d'Alene Date June 13 1936

19. UNDERTAKER Mooney Mortuary (Address)

20. FILED Aug 17 1936 E. L. Lathy, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to June 12, 1936.

I last saw her alive on June 12 1936; death is said to have occurred on the date stated above, at 1:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of stomach	June 1935
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Clarence K. Martin, M.D.

(Address) 718 S. Sherman Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100094

AUG 10 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 136

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Benson

(a) Residence. No. 1026 - 2nd St.
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed or divorced (HUSBAND) of (or) WIFE of John L. Benson

6. DATE OF BIRTH (month, day, and year) 1869-6-10

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) June 1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Peter Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Sophia —
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs H Benjamust
(Address) 3814 - 18th St San Francisco

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 8-6, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Aug. 12, 1936 E. L. Sporkin, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-3 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to Aug. 3, 1936.
I last saw h[illegible] alive on 8/2, 1936.; death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/1/36
Other contributory causes of importance:	
Lobar Pneumonia	7/26/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otis Gustel, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100095

AUG 19 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 138
(No. Emergency Hospital Coeur d'Alene)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George E. Roedick 90
(a) Residence. No. 210 E. Sherman St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/15/1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Street Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of C'd'A.
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Mt. Vernon
(State or country)

FATHER
13. NAME David Roedick
14. BIRTHPLACE (city or town) Mich
(State or country)

MOTHER
15. MAIDEN NAME Alice Barney
16. BIRTHPLACE (city or town) Ind
(State or country)

17. INFORMANT Mrs. T. W. Deegan Sister
(Address) C'd'A.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Lawn Cem. C'd'A. Date Aug 1, 1936

19. UNDERTAKER Moon Mortuary
(Address) C'd'A.

20. FILED Aug-13 1936 E. L. Lyons M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936 to July 29, 1936
I last saw him alive on July 29, 1936; death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Lesion	1935
probably mitral.	
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Miranda Barclay, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Roseleke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100096

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 125

AUG 19 1936 RECEIVED

(No. 90 Dr Graff)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lisa Dr Graff

(a) Residence. No. Roseleke Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19 - 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lipton Mo.
(State or country)

FATHER
13. NAME J. T. Strahan
14. BIRTHPLACE (city or town)
(State or country) Ireland.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) —

17. INFORMANT Beatta Grist
(Address) Roseleke

18. BURIAL, CREMATION OR REMOVAL
Place Roseleke Ida. Date Jul. 2/3, 1936

19. UNDERTAKER R. B. Mount
(Address) Roseleke Idaho

20. FILED Aug. 12, 1936. E. L. Eppley M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to July 16, 1936.
I last saw her alive on July 16, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilitation	July 16, 1936
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Graff M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10009

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 139

AUG 19 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Martin Braughman

(a) Residence. No. 416 - 13th St. St. Colville Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Alice Braughman

6. DATE OF BIRTH (month, day, and year) 1860 - 11 - 18

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawyer
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME — Braughman
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Alice Rogers
16. BIRTHPLACE (city or town) (State or country) Vt.

17. INFORMANT (Address) Mrs A. A. Gunzer 506 - S 13th St

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 8-1-, 1936

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED 8-13-, 1936 E. L. Lyon, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to July 31, 1936
I last saw him alive on July 30, 1936; death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Decompensated	July 25, 36
Cystotomy	July, 1936
Other contributory causes of importance: Senility	

Name of operation Cystotomy Date of May, 1936
What test confirmed diagnosis? ? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. F. Fleming, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100098

Registration District No. 30
Registrar's Registration District No. 1050 Local Registrar's No. 140

AUG 19 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Paist

(a) Residence. No. ____ St. ____
(Usual place of abode) 34 — — (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Paist

6. DATE OF BIRTH (month, day and year) 1853 6-4-8

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlas Tie Mill
10. Date deceased last worked at this occupation (mo. and yr.) 1923
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER
13. NAME — Paist
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Gertrude Bennett
(Address) 901 Lakeside ave.

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 7-29, 1936
Forest

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED 8-13-, 1936 E. L. Brown, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-27 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1934, to July-27, 1936
I last saw him alive on July 27, 1936; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemoplegia	July 24, 1936
Senility	
Chr. Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. P. Watkins, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Post-Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100099

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 142

AUG 19 1936 RECEIVED

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Robert Louis Lilly

(a) Residence. No. Post-Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1895-12-7

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) June 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Neb.

FATHER

13. NAME Samuel Lilly

14. BIRTHPLACE (city or town) (State or country) Grundy Co Mo.

MOTHER

15. MAIDEN NAME Amanda H. McGowan

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT Frederick T. Lilly (Address) Post-Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Post-Falls, Ida Date 7-13, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Ida.

20. FILED 8-13-, 1936 E. L. Lyon, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1936, to Jul. 11, 1936
I last saw h[illegible] alive on Jul. 11, 1936; death is said to have occurred on the date stated above, at 3:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Abt. 4 yrs
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. J. Lemberger M. D.
(Address) Post Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100100

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 145

(No. N. 10th & Hubbard Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Phillip Cramp

(a) Residence. No. Hayden Lake St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Cramp - 1933

6. DATE OF BIRTH (month, day, and year) 9-27-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME Valentine Cramp

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Catherine Mason

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Dooley Cramp Hayden Lake
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. CDA Date July 12 1936

19. UNDERTAKER Mowry Mortuary CDA.
(Address)

20. FILED 8-13-, 1936 E. L. Sporn M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to July, 1936

I last saw him alive on July 10, 1936: death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio renal disease	

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? Exam was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hazel D. Sturgis, M. D.

(Address) CDA Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Grand View

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100101

Registration District No. 74
Primary Registration District No. 215-1 Local Registrar's No. 5

AUG 20 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

99

2. FULL NAME Robert. H. Smith, Sr.

(a) Residence. No. 2 Miles North of Grandview, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May. 9. 1843.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
93	4	5.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harness Maker.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England.
(State or country)

FATHER

13. NAME Robert. H. Smith.

14. BIRTHPLACE (city or town) England.
(State or country)

MOTHER

15. MAIDEN NAME Mary Gilbert.

16. BIRTHPLACE (city or town) England.
(State or country)

17. INFORMANT Mrs. W.N. Schofield,
(Address) Grandview, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho. Date Aug. 14 1936.

19. UNDERTAKER Summers Funeral Home,
(Address) Boise, Idaho.

20. FILED 8-19 193.6 Alice C. Eckenbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-14-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10-, 193.6, to 8-14-, 193.6.

I last saw him alive on 8-10-, 193.6; death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. E. Evans, M. D.
(Address) Mountain Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai.

City of Coeur d'Alene (Hayden Lake)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100102

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 144

AUG 19 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Lowell Edward Walters

(a) Residence. No. 9th & Locust St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-9-1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tuft Theatre.

10. Date deceased last worked at this occupation (mo. and yr.) 7/1936

11. Total time (years) spent in this occupation 3 weeks

12. BIRTHPLACE (city or town) (State or country) Cowles Nebraska

FATHER

13. NAME Delmer Walters

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Pearl McCallum

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) Delmer Walters C.D.A.

18. BURIAL, CREMATION OR REMOVAL Place Forest Lawn C.D.A. Date July 15, 1936

19. UNDERTAKER (Address) Moon Mortuary C.D.A.

20. FILED Aug 13, 1936 E. P. Spokane, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, to July 12, 1936

I last saw h alive on July 12, 1936; death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable heart failure	6:00 PM

Other contributory causes of importance:

Drowning in Cold water

Was not drowned

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton N. Sherwood Coroner, M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Portage

City of Central Plover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100103

AUG 19 1936 RECEIVED

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 126

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Ingbrigt Veen

(a) Residence. No. 515 - W. Gordon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-17-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1924

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Hans Hanson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Henry Veen (Address) Central Plover

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Barron, Wisc Date July 13, 1936

19. UNDERTAKER Moren Mortuary (Address) Central Plover

20. FILED 7-11-, 1936. E. L. Sparks, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to July 11, 1936

I last saw him alive on July 11 1936: death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	

Other contributory causes of importance:

Name of operation Cystotomy Date of May 15, 1936

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugo J Sturges, M. D.

(Address) Central Plover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100104
State File No.

AUG 10 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 128

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Wilson

(a) Residence. No. Sandpoint Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fountaine W Ison (1918)

6. DATE OF BIRTH (month, day, and year): May 25, 1866

7. AGE — Years: 70 | Months: 1 | Days: 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Joseph Lade
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Philomean Cauley
16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT (Address): Mrs. Cecil Jones Garwood, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Fairview, Idaho Date: July 21, 1936

19. UNDERTAKER (Address): Mooney Mortuary Co.

20. FILED July 28, 1936. E. L. Lyon M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to , 193..
I last saw h.. alive on July 19, 1936: death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Coronary Thrombosis	1926
Other contributory causes of importance:	
old age	
Hypertension	1920

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Lee Leach, M. D.
(Address) 4th & Lake St. Coeur d'Alene

Information should be carefully supplied. Avoid abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100105

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 146

AUG 19 1936 REGISTERED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Frances E. Post

(a) Residence. No. 1005 - Bancroft St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie V. Post

6. DATE OF BIRTH (month, day, and year) 6-24-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Buildings
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) York (State or country) Iowa

MOTHER/FATHER
13. NAME — Post
14. BIRTHPLACE (city or town) (State or country) Iowa
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Susie V. Post (Address) CDA

18. BURIAL, CREMATION OR REMOVAL
Forest Place Coeur d'Alene Date 6-24, 1936

19. UNDERTAKER Mooney Mortuary (Address) CDA

20. FILED 8-13-, 1936. E. L. Sporn, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to June 23, 1936.
I last saw him alive on June 18, 1936.; death is said to have occurred on the date stated above, at 1.40a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1932
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Otto L. Wood M. D.
(Address) Coeur d'Alene Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

DO NOT WRITE IN THIS SPACE
State File No. 100106

AUG 20 1936 RECEIVED

Primary Registration District No. 7145 Local Registrar's No. 1856

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Hougen

(a) Residence. No. ..... St. Viola, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 21 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vivian Hougen

6. DATE OF BIRTH (month, day, and year) February 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	66	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) June 1936

11. Total time (years) spent in this occupation 46 Yrs.

12. BIRTHPLACE (city or town) (State or country) ~~Green Co~~ Mauer Co Wisconsin ~~Minn~~

FATHER

13. NAME Holover O Hougen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Moan

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Vivian Hougen
(Address) Viola, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date 7/27, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED July 27 1936 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1936, to July 24th, 193..
I last saw him alive on July 23rd, 1936.; death is said to have occurred on the date stated above, at 10:30 m. PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Compound Fracture of R. Humerus	July 3
Other **contributory causes** of importance:	
Cancer of Stomach	1934

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 7/3 1936
Where did injury occur? Potlatch Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place
Manner of injury Automobile
Nature of injury Fracture of Humerus

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) J. W. Thompson M. D.
(Address) Potlatch

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

OCT 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND
EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH
AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.M.D.
DIRECTOR

SANITARY ENGINEERING AND
CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC
LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

Sept. 28, 1936

Mrs. Oliver Haugen,
Viola, Idaho

Dear Madam:

We are in receipt of a request from Dr. Thompson, of Potlatch, for a certified copy of the death record of Oliver Haugen.

The death certificate has the name spelled **Hougen** while the doctor's request spells it Haugen. Which of these two are correct?

A notation on the bottom of the letter advising us of the correct spelling will be sufficient, at which time a certified copy of this record will be mailed you.

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl D'Ill...

PEARL DILLINGHAM
STATE REGISTRAR

PBA

The correct spelling of her name is Hougen. Please send the ~~death~~ Certified copy of Oliver Hougens death, as soon as you can, as I have to have it to get some money I need very much

Very Truly Yours
Mrs. Oliver Hougen
Viola, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10010

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.

AUG 20 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Potlatch Hospital

198C

2. FULL NAME Raymond Fay McGee

(a) Residence. No. St. Viola, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Mary McGee

6. DATE OF BIRTH (month, day, and year) Mar. 13, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. driving.
10. Date deceased last worked at this occupation (mo. and yr.) July 3
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Stevens Point, Wis.

FATHER

13. NAME Wm. McGee
14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Emma Dale
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Mrs. Raymond McGee
(Address) Viola, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Viola, Idaho Date 7/6, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED July 5th, 1936 J.W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1936, to July 4th, 1936
I last saw him alive on July 3rd, 1936: death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Fracture	July 3rd
Skull	
Other contributory causes of importance:	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury 7/3/1936
Where did injury occur? near Potlatch
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place
Manner of injury Auto accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J.W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100108

Registration District No. 64

Primary Registration District No. 2144

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecil James Crawford

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26-1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child - Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Homer Ida.

FATHER

13. NAME Thom James Crawford

14. BIRTHPLACE (city or town) (State or country) Okla.

MOTHER

15. MAIDEN NAME Martha Taylor

16. BIRTHPLACE (city or town) (State or country) Cedar Hills New Mexico

17. INFORMANT (Address) Mrs J. H Hatch Troy Ida

18. BURIAL, CREMATION OR REMOVAL
Place Spencer Cem. Date July 21, 1936

19. UNDERTAKER (Address) John J. Pickerd Troy Ida

20. FILED Aug 31, 1936 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 18, 1936

Last saw him alive on July 18, 1936; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Crushed Skull	7/18/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/18 1936

Where did injury occur? Troy Latah Co. Ida
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. On Highway.

Manner of injury Fell from truck Run over.

Nature of injury Crushed skull.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas A. Myers M. D.

(Address) Troy Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100109

Registration District No. 61

SEP 11 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 145

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME FRANK MURPHY

(a) Residence. No. ..... St. Westwood, Cal.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1904

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	31	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ..... (State or country) Indian Territory

FATHER

13. NAME Thomas B. Murphy

14. BIRTHPLACE (city or town) La. (State or country)

MOTHER

15. MAIDEN NAME Lucy J. Bryant

16. BIRTHPLACE (city or town) ..... (State or country) Colorado

17. INFORMANT Mrs. J. S. Breedlove (Address) Westwood, Cal.

18. ~~BURIAL~~ OR REMOVAL
Place Westwood, Cal. Date Aug. 10 1936

19. UNDERTAKER W. R. Gehrt (Address) Moscow, Idaho

20. FILED Aug. 8, 1936 Clara Cochrane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1936, to Aug. 6, 1936.

I last saw him alive on Aug. 6, 1936; death is said to have occurred on the date stated above, at 2 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal fracture of skull, from car accident.	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~Suicide~~ or ~~Homicide~~? ..... Date of injury, Aug. 5, 1936
Where did injury occur? ..... Nez Perce County Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Highway
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. White M. D.
(Address) Genesee, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

DO NOT WRITE IN THIS SPACE
State File No. 100110

SEP 11 1936 RECEIVED

Primary Registration District No. 1911 Local Registrar's No. 143

(No. Pritman Hospital) 23

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sherry Lee McCown

(a) Residence. No. Crane Creek near St. Potlatch Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb, 5 1935

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	1	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

FATHER

13. NAME Jones McCown

14. BIRTHPLACE (city or town) Potlatch
(State or country) Idaho

MOTHER

15. MAIDEN NAME Audrey Martin

16. BIRTHPLACE (city or town) CoeurD'Alene
(State or country) Idaho

17. INFORMANT Jones McCown
(Address) Pasouse Wash,

18. BURIAL, CREMATION OR REMOVAL
Place Freeze Idaho Date June 23 1936.

19. UNDERTAKER D.D.Kimball
(Address) Palouse Wash,

20. FILED 9-5, 1936. Glenn Funkhouser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20-, 1936, to 6-21-, 1936.

I last saw her alive on 6-21, 1936; death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Serous Encephalitis	6-19-36

Other **contributory causes** of importance:

None	

Name of operation. None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Joseph L. Wilson M. D.
(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Bovill

SEP 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100111

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Lee Hall

31

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 26, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis, Ind.

FATHER

13. NAME E. B. Hall
14. BIRTHPLACE (city or town) (State or country) Mount Vernon, Ky.

MOTHER

15. MAIDEN NAME Carie Morgan
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT E. B. Hall
(Address) Bovill, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date Aug. 20, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow Idaho

20. FILED Aug 31, 1936 Lucy M. Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Aug. 18, 1936
I last saw h[illegible] alive on Aug 10, 1936; death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. G. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Near Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100112

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 14

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 20 1936 RECEIVED

2. FULL NAME Sarah Ann Robinson

(a) Residence. No. Fiddlers Ridge St. Near Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Robinson

6. DATE OF BIRTH (month, day, and year) January 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) April 1936

11. Total time (years) spent in this occupation 53 yrs.

12. BIRTHPLACE (city or town) (State or country) Perth E. Ontario Canada

FATHER

13. NAME James Somers

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Ann McMillan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT William H. Robinson
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash Date Aug 16 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED Aug 17 1936 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 13, 1936

I last saw her alive on Aug 13, 1936; death is said to have occurred on the date stated above, at 2:15 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. W. Thompson M. D.

(Address) Potlatch

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of LATAH
City of POTLATCH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100113

Registration District No.....

AUG 20 1936 RECEIVED

Primary Registration District No..... Local Registrar's No.....

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FRANK EDWARD HOWE

(a) Residence. No..... St. CATALDO, IDA.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of,
(or) WIFE of: ##### Cleo Howe

6. DATE OF BIRTH (month, day, and year): 8-7-1888

7. AGE: Years 47 | Months 11 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logging
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 7-29-36
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Davenport (State or country) Wash.

FATHER
13. NAME Lucious Howe
14. BIRTHPLACE (city or town) ..... (State or country) Ohio

MOTHER
15. MAIDEN NAME Cora Smith
16. BIRTHPLACE (city or town) ..... (State or country) Ohio

17. INFORMANT .... Cleo Howe (Address) Cataldo? Ida.
18. BURIAL, CREMATION OR REMOVAL ##########
Place Coeur d' Alene, Ida. Date 7-29 1936
19. UNDERTAKER .... Cassedy Funeral Home (Address) Coeur d' Alene, Ida.
20. FILED 7/31/..., 1936. J. H. T... Registrar.

J. H. Thornton

MEDICAL CERTIFICATE OF DEATH

36

21. DATE OF DEATH (month, day and year) 7-29-36

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 7 ... a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
Coronary occlusion	.....
.....	.....
Died Suddenly	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Ray Norling Justice, M. D.
(Address) Potlatch, Ida. Peace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of ## Troy

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100115

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma J. Harland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M.W. Harland

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russivill
(State or country) Indiana

FATHER

13. NAME Knable

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Millard Harland
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date 7/13, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Aug 31 193 6 Lucy M. Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/11/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/24/35, 193, to 6/29/36, 193

I last saw her alive on 6/29/36, 193: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	3
Some time before 6/24/35	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Doyle M. Sorber M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah.
City of Troy

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100116

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME August Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Matilda Nelson

6. DATE OF BIRTH (month, day, and year) April 4 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Nels Arvidson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Marie Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Matilda

18. BURIAL, CREMATION OR REMOVAL
Place Westdale Date Aug 16, 1936

19. UNDERTAKER (Address) John J. Pickerd

20. FILED Aug 16, 1936 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. ..., 1936, to Aug 12, 1936.
I last saw h[illegible] alive on Aug 12 1936; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	Jan 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas. G. Meyer M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Juliaetta

SEP 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100117

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME James J. Groseclose

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan A. Groseclose

6. DATE OF BIRTH (month, day, and year) May 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Joseph Groseclose
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Crabtree
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Susan A. Groseclose
(Address) Juliaetta Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Juliaetta Date 8/20, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 8-20, 1936 B. F. Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1936, to Aug. 16, 1936.
I last saw him alive on Aug. 16, 1936: death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Chronic bronchitis	1934

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Chamberlain M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100118

Registration District No. 61
Primary Registration District No. 111 Local Registrar's No. 148

SEP 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Albert Anderson 49

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thora Anderson

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMANT Mrs. Thora Anderson (Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Moscow Date 8/22, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED 8/21, 1936 Harry Erickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to 8-18, 1936
I last saw h alive on 8-18, 1936: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follow:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease with Cardiac Decompensation	7-18-36
Coronary Occlusion	7-18-36
Other contributory causes of importance:	
Carcinoma of Prostate with metastasis	7-18-36

Name of operation none Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 1936
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Nelson M. D.
(Address) Moscow, Ida.

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100113

PLACE OF DEATH

County of Latah
City of Troy Idaho
Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 147

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Simon E. Hagan

(a) Residence. No. Troy Idaho St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hagan

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Brickyards

(c) Name of employer Unknown

9. BIRTHPLACE (city or town) (State or country) South Dakota

PARENTS

10. NAME OF FATHER Oli Hagan

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Norway

12. MAIDEN NAME OF MOTHER Katherine Flamme

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Norway

14. Informant (Wife) Emma
(Address) Troy Idaho

15. Filed 9-5-, 19 36 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 19 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1st, 1934, to Aug 19, 1936
that I last saw him alive on Aug 19, 1936
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis?

(Signed) Edw. A. Meyer M. D.
Aug 20, 1936 (Address) Troy Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Troy Ida	Aug 21 1936
20. Undertaker	Address
Carleton - Anderson	Moscow Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100120

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 146

SEP 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Laura Canham

(a) Residence. No. 214 S. Almon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Canham

6. DATE OF BIRTH (month, day, and year) May 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	---	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John Canham (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 8/17, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Idaho

20. FILED 8/17, 1936 Laura Canham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935, to Aug 15, 1936
I last saw h-e alive on Aug 15, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Aug 14, 1936
Arterio Sclerosis	Aug 14, 1936
Hypertension	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward N. Dimm, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100121

Registration District No. 61

Primary Registration District No. 1011 (No.)

Local Registrar's No. 144

(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME Mahala Holland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walker Holland

6. DATE OF BIRTH (month, day, and year) Sept. 3, 1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
85	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York.
(State or country) N.Y.

FATHER

13. NAME Wm. Poole

14. BIRTHPLACE (city or town)
(State or country) N.Y.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Robert Oldenburg
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date 8/6, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Ida.

20. FILED 8/5, 1936 Nancy Enthoud
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1936, to Aug. 5, 1936.

I last saw her alive on Aug 4, 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause myocarditis	

Other **contributory causes** of importance:

Senility
Obliterating thrombosis L.L.
Ascites ascites.

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. Cranshaw M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100122

Registration District No. 41

SEP 14 1936 RECEIVED

Primary Registration District No. 2116 Local Registrar's No.

(No. Rose Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Maley Don Henri Maley - 101 0

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state) Salmon
Length of residence in city or town where death occurred. yrs 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): April 20, 1936
7. AGE: Years | Months: 3 | Days: 22 | If LESS than 1 day, hrs. or 45 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland (State or country) Oregon

MOTHER
13. NAME J R Maley (Justice P.
14. BIRTHPLACE (city or town) Napavine (State or country) Washington
15. MAIDEN NAME Marguritte G. Dixon
16. BIRTHPLACE (city or town) Spanaway (State or country) Washington

17. INFORMANT (Address) J. R. Maley Salmon Ida.
18. BURIAL, CREMATION OR REMOVAL
Place Portland Date, 1936
19. UNDERTAKER Wm C. Hoeber (Address) Salmon Ida.
20. FILED Sept 10 1936 Clyde C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 11 1936
22. I HEREBY CERTIFY, That I attended deceased from 6:00 P.M. 8/11/36, 193..., to 10:30 P.M. 8/11/36.
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Duration of disease
Lobar pneumonia	8/7/36
Other contributory causes of importance:	8/9/36
None	

Name of operation. None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. E. Stanton
(Address) Salmon, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 12 P

DO NOT WRITE IN THIS SPACE
State File No. 100123

SEP 2 1936 RECEIVED

No. (If death occurred in a hospital or institution, give its name instead of street and number.)

122

2. FULL NAME Laura Jane Bean

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Willis T. Bean

6. DATE OF BIRTH (month, day, and year) Apr. 29 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Livingston County Illinois

FATHER

13. NAME Ellis Hughes

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Dally

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMENT (Address) W. T. Bean Craigmont

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, (Morrow) Date 8-30, 1936

19. UNDERTAKER A. E. Clow,
(Address) Craigmont, Ida.

20. FILED 8-29-, 1936 P. C. Deweese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 28 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to Aug 28, 1936

I last saw her alive on Aug 27, 1936; death is said to have occurred on the date stated above, at 7:37 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis liver	1930
Other contributory causes of importance:	
Interstitial nephritis	1932

Name of operation none Date of -

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) P. C. Deweese, M. D.

(Address) Craigmont, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lewis
City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50
Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE
State File No. 100124

Local Registrar's No. 11

SEP 2 1936 RECEIVED

47

No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ivy Myrtle Starcher

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of C. E. Starcher

6. DATE OF BIRTH (month, day, and year) March 21 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Long Creek,
(State or country) Grant County, Oregon.

FATHER

13. NAME Thompson Arbuckle

14. BIRTHPLACE (city or town) Lane County,
(State or country) Oregon

MOTHER

15. MAIDEN NAME Roxanna Hall,

16. BIRTHPLACE (city or town) Mason County,
(State or country) Missouri.

17. INFORMENT (Address) C. E. Starcher, Winchester, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Craigmont, Ida. Date Aug. 15 1936

19. UNDERTAKER ..... (Address) Craigmont, Idaho.

20. FILED 9/14, 1936 R. G. Dewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Aug. 12, 1936, last saw her alive on Aug. 12, 1936: death is said to have occurred on the date stated above, at 10:40 P. M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1934

Other contributory causes of importance:

Name of operation Breast Amputation Date of 11-5-1935
What test confirmed diagnosis? Findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. A. Collins, M. D.
(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100125

SEP 11 1936 RECEIVED

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August William Asmen

(a) Residence. No. Rt 2 - Rigby Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

145

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Romrell Asmen

6. DATE OF BIRTH (month, day, and year) Aug 14-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation a life

12. BIRTHPLACE (city or town) (State or country) Linkoping Sweeden

FATHER

13. NAME Johannas Asmen

14. BIRTHPLACE (city or town) (State or country) Sweeden

MOTHER

15. MAIDEN NAME Anna Lena Peterson

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT (Address) Wife - Elisabeth Asmen Rigby Ida Route 2

18. BURIAL, CREMATION OR REMOVAL
Place Rigby Ida Date aug 14 1936

19. UNDERTAKER (Address) J. B. Eckersell Rigby Ida.

20. FILED 9-4, 1936. Mrs. A. Heyrend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 10, 1936.
I last saw him alive on Aug 6 1936: death is said to have occurred on the date stated above, at 10 50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangren of right Arm	Aug 9-1936
Other contributory causes of importance: Compound fracture of right forarm & Contusion of right shoulder	

Name of operation none Date of
What test confirmed diagnosis? Finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, ~~suicide, or homicide~~? Accident Date of injury 8-6-, 1936
Where did injury occur? Rigby Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On own property
Manner of injury Fell from a ladder
Nature of injury 10 Ft elevation

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

8/10/36. (Signed) Louis J. Rich M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg #2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100126

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 49

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Heyrum Henry Hilton. 88

(a) Residence. No. Salem, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Sarah Jane LeFevre.

6. DATE OF BIRTH (month, day, and year) Feb. 24-1863.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation A Lifetime.

12. BIRTHPLACE (city or town) (State or country) Bergen City, Utah.

FATHER
13. NAME Hugh Hilton.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Isabella Pilkington
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Mrs. H. H. Hilton, Rexburg #2

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg, Ida. Date Aug. 13, 1936

19. UNDERTAKER (Address) Wm. J. Fielding, Rexburg Idaho

20. FILED 9-4-, 1936 Mrs. H. Hilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1936, to 8/10, 1936
I last saw ~~him~~ alive on 8/3, 1936.: death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Senile Dementia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. P. Anderson M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 11 1936 RECEIVED

PLACE OF DEATH
County of Madison.
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10012

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda P. Maupin

(a) Residence. No. Newdale St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Samuel M. Maupin

6. DATE OF BIRTH (month, day, and year) Aug. 20-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	11	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ammon Idaho

FATHER
13. NAME George H. Browning
14. BIRTHPLACE (city or town) (State or country) Ammon Idaho

MOTHER
15. MAIDEN NAME Phebe Watts
16. BIRTHPLACE (city or town) (State or country) Bannelifel Utah

17. INFORMANT George H. Browning
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ammon Date 7/23, 1936

19. UNDERTAKER W. W. Hansen
(Address) St. Anthony Idaho

20. FILED 9-4, 1936 Mae V. Heywood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	7-10-36

Other contributory causes of importance:
Peritonitis following 6-8-36 operation for ruptured Appendix

Name of operation Appendectomy Date of 6/7/36
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Beckstead M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg, Idaho

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100128

Registration District No. 100

Primary Registration District No. 2176 Local Registrar's No. 53

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 15

2. FULL NAME Reed G Richmond

(a) Residence. No. Rexburg, Idaho St. .....

(Usual place of abode) Rexburg, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) June 8th 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Teton, Idaho

FATHER

13. NAME Thomas Richmond

14. BIRTHPLACE (city or town) (State or country) Wellsville Utah

MOTHER

15. MAIDEN NAME May Butt

16. BIRTHPLACE (city or town) (State or country) Teton, Idaho

17. INFORMANT Thomas Richmond (Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Teton Idaho Date Aug. 22, 1936

19. UNDERTAKER Mrs. J. Kelley (Address) Rexburg Idaho.

20. FILED 9-4, 1936. Mrs. J. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1936 to Aug. 20, 1936

I last saw him alive on Aug. 20 1936 death is said to have occurred on the date stated above at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1 week
Chronic Ulcerative Colitis	4 yrs.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? NA Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193..

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [redacted] M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Hibbard

Rexburg R.F.D.3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100129

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 55

SEP 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Barber Saurey

(a) Residence. No. Rexburg R.F.D.3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Saurey

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah

FATHER

13. NAME John Barber

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Charlotte Kirby

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Charles Saurey (Address) Rexburg R.F.D.3

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Date 9/6, 1936

19. UNDERTAKER Russell T. Clamm (Address) Rexburg

20. FILED 9-14, 1936 Mrs. V. Epperson Registrar.

9/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1935, to 9-2-, 1936

I last saw her alive on Aug 25, 1936; death is said to have occurred on the date stated above, at 1:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Anemia.	1934
Mal Nutrition	
from Metastases	
of Carcinoma	
of Stomach	
Other **contributory causes** of importance:	
Diabetes	1923

Name of operation. None Date of

What test confirmed diagnosis? Symptoms & laboratory tests Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lorin L. Rich M. D.

(Address) Rexburg Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100130

PLACE OF DEATH

County of Madison

City of Rexburg R.F.D.1

Registration District No. 120

Primary Registration District No. 2128 Local Registrar's No. 54

SEP 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milton Meng

88a

(a) Residence. No. Burton St.
(Usual place of abode) (Rexburg R.F.D.1) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Father Karl Meng

6. DATE OF BIRTH (month, day, and year)
Sept. 29, 1920

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
15	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burton
(State or country) Idaho.

FATHER

13. NAME Karl Meng

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Marie Alene Scheifer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Karl Meng
(Address) Rexburg R.1

18. BURIAL, CREMATION OR REMOVAL
Place Burton Date 9/3, 1936

19. UNDERTAKER Russell H. Lamm
(Address) Rexburg, Idaho

20. FILED 9-4, 1936 Mrs. H. Eggmann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Aug. 31, 1936, ~~to~~ ....., 193...

I last saw him alive on Aug. 31, 1936: death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	April 1936 or before.

Other **contributory causes** of importance:

Chronic myocarditis + degenerative changes decompensation	April 1936

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) W. B. Beck M. D.
(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100131

SEP 11 1936 RECEIVED

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME Ruth N Byron

(a) Residence. No. Driggs, Idaho St.

(Usual place of abode) Driggs Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Frederick Byron

6. DATE OF BIRTH (month, day, and year) Feb 2 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME George Danial Newman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Freeze

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs D W Nelson
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Darby, Cemetery Date Sept 9th, 1936

19. UNDERTAKER Wm. L. Kelly, Jr.
(Address) Rexburg Idaho

20. FILED 9-9, 1936 Mrs H Hepworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1936, to 9-7, 1936

I last saw her alive on 9-7, 1936: death is said to have occurred on the date stated above, at 11:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9-7-36
Other contributory causes of importance:	
Cholecystectomy —	9-5-36

Name of operation ↗ Date of 9/5/36

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ↙
Manner of injury ↙
Nature of injury ↙

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. [redacted] M. D.
(Address) Rexburg, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg,

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100132

Registration District No. 10-5
Primary Registration District No. 2178 Local Registrar's No. 57

(No. 580)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Gillespie

(a) Residence. No. Rexburg, Idaho St.
(Usual place of abode) Rexburg, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Daniels

6. DATE OF BIRTH (month, day, and year) May 4-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Himself
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 28yrs

12. BIRTHPLACE (city or town) Falkirk
(State or country) Scotland

FATHER
13. NAME David Gillespie
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER
15. MAIDEN NAME Sarah Mills
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Vernon Gillespie
(Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Utah Date Sept 11, 1936

19. UNDERTAKER [illegible]
(Address) Rexburg Ida

20. FILED 9-9, 1936 Mrs. R. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 7, 1936.
I last saw him alive on Aug 7, 1936; death is said to have occurred on the date stated above, at 9:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	June 1936
Other contributory causes of importance: Nephritis - interstitial	
Myocarditis	1933

Name of operation none Date of
What test confirmed diagnosis? symptoms & laboratory tests Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Lora G. Rich, M. D.
9/8/36 (Address) Rexburg Idaho

FORM V. S. No. 5-25 U.S.-19. SEP 2 1936

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Madison
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 100
Primary Registration District No. 2178
(No. ..... St.)

State File No. 100133
Local Registrar's No. 48
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Wayne Briggs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single
6. DATE OF BIRTH: April 22 (Month) (Day) 1916 (Year)
7. AGE: 20 Yrs. 3 Mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Teton Idaho
10. NAME OF Father: Benj. L. Briggs
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Lyrila Morris
13. BIRTHPLACE OF MOTHER (State or Country): Midway Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Benj. L. Briggs
(Address): Newdale Idaho
15.
Filed 9-6 1936 Mrs H Heyrung Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 10th 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 9. 1936 to Aug 10 1936
that I last saw him alive on Aug 10 1936,
and that death occurred on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:
Car hit by truck
.....
.....
.....(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Fractured Skull
.....(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) N. W. Beck Jr. M. D.
8-30 1936 (Address) Rexburg, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Teton Idaho
DATE OF BURIAL: 8/12 1936

20. UNDERTAKER: J. M. Hanson
ADDRESS: St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100134

SEP 11 1936 RECEIVED

Registration District No. 102
Primary Registration District No. 2178 Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rona Dawn Dethlefs 113

(a) Residence. No. Decla St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) Oct 18-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X	9.	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Decla, Idaho.
(State or country)

FATHER
13. NAME Arthur L. Dethlefs
14. BIRTHPLACE (city or town) Logan
(State or country) Ind.

MOTHER
15. MAIDEN NAME Mildred Finley.
16. BIRTHPLACE (city or town) Decla
(State or country) Idaho.

17. INFORMANT Arthur L. Dethlefs
(Address) Decla, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date Aug. 14, 1936

19. UNDERTAKER Olsen & Nielsen
(Address) Rexburg Idaho

20. FILED 9/1, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1936, to 8-12, 1936
I last saw her alive on 8-12, 1936; death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	8-12-36
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100135

SEP 11 1936 RECEIVED

Registration District No. 00
Primary Registration District No. 2178 Local Registrar's No. 44

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 144

2. FULL NAME Edith Pincock Byrne.

(a) Residence. No. Rexburg Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 11 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Clarence Byrne.

6. DATE OF BIRTH (month, day, and year) July 17-1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. before marriage
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Ida.

FATHER
13. NAME John E. Pincock
14. BIRTHPLACE (city or town) (State or country) Marysville Utah

MOTHER
15. MAIDEN NAME Alice Richards
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT Clarence Byrne (Address) Rexburg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Teton Ida. Date Aug 11, 1936

19. UNDERTAKER Thos. J. Kelly (Address) Rexburg Idaho

20. FILED 9-1, 1936 M. A. Eyoung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Aug 8, 1936
I last saw ~~he~~ she alive on Aug 8, 1936: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Shock due to hemorrhage during childbirth	

Name of operation none Date of
What test confirmed diagnosis? ~~Was there an autopsy?~~

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. C. Christensen M. D.
(Address) Rexburg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 8 1936 RECEIVED

Kings.

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100138
State File No.

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 50

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melba Alice Hutchins

16 W

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Child
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): aug 14 1936
7. AGE: Years: - Months: - Days: 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

MOTHER
13. NAME: Earl J Hutchins
14. BIRTHPLACE (city or town) (State or country): Bountiful Colorado
15. MAIDEN NAME: Bernice Spaul
16. BIRTHPLACE (city or town) (State or country): Mount Pleasant Utah

17. INFORMANT (Address): Earl J Hutchins Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Date: Aug 20, 1936

19. UNDERTAKER (Address): W. A. Goodman

20. FILED: 9/5, 1936 E. H. Edmonds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 18, 1936.

I last saw her alive on Aug 16, 1936; death is said to have occurred on the date stated above, at 7:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Birth palsy	

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. F. Kennedy, M. D.
(Address) Rupert Idaho

SEP 1936 RECEIVED

Ken'

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100139

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 52

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Asunsion Amariza

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Amariza

6. DATE OF BIRTH (month, day, and year) may 28 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spain

MOTHER/FATHER

13. NAME Geronimo Guerricagoidia

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Mariaeug

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT (Address) manuel Bunguetia

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date 7/30, 1936.

19. UNDERTAKER (Address) R. G. Goodyman Rupert Idaho

20. FILED 9/5, 1936. E. R. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to July 27, 1936.
last saw h.. alive on July 27, 1936.: death is said to have occurred on the date stated above, at 1:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	
following pelvic abscess	

Other **contributory causes** of importance:
abortion 5 months prior

Name of operation ..... Date of ..... What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) F. H. Kerrigan, M. D.
(Address) Rupert Idaho

SEP 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100140

PLACE OF DEATH

County of Minidoka

City of Rupert,

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Howard Stark

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 28. 1930

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iron Mt Michigan

MOTHER FATHER

13. NAME: Mitchell Stark

14. BIRTHPLACE (city or town) (State or country): North Dakota

15. MAIDEN NAME: Josephine Snyder

16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Frances Stark Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Idaho Date: Aug 24 1936

19. UNDERTAKER (Address): W. J. Goodman Rupert Idaho

20. FILED 9-5-, 1936 O. L. Ebmeier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to Aug. 19, 1936.
I last saw h— alive on Aug. 6, 1936.: death is said to have occurred on the date stated above, at 3:00 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Valvular heart disease	

Other **contributory causes** of importance:

Rheumatism and possibly Scarlet Fever

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. L. Ebmeier M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Ken.

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10014

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 51

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Franklin Saylor.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 31 1920

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Paul Idaho

FATHER

13. NAME Franke E Saylor

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Minnie E Ricket

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Frank E Saylor Rupert Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem Date Aug 8 193 6

19. UNDERTAKER (Address) W. J. Goodnough Rupert Idaho

20. FILED 9/5, 193 6. A. O. Clemmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 4 193

22. I HEREBY CERTIFY, That I attended deceased from July 27, 193 6, to Aug 4, 193 6.

I last saw h[illegible] alive on Aug 4, 193 6; death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	

Other **contributory causes** of importance:

Scarlet fever and rheumatism 6 mo prior	

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) F. H. Kenagy, M. D.

(Address) Rupert Idaho

8 1936

6

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10014

Registration District No. 19

Primary Registration District No. 2213

Local Registrar's No. 49

(If death occurred in a hospital or institution give its name instead of street and number)

(No. .....)

2. FULL NAME Wm John Rayne.

57

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Rayne.

6. DATE OF BIRTH (month, day and year): Nov 26. 1863

7. AGE — Years: 72 | Months: 8 | Days: 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: James Rayne.

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): unknown England

17. INFORMANT (Address): Mary Rayne Rupert

18. BURIAL, CREMATION OR REMOVAL — Place: Rupert Date: Jul 29, 1936

19. UNDERTAKER (Address): W. J. Goodman Rupert Idaho

20. FILED 9-3, 1936. E. E. Shreve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1935, to July 29, 1936.

I last saw him alive on July 29, 1936 death is said to have occurred on the date stated above, at 11:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Urine + Symptoms Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) E. E. Shreve M. D.

(Address) Rupert Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 8 1936 RECEIVED

8.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100143

Registration District No. 19

Primary Registration District No. 2013 Local Registrar's No. 53

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George W. Smith 64

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, and year) Jan 31 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) O R Bowman

18. BURIAL, CREMATION OR REMOVAL

Place Heyburn Ida Date Aug 25, 1936

19. UNDERTAKER W. A. Goodman

(Address) Rupert Ida.

20. FILED 9-5, 1936 Edw. E. Simone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1935, to Aug. 21, 1936.

I last saw him alive on Aug. 20, 1936.; death is said to have occurred on the date stated above, at 3:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1928

Other **contributory causes** of importance:

Name of operation none Date of ....

What test confirmed diagnosis? by symptoms & progress Was there an autopsy? ....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Edw. E. Simone M. D.

(Address) Rupert Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BIND

PLACE OF DEATH

County of Nez Perce

City of Melrose

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100144

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 670

SEP 12 1936 RECEIVED

(No. ... Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Edward Kincaid

(a) Residence. No. ... St. Peck

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs ... mos ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): March

7. AGE: Years: 10 | Months: 5 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Schoolboy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Melrose, Idaho

FATHER

13. NAME: William Edward Kincaid

14. BIRTHPLACE (city or town) (State or country): Colorado

MOTHER

15. MAIDEN NAME: Bertha Altrey

16. BIRTHPLACE (city or town) (State or country): Culdesac, Idaho

17. INFORMANT (Address): J. R. Altrey, Peck, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Melrose, Idaho. Date: Aug. 23, 1936

19. UNDERTAKER (Address): Brower Wann Company, Lewiston, Idaho

20. FILED: Aug. 31, 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 9 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Auto Accident	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following: Aug 21

Accident, ~~suicide~~, or ~~homicide~~?..... Date of injury.. 1936

Where did injury occur?.. Near Melrose, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in ~~industry~~, in ~~home~~, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. M. Brower Coroner, M. D.

(Address) Lewiston, Idaho

SEP 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100145

PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 674

(No. St. Joseph Hospital) 188C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Dora Haisch

(a) Residence. No. St. Joseph Hospital St. Manchester
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore Haisch

6. DATE OF BIRTH (month, day, and year) May 18 1904

7. AGE — Years: 32 | Months: 3 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER / FATHER

13. NAME John Ball
14. BIRTHPLACE (city or town) (State or country) Clyde Ohio
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Theodore Haisch Manchester Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Craigmont Date Aug 31 1936

19. UNDERTAKER (Address) E. Clow Craigmont Ida

20. FILED Aug 31, 1936 J. M. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1936, to Aug. 31, 1936.
I last saw h. alive on Aug 31, 1936; death is said to have occurred on the date stated above, at 1:00 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock	
Intraperitoneal	
Hemorrhage	
Other **contributory causes** of importance:	
Crushing injury	
on leg (arm)	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 31 1936
Where did injury occur? Country road
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Conveyance
Manner of injury Crushed by falling car
Nature of injury Crushing injury abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred G. Henry, M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Lyle

PLACE OF DEATH

County of Nez Perce

City of Lewiston

SEP 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100146

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 668

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Joseph B Ellenwood

(a) Residence. No. St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Hill Ellenwood

6. DATE OF BIRTH (month, day, and year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stites Idaho

FATHER

13. NAME John Ellenwood

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Rebecca Whitman

16. BIRTHPLACE (city or town) (State or country) Ramiah Idaho

17. INFORMANT Ellen Hill Ellenwood
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Aug 22 1936

19. UNDERTAKER Brower Wamn Company
(Address) Lewiston, Idaho

20. FILED Sept. 5, 1936 M N Carkey
M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 20, 1936.

I last saw him alive on Aug 18 1936: death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Fract of Skull	

Other **contributory causes** of importance:

Auto accident	

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide?~~ Date of injury Aug 16 1936
Where did injury occur? near Lewiston Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury ?
Nature of injury Skull fract

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Lyle, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10014

Registration District No. 1009

Primary Registration District No. 46

Local Registrar's No. 659

St. Joseph Hospital
(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Milton Lewis Asker

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 2. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Ida.

FATHER

13. NAME Martin S Asker

14. BIRTHPLACE (city or town) Cottonwood
(State or country) Ida.

MOTHER

15. MAIDEN NAME Pauline H. Spengler

16. BIRTHPLACE (city or town) Fenn
(State or country) Ida.

17. INFORMANT Mr. M. S. Asker
(Address) Cottonwood, Ida.

18. B[redacted] OR REMOVAL
Place Cottonwood, Ida. Date 8/5..., 1936.

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash.

20. FILED Aug 6..., 193 6. M. R. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 193 6, to 8-5, 193 6.
I last saw h[redacted] alive on 8-5, 193 6 death is said to have occurred on the date stated above, at 12 2 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other **contributory causes** of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul A. Hamm M. D.
(Address) Lewiston Idaho

Carson

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100148

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 605

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (St. Joseph Hospital)

2. FULL NAME Baby Hanson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 20th 1936.

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho.

MOTHER / FATHER

13. NAME Victor Hanson

14. BIRTHPLACE (city or town) (State or country) Wisconsin

15. MAIDEN NAME Nellie Aldrich

16. BIRTHPLACE (city or town) (State or country) Bonner Ferry Idaho

17. INFORMANT (Address) Victor Hanson Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date July 1st, 1936

19. UNDERTAKER (Address) Brown-Wann Co. Lewiston, Idaho.

20. FILED July 7, 1936. M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 20th 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 20., 193.6., to June 20., 193.6.
I last saw h.. alive on June 20., 1936.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Child birth	June 20/36
about 4 months born alive	
Other **contributory causes** of importance:	
Lived a few minutes	
None	

Name of operation None Date of.....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Carson M. D.
(Address) Lewiston Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 12 1936 RECEIVED

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100143

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 65-7

(No. Whites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junior Dirks

16.1a

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/2/1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	[redacted]			9 hrs. 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Ida.

FATHER

13. NAME George Dirks

14. BIRTHPLACE (city or town) (State or country) Waupon Wis.

MOTHER

15. MAIDEN NAME Esther Scott

16. BIRTHPLACE (city or town) (State or country) Tum Tum Wash

17. INFORMANT Geo. Dirks
(Address) Clarkston, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston, Wash Date 8/4/1936

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED Aug 6, 1936 M. W. Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-2-, 1936, to same, 193...
I last saw him alive on 8-2-, 1936: death is said to have occurred on the date stated above, at 7:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lived from 10:15 AM	
to 7:30 P.M.	
Side week when	
born did not gain	
strength. Probably	
Other **contributory causes** of importance:	
premature	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. T. McMahan M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100150

SEP 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 655
(No. St. Lapwai Sanatorium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Murphy Dave
(a) Residence. No. Lapwai Ida St. Owyhee Nevada
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Mar 17-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Owyhee
(State or country) Nevada

FATHER
13. NAME Louis Dave
14. BIRTHPLACE (city or town)
(State or country) Nevada

MOTHER
15. MAIDEN NAME Helen Thacker
16. BIRTHPLACE (city or town)
(State or country) Nevada

17. INFORMANT C. F. Kunz
(Address) Lapwai Sanatorium Lapwai Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Owyhee Nevada Date 8/6/36 193..

19. UNDERTAKER Brower-Warner Co.
(Address) Lewiston Idaho

20. FILED Aug 6, 1936 M. W. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to Aug 2, 1936
I last saw h.. alive on Aug 1, 1936: death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
	Was insp.
	Sputum
	Exam 5/5/31

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. ~~If death was due to exter'l causes (violence) fill in also the following:~~
Accident, suicide, or homicide? ✓ Date of injury....., 193..
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. F. Kunz, M. D.
(Address) Lapwai Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100153

SEP 12 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 667

(No. 514 B. St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Smith

(a) Residence. No. 514 B. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Not on record

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): Not on record

7. AGE: Years 73 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Former contractor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not on record

MOTHER/FATHER

13. NAME: Not on record

14. BIRTHPLACE (city or town) (State or country): Not on record

15. MAIDEN NAME: Not on record

16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT J. P. M. Campbell (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho Date Aug. 24, 1936

19. UNDERTAKER Brower Wamm Company (Address) Lewiston, Idaho

20. FILED Aug. 31, 1936 M. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h. alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging	
Suicide	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) Elliott Bowers Coroner M. D.

(Address) Lewiston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100154

SEP 12 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 916 Local Registrar's No. 669

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Joseph's Hospital)

164

2. FULL NAME Patrick J. Gibbons

(a) Residence. No. Bollinger Hotel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not obtainable

6. DATE OF BIRTH (month, day, and year) Oct. 1 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Geoligist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME Patrick Gibbons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Harry Carrigan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT James Tachell
(Address) Renton Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Renton Wash. Date 8/21/36 193

19. UNDERTAKER Vassar Rawls
(Address) Lewiston Idaho.

20. FILED Aug 27, 1936 M. N. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20/36 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1936, to Aug. 20, 1936

I last saw him alive on Aug. 20, 1936: death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
No definite symptoms
of any disease
found

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Lewiston Ida

Brower

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100155

SEP 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 92
Local Registrar's No. 672

(No. Normal Hill Cemetery)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theophilus Seamore Byrd

(a) Residence. No. 1211 - 10th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Harriet Emily Byrd

6. DATE OF BIRTH (month, day, and year) June 9, 1862

7. AGE: Years 74 | Months 2 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Cemetery
10. Date deceased last worked at this occupation (mo. and yr.) Aug, 1936.
11. Total time (years) spent in this occupation ...20 yrs.

12. BIRTHPLACE (city or town) (State or country) Basin Springs Tennessee

FATHER
13. NAME Byrd
14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER
15. MAIDEN NAME Beach
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT M. Katherine Byrd (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Palouse, Wn. Date Aug. 28 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston, Idaho

20. FILED Aug 31 1936 M M Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging	
Suicide	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Ellis Brower Coroner M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10015

SEP 2 1936 RECEIVED

Local Registrar's No. 673

590

2. FULL NAME Knute Sater

(a) Residence. No. 317 - 17th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July, 1901

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	35	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Contractor carpenter

9. Industry, or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Peter Sater

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Bevte

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Minnie O. Berg (Address) Tacoma, Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Sept. 1 193 6

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED Sept. 2, 1936 M. K. Carkey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 193 6, to Aug 29, 193 6.

I last saw him alive on Aug 29, 193 6: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1936

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood examination Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ezra Braddock, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Naz Perce.

City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100157

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 656

SEP 19 1936 RECEIVED

(No. St Joseph Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen May Irwin.

(a) Residence. No. 521 15th, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of N. C. Irwin.

6. DATE OF BIRTH (month, day, and year) April 2nd, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55.	4.	-0-.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union, Oregon.

FATHER

13. NAME Henry Clark,

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Jennie M. Bricker,

16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT (Address) N. C. Irwin, Lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho. Date Aug. 5th, 1936.

19. UNDERTAKER (Address) Brower-Wann Company, Lewiston, Idaho.

20. FILED Aug 31, 1936. M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 2nd 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug. 2, 1936.
I last saw her alive on Aug 2 1936; death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
terminal portion	
of ileum	

Other **contributory causes** of importance:

Gall stone about 4 in.	
dia. grannular impacted	
in small bowel	

Name of operation Removal obstruction Date of Aug 1/36
What test confirmed diagnosis Surgery Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? c Date of injury .., 193.
Where did injury occur? c
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** c
Manner of injury c
Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? no If so, specify c

(Signed) Paul G Hanny, M. D.
(Address) Lewiston, Idaho.

PLEASE WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10015

SEP 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 65-8

(No. White's Hospital) 49
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina Amarilla Woody

(a) Residence. No. ..... St. Sweetwater, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Bascom Woody

6. DATE OF BIRTH (month, day, and year) March 2, 1886

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
50	3	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heppner (State or country) Oregon

MOTHER FATHER

13. NAME George Fredrickson

14. BIRTHPLACE (city or town) (State or country) Denmark.

15. MAIDEN NAME Amarilla Wren

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Robert Bascom Woody (Address) Sweetwater, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Aug 6, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Ida.

20. FILED Aug 27, 1936. M. N. Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Aug 4, 1936
I last saw her alive on Aug 4, 1936 death is said to have occurred on the date stated above, at 11:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of right Chest	July - 1935
(Was treated by Cancer Specialist & Serum + Vaccines)	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Carson

PLACE OF DEATH
County of Nez Perce
City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100159

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 660

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101a

2. FULL NAME Ben Bennett

(a) Residence. No. St. Lenore, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 19 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	76	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Ben Benson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Carrie Benson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Swen Bennett
(Address) Bain, Minnesota.

18. BURIAL, CREMATION OR REMOVAL
Place River Falls, Wis. Date Aug. 10 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Ida.

20. FILED Aug 27, 1936 M. M. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1936, to Aug 6th, 1936.
I last saw h[illegible] alive on Aug 6th, 1936; death is said to have occurred on the date stated above, at 11:20a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about Aug 1st 36

Other **contributory causes** of importance:

None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. C. Carson, M. D.
(Address) Lewiston, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100160

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 661

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME Mattie Dell Willaby

(a) Residence. No. 423-11th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): Oct. 24, 1872

7. AGE — Years: 63 | Months: 9 | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Bollinger Hotel
10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1935
11. Total time (years) spent in this occupation: years

12. BIRTHPLACE (city or town) (State or country): Lebanon, Oregon

MOTHER/FATHER
13. NAME: Joseph McKinney
14. BIRTHPLACE (city or town) (State or country): Missouri
15. MAIDEN NAME: Nancy Jane Wiseman
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): B. Q. Blair, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston, Idaho Date: Aug. 10, 1936

19. UNDERTAKER (Address): Brower Wann Company, Lewiston, Idaho

20. FILED Sept. 4, 1936 M. M. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1936, to Aug. 8th, 1936. last saw her alive on Aug. 8th, 1936.: death is said to have occurred on the date stated above, at 2.50 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
12	
Reynauds Decease	June 1936

Other **contributory causes** of importance:

None	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. L. Carlson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100161

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 662

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ottlie Pauline Malnarich

(a) Residence. No. St. Sweetwater, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Malnarich

6. DATE OF BIRTH (month, day and year) March 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Louis Malnarich
(Address) Sweetwater, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Genesee, Idaho Date Aug. 19, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug 19, 1936 M. McCaskey Registrar.
M C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1936 to Aug. 16, 1936
[last saw her alive on Aug 16, 1936 ; death is said to have occurred on the date stated above, at 3:30 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Aug 14-36
Other contributory causes of importance:	
Pneumonia & Empyema	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John P. Grant, M. D.
(Address) Lewiston Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Sept

PLACE OF DEATH

County of Nezperce

City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10016

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 663

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

917

2. FULL NAME Mr. Henry Johnson

(a) Residence. No. Lewiston, Ida. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1869

7. AGE — Years: 66 | Months: 10 | Days: 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)
(State or country) Denmark

FATHER

13. NAME Geo. Sorneson

14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Swenson

16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Ida Sohl
(Address) Lewiston, Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Gifford Date 8/18 1936

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash

20. FILED Aug. 27 1936 M. N. Caskey MC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1936, to Aug. 16, 1936.
I last saw him alive on 8/16, 1936: death is said to have occurred on the date stated above, at 10.30 m. A
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Chronic Nephritis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. L. Scott M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100163

Registration District No. 1009

Primary Registration District No. 9

Local Registrar's No. 64

(No. North Lewiston)

(If death occurred in a hospital or institution, give its name instead of street and number)

74

2. FULL NAME Charles Stromberg

(a) Residence. No. 329-14th Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Stromberg

6. DATE OF BIRTH (month, day, and year) Nov. 9. 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Antigo, Wisconsin
(State or country)

FATHER

13. NAME Nick Stromberg

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Rose Stromberg
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Aug 20, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug 19, 1936 M. M. Castey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3 30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. H. Bowers Coroner

(Address) Lewiston Idaho
Nez Perce Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

Lyle
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100164

SEP 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 665

1. (If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

2. FULL NAME James Smith

(a) Residence. No. ____ St. Culdesac, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) Not obtainable

FATHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Mrs. Peter Mohann
(Address) Culdesac, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Aug. 18, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Aug. 27, 1936 M. N. Casky Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1936, to Aug. 17, 1936
I last saw him alive on Aug. 16, 1936: death is said to have occurred on the date stated above, at 1:00 a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury from fall	
Fatal Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide?~~ Fall Date of injury 7, 1936
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fall
Nature of injury Bruised chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Lyle M. D.
(Address) Lewiston

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10016

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 666

SEP 1 1936 RECEIVED

No. St Joseph's Hospital 90
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julius C. Geise

(a) Residence. No. St. Juliaetta, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Suzanna Geise

6. DATE OF BIRTH (month, day, and year): Mar. 13, 1872

7. AGE: Years 64 | Months 5 | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Prussia Germany

MOTHER FATHER

13. NAME: Michael Geise
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Nahon Pecard
16. BIRTHPLACE (city or town) (State or country): Nahon Pecard

17. INFORMANT: George Geise
(Address): Moscow

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Juliatta, Ida. Date: Aug 29 1936

19. UNDERTAKER: Brower Wann Co.
(Address): Lewiston, Ida.

20. FILED: Aug. 27, 1936 M. K. Caskey Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to Aug 17, 1936
I last saw him alive on Aug 17 1936; death is said to have occurred on the date stated above, at 3.30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify.....
(Signed) W. O. Clark, M. D.
(Address) Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100166

PLACE OF DEATH
County of Oneida
City of Malad

SEP 11 1936 RECEIVED

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Ray Wells

(a) Residence. No. Malad Idaho R F D 2 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Dial

6. DATE OF BIRTH (month, day, and year) March 9 1916

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
20	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Woodruff
(State or country) Idaho

FATHER

13. NAME Lawrence R Wells

14. BIRTHPLACE (city or town) Woodruff
(State or country) Idaho

MOTHER

15. MAIDEN NAME Annie Bell

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMANT L R Wells
(Address) Malad Idaho R F D 2

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Aug 17 1936

19. UNDERTAKER J. Sam Benson
(Address) Malad Idaho

20. FILED Aug 31, 1936. M J Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to July 14 1936
I last saw him alive on ..... 193..; death is said to have occurred on the date stated above, at 9:30PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Accident	
Contusion of Brain	Aug 14
Shock, Hemorrhage	1936
Severe Lacerations of Scalp & Skull fracture	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug 14 1936
Where did injury occur? Oneida Co
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto collision
Nature of injury Contusion of Brain - Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Marion J Kerns M. D.
(Address) Malad

OCCUPATION is very important. See instruction on back of certificate.

M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10016

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 29

DEC 11 1936

(No.) Malad Community Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Ezra Spencer Smith

(a) Residence. No. Holbrook Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23 1910

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
26	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1936

11. Total time (years) spent in this occupation ... Life

12. BIRTHPLACE (city or town) Fielding
(State or country) Utah

FATHER

13. NAME Willard Richard Smith

14. BIRTHPLACE (city or town) Farmington
(State or country) Utah

MOTHER

15. MAIDEN NAME Melissa Ann Packer

16. BIRTHPLACE (city or town) Panguitch
(State or country) Utah

17. INFORMANT Willard R. Smith
(Address) Holbrook Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Holbrook Idaho Date Aug. 26 193 6

19. UNDERTAKER J. Leroy Duncan
(Address) Malad Idaho

20. FILED Aug 31, 1936 M. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 23 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 193 6 to Aug 23, 193 6
I last saw h. alive on Aug 23 193 6 death is said to have occurred on the date stated above, at 10:20 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fracture of skull.	
Accident Auto	
highway South of Woodruff Idaho	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ... Highway
Manner of injury..... Auto
Nature of injury..... Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ... Orval Nelson M. D.
(Address) ... Malad Idaho

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100168

Registration District No. 26

Primary Registration District No. 2064

Local Registrar's No. 28

SEP 11 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Lloyd John Richards

(a) Residence. No. .... Samaria Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Feamle	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edmund T Richards

6. DATE OF BIRTH (month, day, and year) October 1 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
88	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1933

11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (city or town) Morriston
(State or country) Wales

FATHER

13. NAME Henry John

14. BIRTHPLACE (city or town) ....
(State or country) Wales

MOTHER

15. MAIDEN NAME Ann Lloyd

16. BIRTHPLACE (city or town) ....
(State or country) Wales

17. INFORMANT Margaret Morgan
(Address) Malad Ida

18. BURIAL, CREMATION OR REMOVAL Burial
Place Samaria Idaho Date Aug 24 193 6

19. UNDERTAKER J. Jay Hansen
(Address) Malad Idaho

20. FILED Aug 31, 1936 M J Ferns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) August (year) 31 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 193 6 to Aug 24, 193 6.

I last saw her alive on Aug 24 193 6 death is said to have occurred on the date stated above, at 3.55PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance:

Nephritis	
Lumbosacral Hernia	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Marion J Ferns, M. D.

(Address) Malad, Ida

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100163

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Ellen Williams Thomas

(a) Residence. No. ..... Malad ..... Idaho ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joshua L. Thomas

6. DATE OF BIRTH (month, day, and year) April 11 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
75	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan 1935

11. Total time (years) spent in this occupation Active Life

12. BIRTHPLACE (city or town) Scranton
(State or country) Penn

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) .....
(State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Ann

16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT E. W. Thomas
(Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Aug 28 1936

19. UNDERTAKER J. Guy Hess
(Address) Malad Idaho

20. FILED Aug 31, 1936 M. J. Kems
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) August (day) 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.4, to Aug 26, 193.6
I last saw her alive on Aug 26, 193.6 death is said to have occurred on the date stated above, at 12:30 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General debility	
Myocarditis	
Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Specify .....

(Signed) O. A. Nalen, M.D.
(Address) Malad Idaho

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Idaho
~~Oregon~~ State Board of Health

Certificate of Death

100170

1. PLACE OF DEATH
County Fayette State Idaho State Registered No. 4
Township ..... or Village 1008 Local Registered No. 32
City New Plymouth, No. ....., St., ... Ward
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME George Johnson

(a) Residence: No. ....., Henry, Nebr. St., (Usual place of abode)

SEP 14 1936 RECEIVED

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (Write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adra Johnson

6. DATE OF BIRTH (month, day and year) 8-27-1880

7. AGE Years	Months	Days	If less than 1 day, ...hrs. or .... min.
56	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 5-20-36 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brookfield Mo.

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (state or country) England

MOTHER

15. MAIDEN NAME Guvenn Morgan

16. BIRTHPLACE (city or town) (state or country) Wales

17. INFORMANT Adra Johnson (address) Henry, Nebr.

18. BURIAL, CREMATION OR REMOVAL Place Farmington, Utah Date June 12, 1936

19. UNDERTAKER Abel Riddle (Address) Ontario, Ore.

20. Filed 7/10/ ....., 19..36 J. C. Woodward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 8, 1936, that I last saw him alive on June 8, 1936; death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Influenza - Flu	1936
Bronchiolitis April	1936

Contributory causes of importance not related to principal cause:

Name of operation None Date of .....

What test confirmed diagnosis? Final Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Goma, M. D.

(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10017

PLACE OF DEATH
County of Bingham
City of Fayette
Registration District No. 4008
Primary Registration District No. 4008 · Local Registrar's No. 36
SEP 14 1936 RECEIVED
(No. 113) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Curtis Ray Newman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enid Oklahoma

FATHER
13. NAME Doss Newman
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Wanda Patton
16. BIRTHPLACE (city or town) (State or country) Bethville Oklahoma

17. INFORMANT (Address) Oliver Patton

18. BURIAL, CREMATION, OR REMOVAL
Place Summit Cem. Date 9/10, 1936

19. UNDERTAKER J. L. Foster
(Address) Lyon & Foster Ida.

20. FILED 9/10/36, 193 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 10, 1936.
I last saw him alive on Sept 9, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	Canoe Day
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Paxton, M.D.
(Address) Fayette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of PAYETTE.

City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100172

Registration District No. 4.

Primary Registration District No. 1008.

Local Registrar's No. 57

SEP 14 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHARLEY H. HARVEY

(a) Residence. No. ..... FRUITLAND, IDAHO. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Zuba Harvey

6. DATE OF BIRTH (month, day, and year) October 31, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Worth
(State or country) Texas.

FATHER

13. NAME Thomas Harvey

14. BIRTHPLACE (city or town) .....
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Catherine Copeland

16. BIRTHPLACE (city or town) .....
(State or country) Indiana

17. INFORMANT Mrs. Ovdie Pearson
(Address) Payette, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 9/13/36

19. UNDERTAKER J. Louis Foster
(Address) Payette, Idaho

20. FILED 9/11/36 193... J. E. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9/36

22. I HEREBY CERTIFY, That I attended deceased from 9/8/36, 193..., to 9/9/36, 193...

I last saw him alive on 9/9/36, 193...; death is said to have occurred on the date stated above, at 9.45 pm.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Woodward M. D.

(Address) Payette, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette.
City of Gayette.

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100175

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Rosa Ellenor Holmes

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) July 31-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Battersea London Eng.

FATHER

13. NAME Thomas Holman

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Emma Round

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Miss Clara Holman
(Address) Gayette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Baker Oregon Date July 31 1936

19. UNDERTAKER Glenn C. Sanders
(Address) Gayette Idaho

20. FILED 7/30 1936 J. H. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28 1936, to July 29 1936
Last saw h[illegible] alive on July 29 1936: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7-28-36

Other contributory causes of importance:

Carcinoma of right breast

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~exter'l~~ causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible], M. D.
(Address) Gayette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100174

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 53.

SEP 14 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miss Grace Gayne. 183

(a) Residence. No. / Harper Oregon. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6. DATE OF BIRTH (month, day, and year) July 12 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	—	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vale.
(State or country) Oregon.

FATHER
13. NAME / Harry J. Payne.
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER
15. MAIDEN NAME Bessie Lockhead
16. BIRTHPLACE (city or town) Harper.
(State or country) N. Dak.

17. INFORMANT / Harris J. Payne
(Address) / Harper Oregon.

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Oregon Date 7-22- 1936

19. UNDERTAKER Reuel C. Landus
(Address) Payette Idaho.

20. FILED 7/28, 1936 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accident.	
shot above the	
left breast.	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-19 1936
Where did injury occur? Payette Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury gun shot accident
Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none
(Signed) Edith Landus Coroner
(Address) Payette Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1936 RECEIVED

PLACE OF DEATH

County of Payette

City of N. Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10017

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 51

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilma Hazel Church

(a) Residence. No. Alameda Calif St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jas F Church Jr

6. DATE OF BIRTH (month, day, and year): Aug 6 1910

7. AGE — Years: 25 | Months: 11 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calif

FATHER

13. NAME: Wm Newington

14. BIRTHPLACE (city or town) (State or country): Calif.

MOTHER

15. MAIDEN NAME: Davis

16. BIRTHPLACE (city or town) (State or country): Calif

17. INFORMANT (Address): Mrs. Church N. Plymouth

18. BURIAL, CREMATION OR REMOVAL

Place: New Plymouth Date: July 11, 1936

19. UNDERTAKER (Address): J.H. Eaton for Glenn L. Landon Payette Ida

20. FILED 7/16/36 193 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/10/36, 193

22. I HEREBY CERTIFY, That I attended deceased from ~~~~, 193..., to ~~~~, 193...

I last saw h~~im~~ alive on ~~~~, 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Gunshot Wound	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/10/36

Where did injury occur? Payette County
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Gunshot Wound to Head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Woodward M. D.

(Address) Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of New Plymouth

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10017

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Anderson

(a) Residence. No. St. New Plymouth
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Anderson

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store
10. Date deceased last worked at this occupation (mo. and yr.) April 1934
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Glascow, Scotland
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT [illegible]
(Address) New Plymouth

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date July 9, 1936

19. UNDERTAKER Glenn C. Landon
(Address) Payette

20. FILED 7/10/36 193.. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to July 7, 1936
I last saw him alive on July 5, 1936; death is said to have occurred on the date stated above, at 6:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	June 15, 1936
Other contributory causes of importance:	
Arteriosclerosis	1922

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Arthur M. Gorman, M. D.
(Address) New Plymouth, Idaho

SEP 11 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ida. Falls

City of Denver

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10017

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 75

(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David S. Isaak

(a) Residence. No. Aberdeen Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

183

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Jan. 28, 1908
7. AGE: Years 28 | Months 6 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Grassel Russia

MOTHER FATHER
13. NAME: Peter Jacob Isaak
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME: Mary Schroeter
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Peter Isaak Aberdeen Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Aberdeen Ida Date: Aug 13., 1936

19. UNDERTAKER (Address): C. W. Davis American Falls Ida

20. FILED: Aug. 13., 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from aug 9, 1936, to aug 10, 1936.
I last saw h. alive on aug 10, 1936; death is said to have occurred on the date stated above, at 10.40 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound of brain -	
an accident -	Aug 9 1936
Other **contributory causes** of importance:	
wound dressed	Aug 9 1936

Name of operation: ..... Date of: .....
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accidental Date of injury? aug 9, 1936
Where did injury occur? Home. Aberdeen Bingham Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury accidental discharge of 22 rifle
Nature of injury Gun shot wound of brain

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. C. Mortimer M. D.
(Address) Aberdeen Ida

Ref.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100178

Registration District No. 70

SEP 10 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 28

(If death occurred in a hospital or institution, give its name instead of street and number) Providence Hospital.

2. FULL NAME Harold Pakka.

(a) Residence. No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept - 26 - 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winlock Wash

FATHER

13. NAME John Pakka

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Fanny Mattalla

16. BIRTHPLACE (city or town) (State or country) Finland.

17. INFORMANT John Pakka
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Aug 25 1936

19. UNDERTAKER J A Bower (Wondy)
(Address) Wallace Ida.

20. FILED Aug 23 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Aug 23, 1936.
I last saw him alive on Aug 23, 1936: death is said to have occurred on the date stated above, at 6 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 day
Following	"
Intestinal Flu	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H W Pakka, M. D.
(Address) Mullan Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1936 RECEIVED

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10017

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 49
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Koerndorf

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred .... yrs .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 23, 1936
7. AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date decreased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kellogg

FATHER
13. NAME: Fred Koerndorf
14. BIRTHPLACE (city or town) (State or country): Minnesota

MOTHER
15. MAIDEN NAME: Mary Forrest
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Fred Koerndorf Kellogg Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Kellogg Date: July 24 1936
19. UNDERTAKER (Address): M. P. Funke Kellogg Ida
20. FILED Sept. 10 1936 Mrs. Hattie McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 23 1936
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 23, 1936.
I last saw h.... alive on ....., 193...: death is said to have occurred on the date stated above, at 8:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
5 Months 3 Weeks,	
lived one hour.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) G. R. Mossom, M. D.
(Address) Kellogg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone.

City of Wallace.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100180

Registration District No. 70

SEP 19 1936 RECEIVED

Primary Registration District No. 7011 Local Registrar's No. 32

(No. and street, if in institution, give its name instead of street and number) Wallace Hospital.

(If outside city limits, give township) Wallace Id

2. FULL NAME Infant son of James E. Gyde, Jr. and Kathryn Gyde

(a) Residence. No. Wallace Hospital. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 12, 1936.

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace, Idaho.

FATHER

13. NAME James E. Gyde, Jr.

14. BIRTHPLACE (city or town) Kellogg, (State or country) Idaho.

MOTHER

15. MAIDEN NAME Kathryn Ragsdale

16. BIRTHPLACE (city or town) Sedro-Wolley (State or country) Washington.

17. INFORMANT James E. Gyde (Address) Wallace, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Id Date Sep 15, 1936

19. UNDERTAKER Blue Mortuary (Address) Wallace Id

20. FILED Sept 14, 1936 John Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1936, to Aug. 13, 1936

I last saw h[illegible] alive on Aug 13 1936 death is said to have occurred on the date stated above, at 7.0 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm. E. Gyde M.D.

(Address) Wallace Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 10 1936 RECEIVED

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10018

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 19

(No. Co Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Peter Engle

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMENT (Address): Co Hospital Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Kellogg Ida. Date: July 5, 1936

19. UNDERTAKER: M. Thornhill
(Address): Kellogg Ida.

20. FILED Aug 31, 1936 John Kerr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/1-35, 193..., to 7/1-36, 193...

I last saw him alive on 7/1-36, 193...; death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. C. Lindsay, M. D.

(Address) Kellogg, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100182

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital) 41

2. FULL NAME Earl James Hennemann

(a) Residence. No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov - 21 - 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER
13. NAME Anthony Hennemann
14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER
15. MAIDEN NAME Martha Kleinz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Hennemann (Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash Date Aug 4, 1936

19. UNDERTAKER J A Bower (Wards) (Address) Wallace Ida.

20. FILED Aug 4, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to ....., 193.....
I last saw him alive on Aug 1, 1936 death is said to have occurred on the date stated above, at 6:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonoris	few days

Other contributory causes of importance:

Tuberculosis Laryngitis	1 yr

Name of operation ..... Date of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Gallagher M. D.
(Address) Wallace Ida.

Lindsay

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100183

SEP 1 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 26
(No. Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Henry Flink. 31
(a) Residence. No. Mullan Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10 - 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining.
10. Date deceased last worked at this occupation (mo. and yr.) 1936
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Finland.

FATHER
13. NAME Herman Flink.
14. BIRTHPLACE (city or town) (State or country) Finland.

MOTHER
15. MAIDEN NAME Mary Karki.
16. BIRTHPLACE (city or town) (State or country) Finland.

17. INFORMANT Mrs Karki
(Address) Cuellem Ida

18. BURIAL ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date Aug 22, 1936.

19. UNDERTAKER J.A. Boyer (wards)
(Address) Wallace Ida.

20. FILED Aug 19, 1936. John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 19, 1936
I last saw him alive on Aug 17th 1936; death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Laryngitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. K. Lindsay, M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100184

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 54

SEP 14 1936

(No. 884)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora L. Wallace

(a) Residence. No. ..... St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Ernest L. Wallace
6. DATE OF BIRTH (month, day, and year): July - 14 - 1894
7. AGE: Years 42 | Months 1 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, weaver, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kellogg Idaho

FATHER
13. NAME: W. H. Linney
14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER
15. MAIDEN NAME: Cora Pasco
16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): E. L. Wallace Kellogg Ida
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Kellogg Date Sept. 1, 1936
19. UNDERTAKER (Address): M. Pinkerell Kellogg Idaho
20. FILED Sept. 10 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1936, to 8-28, 1936.
I last saw ~~him~~ alive on 8-28, 1936.: death is said to have occurred on the date stated above, at 9:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	24 hours.
Myocardial Degeneration	3 mos.
Hypertension	6 years.

Other **contributory causes** of importance:

Miscarriage (5 mos)	

Name of operation None Date of
What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **Industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 14 1936

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10018

Registration District No. 133
Primary Registration District No. 2201
Local Registrar's No. 56

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Samuel Osborn Scudder

(a) Residence. No. St. Novato California
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Shurtleff Scudder

6. DATE OF BIRTH (month, day, and year) April 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. / min.
57	4	15	8 hrs. + 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Civil Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rome, New York

FATHER
13. NAME: Dr. Nelson Chase Scudder
14. BIRTHPLACE (city or town) (State or country): Philadelphia Penna.

MOTHER
15. MAIDEN NAME: Mary Emily Wolcott
16. BIRTHPLACE (city or town) (State or country): Camden N. J.

17. INFORMENT (Address): Mrs. S. O. Scudder Novato, Calif.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place: Spokane, Wash. Date: Sept. 7, 1936

19. UNDERTAKER (Address): M. E. Thornhill Kellogg, Idaho

20. FILED Sept. 10, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1936, to Sept 5, 1936
I last saw him alive on Sept 6, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
peritonitis	Aug 31, 1936
Other contributory causes of importance: perforating appendicitis	Aug 31, 36

Name of operation: Laparotomy Date of: Aug 3, 36
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lewis McCarger, M. D.
(Address) Kellogg Idaho

SEP 14 1936

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 100186

Local Registrar's No. 53

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sidney Allen

(a) Residence. No. ..... St. Gary, Indiana
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Allen

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Frank Allen

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Ora Middaugh

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMENT (Address) Mrs. Sidney Allen, Gary, Indiana

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Indianapolis Date 8/27, 1936

19. UNDERTAKER M. C. Hawkins (Address) Kellogg Idaho

20. FILED ~~Feb~~ 9/10/36, 1936 Mrs. Helen M. Brick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193....

I last saw him alive on 8/26, 1936 death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Acute Heart Failure	
Bronchio-Pneumonia	

Other contributory causes of importance .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Wallace M.D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Kellogg Ida

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE
State File No. 10018.

Local Registrar's No. 52

(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Floyd Ernest Marchesi

(a) Residence. No. ..... St. Kellogg Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Marchesi

6. DATE OF BIRTH (month, day, and year) April 17-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aspen Colorado

FATHER

13. NAME E. M. Marchesi

14. BIRTHPLACE (city or town) (State or country) Pueblo Colo

MOTHER

15. MAIDEN NAME Edna Jane Robinson

16. BIRTHPLACE (city or town) (State or country) Carrollton Penn.

17. INFORMENT (Address) Kenneth Marchesi Kellogg Ida

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Ida Date 9-17-1936

19. UNDERTAKER (Address) M. C. Thomas Kellogg Ida

20. FILED 9/10/1936 Mrs. Helen M. Buck Registrar.

9/10/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on 8-23 1936 death is said to have occurred on the date stated above at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Gunshot wound Head Suicidal Homicidal Accidental

Other contributory causes of importance: Funeral Services

Date of onset

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8-23, 1936

Where did injury occur? Public Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Gunshot

Nature of injury Self inflicted

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Howard Borgess M. D.

(Address) Wallace, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100183

Registration District No. 123

SEP 14 1936

Primary Registration District No. 2201

Local Registrar's No. S 1

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME C. N. Agee

(a) Residence. No. Wardner St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Agee

6. DATE OF BIRTH (month, day, and year) Aug. 6 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomeroy Wash.

FATHER

13. NAME John Agee

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Alonia Hart

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs. E. O. Agee (Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date Aug 16, 1936

19. UNDERTAKER D. L. Evans (Address) Kellogg Ida

20. FILED Sept. 10, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to 8-13, 1936

I last saw him alive on 8-13, 1936.: death is said to have occurred on the date stated above, at 10:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	8-5-36
Perforated Gastric Ulcer	8-5-36
Pneumonia	
Generalized Pneumonia	

Other contributory causes of importance:

Primary Pneumonia left Parietal Bland	5 days

Name of operation Closing Gastric Ulcer Date of 8-6-36

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Tenderson, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100184

SEP 14 1936 RECEIVED

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 48

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Frederick Carroll

(a) Residence. No. Kellogg Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Carroll

6. DATE OF BIRTH (month, day, and year) March 17 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Perry Wis.
(State or country)

FATHER
13. NAME John F. .....
14. BIRTHPLACE (city or town) Ill. -
(State or country)

MOTHER
15. MAIDEN NAME Rachel Davis
16. BIRTHPLACE (city or town) Ill. -
(State or country)

17. INFORMANT Mrs. Roy Carroll
(Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Mort. Date July 18, 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Ida

20. FILED Sept. 10 1936 Mrs. Helen M. Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 15, 1936.
I last saw h— alive on July 15, 1936.: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1928 ?
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn McGuffey, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100190

Registration District No. 123
Primary Registration District No. 3201 Local Registrar's No. 47

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Winifred Carrol

(a) Residence. No. St. Joseph Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 31 - 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER

13. NAME W. M. Davis

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Ellen Boardman

16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Wm. Arthur Carrol
(Address) Kellogg Ida

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place St. Louis Mo. Date July 18, 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Ida

20. FILED Sept. 10, 1936 Mrs. Helen M. Bird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ....., 193..
I last saw h... alive on July 15, 1936: death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Did not attend.	
Probable Cerebral thrombosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Page

SEP 24 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100191

Registration District No. ~~70~~ 123

Primary Registration District No. ~~1011~~ 2201 Local Registrar's No. 46

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Leonard Johnson

(a) Residence. No. Page Shosh. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amanda Johnson

6. DATE OF BIRTH (month, day, and year) Dec 25 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sage Mine

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Chas. Magnuson (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Wallace Ida. Date July 16, 1936

19. UNDERTAKER J. A. Brown (Words) (Address) Wallace Ida.

20. FILED July 15, 1936 Sept. 10 1936 Mrs. Helen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cerebral Hemorrhage	Instant
b. Arteriosclerosis	
c.	
d.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury? ..... 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10019

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 55

(No. 107)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Sather

(a) Residence. No. Wardner-Kellogg Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Ella Sather

6. DATE OF BIRTH (month, day, and year)
December 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	56	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mining

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Inset, Norway

FATHER

13. NAME Nels Ereksather

14. BIRTHPLACE (city or town) (State or country) Inset, Norway

MOTHER

15 MAIDEN NAME Kristine, Strand

16. BIRTHPLACE (city or town) (State or country) Strand, Norway

17. INFORMANT (Address) Ella Sather 312 Maple St. Kellogg, Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Kellogg C. Date Sept. 7 1936

19. UNDERTAKER M. O'Rourke
(Address) Kellogg Ida

20. FILED Sept. 10 1936 Mrs. Helen M. Bride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-30, 1932, to 8-29, 1936.

I last saw him alive on 8-29 1936: death is said to have occurred on the date stated above, at 8:20 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	9 years.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold T. Anderson M. D.
(Address) Kellogg Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100193

Registration District No. 70
SEP 16 1936 Primary Registration District No. 1011
Local Registrar's No. 20
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nettie C. Keller
(a) Residence. No. 210 E. Bramm St. St. Kellogg Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

118 b

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
White	Negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced.

6. DATE OF BIRTH (month, day, and year) Aug 28 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lincoln Nebr.
(State or country)

FATHER
13. NAME John Wilbourn
14. BIRTHPLACE (city or town) Don't Know.
(State or country)

MOTHER
15. MAIDEN NAME Lucy Whitfield
16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT Josephine Keller
(Address) Kellogg Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Butte Mont. Date Sept. 27, 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Ida.

20. FILED Aug 15, 1936 John Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1936, to July 23, 1936.
I last saw her alive on July 23, 1936; death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal paralysis with obstruction	
Other contributory causes of importance: Old age -	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. Engelsen, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100194

SEP 10 1936

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 22
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

886

2. FULL NAME Wanio Kastere
(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Friend
(Address) Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mullan Ida Date Aug 8, 1936

19. UNDERTAKER J. A. Beyer (Wallace)
(Address) Wallace Ida

20. FILED Aug 24, 1936 John Beyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Aug 3, 1936
I last saw h[illegible] alive on Aug 2, 1936, death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Years
Nephritis	Years
Other contributory causes of importance: Edema Generalized	Months

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100195

SEP 1 6 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1014 Local Registrar's No. 24
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Ross

(a) Residence No. Mullan Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 59.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Nicie Ross
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mullan Ida Date Aug 18, 1936

19. UNDERTAKER J A Boyer (Wards)
(Address) Wallace Ida

20. FILED Aug 17, 1936 John Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Aug 13 1936
I last saw him alive on Aug 12 1936 death is said to have occurred on the date stated above, at 1.17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Several Months
Other contributory causes of importance:	
Cal	2 wks

Name of operation ..... Date .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wallace Ida M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Delta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100196

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 25

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William George Bannerman

(a) Residence. No. Delta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Isabelle Bannerman

6. DATE OF BIRTH (month, day, and year) Jan 12 - 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Adam Bannerman
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Isabelle Bannerman (Address) Spokane Wash

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Aug 18, 1936

19. UNDERTAKER F. A. Bever (Wards) (Address) Wallace Ida

20. FILED Aug 17, 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....; death is said to have occurred on the date stated above at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	2 days
b	
c	
d	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm Wray Downey M. D.
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100197

SEP 10 1936 RECEIVED

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME [illegible]

(a) Residence. No. [illegible] St. [illegible]

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 26 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: C C C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Government.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn NY

MOTHER FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): [illegible]

18. BURIAL, CREMATION OR REMOVAL

Place: Brooklyn Date: Aug 6 193 6

19. UNDERTAKER (Address): [illegible]

20. FILED Aug 6, 193 6 John Baer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/4 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

[illegible]

Other contributory causes of importance: [illegible]

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Murray

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100198

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 29

(No.) 183
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August F. Rethemeyer

(a) Residence. No. Murray Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17 1916.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Fred Rethemeyer
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Ruth Brockway
16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT Fred Rethemeyer
(Address) Murray Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Murray Ida Date Aug 29 1936.

19. UNDERTAKER J A Bover (Wards)
(Address) Wallace Ida.

20. FILED Aug 28, 1936 John Bover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to Aug 27, 1936.
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun-Shot Wound to Left Chest.	
Was dead upon my arrival	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

SEP 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100199

Registration District No. 70
Primary Registration District No. 104 Local Registrar's No. 30
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

8815

2. FULL NAME Mary Hoggan
(a) Residence. No. [illegible] St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day and year) March 15 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John Kelley
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Dunney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Kelley (Address) Butte Mont.
18. BURIAL, CREMATION OR REMOVAL Place Wallace Date Aug 31, 1936
19. UNDERTAKER J. A. Bray (Wards) (Address) Wallace
20. FILED Aug 29 1936 John Burr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 193..., to Aug 27, 1936
I last saw her alive on Aug 27, 193... death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Aug 26
Senile debility	Years
Other contributory causes of importance:	
Myocarditis	Several days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Wolfe, M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100206

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 31
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dennis Gregg Donohue 92

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Hazel Donahue

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine.
10. Date deceased last worked at this occupation (mo. and yr.) July 28-36
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Dorpening Mich.

MOTHER FATHER
13. NAME M. J. Donahue
14. BIRTHPLACE (city or town) (State or country) Wisconsin
15. MAIDEN NAME Julia McKenna
16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Mrs Hazel Donahue
(Address) Wallace

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Spokane Wash Date Sept 1, 1936

19. UNDERTAKER J A Bower Wards
(Address) Wallace Idaho

20. FILED July 31, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 29, 1936
I last saw him alive on July 28, 1936 death is said to have occurred on the date stated above, at 7:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	few hours
Arteriosclerosis.	
Chronic Interstitial Nephritis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. W. Moore M. D.
(Address) Wallace Ida

FORM V. S. No. 5-2[illegible] SEP 11 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 100201
Local Registrar's No. 1

1. PLACE OF DEATH
County of Teton
City of Victor
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 77
Primary Registration District No. 9176
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ralph Roland Leordon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed
6. DATE OF BIRTH: Feb. (Month) 23 (Day) 1866 (Year)
7. AGE: 70 Yrs. 5 Mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Business Man.
(b) General nature of industry, business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Utah
10. NAME OF Father: Alferd Leordon
11. BIRTHPLACE OF FATHER (State or Country): London England.
12. MAIDEN NAME OF MOTHER: Mary Ann Voss
13. BIRTHPLACE OF MOTHER (State or Country): London England.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rossella Leordon
(Address) Driggs Idaho
15. Filed 8-10-1936 Alis M. Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 28 (Day) 1936 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to 7-28 1936
that I last saw him alive on 7-28 1936
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:
Coronary Disease
.....
.....
.....(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
.....(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L. M. Andrus M. D.
8-1 1936 (Address) Driggs, Idaho

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Driggs Idaho — DATE OF BURIAL: Aug 2 1936.
20. UNDERTAKER: Wm Hansen — ADDRESS: Victory Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Clementsville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100202

SEP 11 1936 RECEIVED

Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 2

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Napoleon Ard 74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Ard

6. DATE OF BIRTH (month, day, and year) Mar. 18-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Elsmore (State or country) Kansas

FATHER
13. NAME Charles C. Ard
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Susan Brown
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Leo. N. Ard
(Address) Clementsville

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cemetery Date 8/30, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 9-4, 1936 Ollie M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from On Aug 27, 19 36 to ..... 19..
I last saw h.. alive on not at all, and death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
None	

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. ~~If death was due to external causes (violence) fill in also the following:~~
Accident, suicide, or homicide? No Date of injury None
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

8/27/36 (Signed) J. A. Ellison M.D.
(Address) St. Anthony Idaho

SEP 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100203

PLACE OF DEATH
County of Teton
City of Victor R.F.D. Registration District No. 77
Primary Registration District No. 2176 Local Registrar's No. 5

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hazel Rae Muller. 195

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/18 - 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
#09	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Idaho.
(State or country)

FATHER
13. NAME Samuel J Muller
14. BIRTHPLACE (city or town) ..... Idaho.
(State or country)

MOTHER
15. MAIDEN NAME Golda H Thompson
16. BIRTHPLACE (city or town) ..... Iowa
(State or country)

17. INFORMENT Chester H Muller
(Address) Victor Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cedron Date Sept. 4, 1936

19. UNDERTAKER James J Kehler
(Address) Rexburg Idaho

20. FILED 9-4-, 1936 Alice M. Greene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ...., 193 ...., to ....., 193 ....

I last saw h.....alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed By Lightning	

Other contributory causes of importance: Mrs. Alice M. Greene

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Mrs Alice M Greene M.D.

(Address) Driggs Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100204

PLACE OF DEATH
County of Teton
City of Driggs
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 4
(No. 42)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Raymond Gonzales
(a) Residence. No. Price Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 23 1930
7. AGE: Years 6 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colo.

FATHER
13. NAME Romaldo Gonzales.
14. BIRTHPLACE (city or town) (State or country) Colo.

MOTHER
15. MAIDEN NAME Francisca Lovato.
16. BIRTHPLACE (city or town) (State or country) Colo

17. INFORMENT (Address) Mrs. Francisca Gonzales Price Utah.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Driggs Ida Date Aug 30, 1936
19. UNDERTAKER (Address)
20. FILED 9-10-1936 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1936
22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1936, to 8-29, 1936
I last saw him alive on 8-26, 1936: death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper respiratory infection	8-25-36

Other contributory causes of importance: Idiot

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) S. V. Anderson M.D., M. D.
(Address) Driggs, Idaho.

SEP 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100205

PLACE OF DEATH
County of Lemhi
City of Driggs

Registration District No. 17
Primary Registration District No. 2176
Local Registrar's No. 3

(No.) 113
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Garry Lee Gustafson.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 15-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — Farm.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Driggs Ida
(State or country)

FATHER
13. NAME Alonzo William Gustafson
14. BIRTHPLACE (city or town) Utah
(State or country)

MOTHER
15. MAIDEN NAME Stella Collett
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMENT Stella Gustafson Driggs Idaho
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Driggs Date Aug 31 1936

19. UNDERTAKER W. M. Hansen
(Address) Driggs Ida

20. FILED 9-4-, 1936 Alice M. Greene, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1936, to Aug. 29, 1936.
I last saw her alive on Aug. 28, 1936; death is said to have occurred on the date stated above, at 6.00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(No one saw child die)	
A convulsion presumably	
Other contributory causes of importance:	
Summer diarrhea	Aug. 10, 1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Tesar, M. D.
(Address) Driggs, Idaho.
8/30/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10020

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 179
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Floyd Stuart

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Alice Stuart

6. DATE OF BIRTH (month, day, and year) Nov. 2, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouseman & Coal Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Diamond, Wash.

FATHER
13. NAME Jack Stuart
14. BIRTHPLACE (city or town) (State or country) Bangor, Maine

MOTHER
15. MAIDEN NAME Laura Rexford
16. BIRTHPLACE (city or town) (State or country) Corvalis, Ore.

17. INFORMANT Sidney R. Stuart
(Address) Burley, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 8/11/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 8-10-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/10/ 1936

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1936 to August ~~10~~ 9, 1936
I last saw him alive on Aug. ~~10~~ 9, 1936: death is said to have occurred on the date stated above, at 8:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Aug 8

Other contributory causes of importance:
Pyostasis lung by fractured rib
Compound fracture left humerus

Name of operation Date of
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-5, 1936
Where did injury occur? near Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. highway
Manner of injury auto collision
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Charles R. Scott, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100207

SEP 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 182
(No. Craft's Materinity Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Freda Marlene Goodenough

(a) Residence. No. Amsterdam, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 10. 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			4

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER

13. NAME Fred Goodenough
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Rose Branson
16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Fred Goodenough
(Address) Amsterdam, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Amsterdam Date 8-11 193 6

19. UNDERTAKER Fred Goodenough Father
(Address)

20. FILED 8/11/36, 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 193 6, to 8-10, 193 6
I last saw her alive on 8-10, 193 6 death is said to have occurred on the date stated above, at 9-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis, pulmonary	
Other contributory causes of importance:	
Prematurity	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Waldo B. Fassnidge, M. D.
(Address) 228 Main Ave. S. Twin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 100208

Registration District No.

SEP 12 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 189

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Louise Cagle

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Horlis Cagle

14. BIRTHPLACE (city or town)
(State or country) Colorado

MOTHER

15. MAIDEN NAME Mary KcKinley

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Toby Cagle
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Filer, Idaho Date 8/25, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8-26-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-22/36, 193..., to 8-24, 1936

I last saw h[illegible] alive on 8/24, 1936: death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

SEP 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 180

(No. Twin Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 100210

2. FULL NAME Harry W. Farrar

(a) Residence. No. Colonial Apts. Twin Falls, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Colette Farrar

6. DATE OF BIRTH (month, day, and year) June 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfort, Kansas

FATHER

13. NAME Johnathan D. Farrar

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Alice M. Warford

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Colette A. Farrar
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 8/11/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 8-10-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1936, to 8-8, 1936

I last saw him alive on 8-8, 1936; death is said to have occurred on the date stated above, at 6.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic Pancreatitis	8-7-36

Other contributory causes of importance:

Arterio sclerosis	

Name of operation Laparotomy Date of 8-7-36

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Stowe, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10021

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 181

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME D.K. Frost

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Connorsville
(State or country) Indiana

FATHER

13. NAME No Info.

14. BIRTHPLACE (city or town) .....
(State or country) No Info.

MOTHER

15. MAIDEN NAME No Info.

16. BIRTHPLACE (city or town) .....
(State or country) No Info.

17. INFORMANT Mrs. Clara Woods
(Address) Pismo Beach, California

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 8/8, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 8-10-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to Aug 4, 1936.
I last saw him alive on Aug 4, 1936: death is said to have occurred on the date stated above, at 8:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1930

Other contributory causes of importance:

Arteriosclerosis, Chronic	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical and Laboratory data Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury — .....
Nature of injury — .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. E. Casey, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100212

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 184

SEP 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Burt Harvey

(a) Residence. No. 207 8th Ave. East St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Lou Harvey

6. DATE OF BIRTH (month, day, and year) August 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynetown, Indiana

FATHER
13. NAME J. M. Harvey
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Sarah Dwiggins
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. C. B. Harvey
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 8/19/ 193 6

19. UNDERTAKER Whitw Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 8-20- 193 6 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/17/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 193 6, to August 17, 193 6
I last saw him alive on August 16, 193 6; death is said to have occurred on the date stated above, at 12:50a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	many years
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Weaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. Twin Falls Co. Gen'l Hosp. If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 100213

Local Registrar's No. 185

2. FULL NAME Christina Elizabeth Creasy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Creasy

6. DATE OF BIRTH (month, day, and year): Nov - 2nd 1875

7. AGE: Years 60 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): La Belle Mo.

MOTHER

13. NAME: Agustus Andersan

14. BIRTHPLACE (city or town) (State or country): Gothenburg Sweden

FATHER

15. MAIDEN NAME: Naomi Clayton

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Fred Creasy Buhl, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Filer Date: 8-23, 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Ida

20. FILED 8-22, 1936. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1936, to 8-21, 1936.

I last saw h alive on 8-21, 1936. death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Infection after Operation from perforated Gall Bladder (Peritonitis)	12 days

Other **contributory causes** of importance:

Chronic Nephritis Nephrosis	

Name of operation Cholecystotomy Date of 8-8-36

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? — Date of injury .., 193.

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury —

Nature of injury —

Was disease or injury in any way related to occupation deceased? No If so, specify .....

(Signed) G. T. Parkinson, M. D.

(Address) Buhl Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100214

Registration District No. 37
SEP 1 1936
Registration District No. 2085 Local Registrar's No. 187
(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Seth Brown 117

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): Aug. 28 - 1920
7. AGE: Years 15 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rockland Ida

MOTHER/FATHER
13. NAME: Wm Geo. Brown
14. BIRTHPLACE (city or town) (State or country): Medaw Utah
15. MAIDEN NAME: Ann E. Bedder
16. BIRTHPLACE (city or town) (State or country): Benson Utah

17. INFORMANT (Address): Ann E. Brown Burley

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place. Rockland Ida Date. 8/26 1936

19. UNDERTAKER (Address): Evans & Johnson Burley

20. FILED 9-25-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-20-1936, to 8-24-1936.
I last saw him alive on 8-24-1936.; death is said to have occurred on the date stated above, at 11.53 a.m. p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pharyngo-Tracheitis	8-17-36
Perforated Appendix & Peritonitis	8-23-36
Other **contributory causes** of importance:	
Fecal Fistula	8-26-36
Hemorrhage	8-24-36

Name of operation Pharyngo-J. Abd. Date of 8-24-36
What test confirmed diagnosis? V. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. McMartin M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10021

Registration District No. 37

SEP 12 1936 RECEIVED

Primary Registration District No. 2085 Local Registrar's No. 188

(If death occurred in a hospital or institution, give its name instead of street and number) (Or Twin Falls Co.Gen.Hospital)

90

2. FULL NAME Charles F.Romig

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Augusta E.Romig

6. DATE OF BIRTH (month, day, and year) June 9, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mifflinburg, Pa.

FATHER
13. NAME Orlando Romig
14. BIRTHPLACE (city or town) (State or country) Mifflinburg, Pa.

MOTHER
15. MAIDEN NAME Amanda Gutelino
16. BIRTHPLACE (city or town) (State or country) Mifflinburg, Pa.

17. INFORMANT Mrs.Augusta E.Romig
(Address) Hansen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 8-27-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 8/31/, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/25/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr.24, 1930, to Aug.25, 1936
I last saw him alive on Aug.25, 1936: death is said to have occurred on the date stated above, at 5:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	about 1926
Other contributory causes of importance:	

Name of operation 0 Date of
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J.M.Davis, M. D.
(Address) Kimberly, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100215

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 190

SEP 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Twin Falls County General Hospital)

117

2. FULL NAME Harold L. McClimans

(a) Residence. No. 121 Harrison St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 7, 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER
13. NAME Ira McClimans
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Olie King
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. I.A. McClimans (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida Date Aug. 27, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 8-28-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1936, to 8-26, 1936
I last saw h[illegible] alive on 8-25, 1936: death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Acute	
Perforated	8-21-36
Other contributory causes of importance:	
General Peritonitis	8-24-36

Name of operation Appendectomy Date of 8-25-36
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Hearn, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls.
City of Kimberly.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10021

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 191

1936 REGISTERED (No. Kimberly, Idaho, Route #2.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Roberts.

(a) Residence. No. Kimberly, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of P. T. Roberts

6. DATE OF BIRTH (month, day, and year) Feb. 19 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Wales

FATHER
13. NAME William Williams
14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER
15. MAIDEN NAME Diana Edwards
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Anna Roberts,
(Address) Kimberly, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 8-31-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 8-28, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug. 27, 1936
I last saw her alive on Aug 27, 1936.: death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1930
Other contributory causes of importance:	
Senility	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Harwood L. Stowe, M. D.
(Address) Twin Falls, Idaho.

SEP 9 1936 RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Buhl

R. F. D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10021

Registration District No. 39

Primary Registration District No. 2087 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Caster

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Caster

6. DATE OF BIRTH (month, day, and year): Feb. 20 — 1861

7. AGE: Years 75 | Months 6 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dallas Tex.

FATHER

13. NAME: Daniel Caster

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Nancy ?

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs. Minnie Caster Buhl Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Buhl Date: 8/24 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Ida

20. FILED Aug 27 1936. H. P. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH 8/22

21. DATE OF DEATH (month, day and year): 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1936 to 8-22, 1936

I last saw him alive on 8-22, 1936; death is said to have occurred on the date stated above, at 6 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heat Stroke	8-17-36

Other **contributory causes** of importance:

Acute Nephritis (Parenchymatous) following heat Stroke	

Name of operation: None Date of:

What test confirmed diagnosis? Sem + Lab. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Farm - work on ...
Manner of injury: hot sun
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Work in sun.

(Signed) Geo. Cunningham M. D.
(Address) Buhl Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100219

SEP 9 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 8

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edmond Webster Chapman

(a) Residence. No. Lower Crystal St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eva Chapman

6. DATE OF BIRTH (month, day, and year) Dec. 20 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER
13. NAME Anthony Chapman
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Jane McRuizé
16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Eva Chapman
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 8-3-, 1936

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Sept 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 193.., to July 31, 1936
I last saw him alive on July 31, 193.. m.: death is said to have occurred on the date stated above, at 12:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 1936
Other contributory causes of importance: Chronic Myocarditis	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Coats, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10022

Registration District No. 86
SEP 3 1936 RECEIVED
Primary Registration District No. 1010
Local Registrar's No. 9
(No.) 114
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kate E. N. Felthaus

(a) Residence. No. Weiser apartments St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Divorced

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Lot Felthaus

6. DATE OF BIRTH (month, day, and year) Dont Know

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersburg Iowa

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Frank D. Ryan
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Ida. Date 8-30-, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Sept 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Aug 28, 1936
I last saw h~~er~~ alive on Aug 28, 1936: death is said to have occurred on the date stated above, at 3 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	Aug 19-1936

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death ~~was due to exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Schmidt, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10022

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 7

SEP 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Elizabeth B. Cox.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs Florence A. Cox.

6. DATE OF BIRTH (month, day, and year) Jan 5 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy Co. (State or country) Virginia

FATHER
13. NAME James Chandler Cox.
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Mary Valander.
16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMANT Mrs Florence Cox (Address) Weiser Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 8-9- 1936

19. UNDERTAKER Glenn C. Saunders. (Address) Payette. Idaho.

20. FILED Sept 8 1936 Emma Ramillon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19 1936, to Aug 7 1936
Last saw him alive on Aug 31, 1936: death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
* Hepatic Carcinoma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) M. F. Clarke, M. D.
(Address) Payette, Idaho

100223

DO NOT WRITE IN THIS SPACE

State File No. 100223

SEP 14 1936 RECEIVED

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. 2161

Local Registrar's No. 777

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

777 181

2. FULL NAME Bates Bryson

(a) Residence. No. Poca General Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ezra Bryan

6. DATE OF BIRTH (month, day, and year): June 23, 1893

7. AGE: Years 43 | Months 3 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O. S. L. R. R. Co

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Duck Creek Washington

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Emma Ryan

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address): Mrs Ezra Bryan Pocatello Hospital

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Idaho Date Sept 11, 1936

19. UNDERTAKER (Address): J. L. McHan Pocatello Idaho

20. FILED Sept 14, 1936

Deputy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): August 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 8, 1936

I last saw h[illegible] alive on Aug 8, 1936; death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Aug 6
Lobar double	Aug 6
	[illegible] 1936
Other contributory causes of importance:	
Pleurisy right & left	Aug 6
	[illegible] 1936

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Gilkey, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10022 4

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 137

SEP 17 1936 RECEIVED

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Lange

(a) Residence. No. 215 1/2 13 Ave S St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (~~month, day, and~~ year) 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Janitor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Nampa Dist
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs Ruth Harris (Address) Nampa Ida

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place Nampa Ida. Date 7-12, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED Sept 16, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1936, to 7-10-'36, 193-
I last saw him alive on 7-10-, 1936: death is said to have occurred on the date stated above, at 4 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxaemia	May 28th '36.
Other **contributory causes** of importance:	
Inoperable carcinoma of Stomach	unknown to determine

Name of operation Exploratory Date of 6-11-'36.
What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. W. Kelly, M. D.
(Address) Nampa, Idaho

Nampa Idaho.
Sept. 16-1936

Dear Mrs. Dillingham.-

For some reason the death certificate of Christian Lange was never filed.
Dr. Geo. C. A. Kellogg was the Physican
By looking through his files found the data which is correct.
Sorry for the delay.
And hope will be satisfactory
Yours &c Lydd Rodgers Local Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10022

SEP 3 1936 RECEIVED

Registration District No. 90
Registration District No. 2187
Local Registrar's No. 100

(No.) BRC Headquarters (If rural, give location) Pierce Idaho. 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adam De Wald

(a) Residence. No. ..... St. Twin Falls Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19-1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Blister Rust
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER
13. NAME Adam De Wald
14. BIRTHPLACE (city or town) .....
(State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT BRC Camp Records
(Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 8-9, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 9/5, 1936 W. A. Grace
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Heart Failure	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Wayne T. Hurley Coroner M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100226

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100226

SEP 1 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 281

St Alphomsus Hospital
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ezra Earl Hopper

(a) Residence. No. 20 Miles N.E. Of Boise On Mores Creek
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Reva Hopper

6. DATE OF BIRTH (month, day, and year) Nov. 10th, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crusher Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Work

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Midvale
(State or country) Idaho

FATHER

13. NAME Leonard Hopper

14. BIRTHPLACE (city or town) Midvale
(State or country) Idaho

MOTHER

15. MAIDEN NAME Bessie Johns

16. BIRTHPLACE (city or town) Shawnee
(State or country) Oklahoma

17. INFORMANT Howard Hopper
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Idaho Date 9/4, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-3, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1-36, 193__ to _____, 1936
I last saw him alive on Aug 9-1-, 1936: death is said to have occurred on the date stated above, at 8-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock —	
Fracture Cervical —	
" of Tibia	
Fracture Skull	
Lac. of Liver	
Other contributory causes of importance:	
Fract. all ribs L. Chest	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-1 1936
Where did injury occur? 20 m. N.E. Boise, Mores Creek
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell from rock Crusher to ground
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Foreman at plant
(Signed) M. B. Keane M. D.
(Address) 405 Eastman Bldg.

10027

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benewah
City of St. Joe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10022

SEP 13 1936 RECEIVED

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Peterson

(a) Residence. No. St. Joe Ida. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): December 24 - 1884

7. AGE — Years: 51 — Months: 7 — Days: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging
10. Date deceased last worked at this occupation (mo. and yr.): 8/12/36
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Denmark ~~Sweden~~

FATHER

13. NAME: Pete Peterson
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): W. W. Gibson St. Joe Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Wheeler Wis. Date 8/19, 1936

19. UNDERTAKER: STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED 9-10, 1936 Walker Peterson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-12-1936

22. I HEREBY CERTIFY, That I attended deceased from ←, 193..., to ←, 193...
I last saw him alive on ←, 193... ← death is said to have occurred on the date stated above, at 9:35 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushing fracture of skull -	
Junction of parietal bones -	
and basal fracture	

Other **contributory causes** of importance:
Struck by falling snag while falling tree
Ohio Match Camp No. 3 near St. Joe Ida.

Name of operation ← Date of ←
What test confirmed diagnosis? ← Was there an autopsy? ←

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/12 1936
Where did injury occur? Benewah County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Struck by snag
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Working when killed
(Signed) C. J. Stapish - Coroner M. D.
(Address) St. Maries Idaho

100228

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 57

Primary Registration District No. 2136 Local Registrar's No. 12

DO NOT WRITE IN THIS SPACE

State File No. 100228

SEP 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orilla Hayes Humbery

(a) Residence. No. ..... St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Rube Humbery.

6. DATE OF BIRTH (month, day, and year) Nov 30 1903

7. AGE: Years 32 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

MOTHER FATHER

13. NAME John Hayes

14. BIRTHPLACE (city or town) (State or country) Alfalfa Utah

15. MAIDEN NAME Emma Dunn

16. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

17. INFORMANT (Address) Mrs. Rube Humbery Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Georgetown Idaho Date Aug 29 1936

19. UNDERTAKER (Address) Thos. Holden Montpelier Idaho

20. FILED Sept 1, 1936 N. H. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193.... death is said to have occurred on the date stated above, at about 8 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound from a .32-40 Winchester rifle	
Accidental.	
Coroner's Certificate	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify? .....

(Signed) J. M. Williams Coroner M. D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

SEP 15 1936 RECEIVED

Registration District No. 2085 Local Registrar's No. 200

(No.) Twin Falls County General Hospital,
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert H. Kauffman,

(a) Residence. No. Orofino, Idaho. St. Orofino, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DO NOT WRITE IN THIS SPACE

State File No. 100229

10229

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 9, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway maintanance foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palouse, Wash.

FATHER

13. NAME Joseph Kauffman

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Mary Heath,

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT A. T. Kauffman,
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Idaho Date 9-14-36, 193..

19. UNDERTAKER White Mortuary, Inc.,
(Address) Twin Falls, Idaho.

20. FILED 9-12, 193.6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 193.6, to Sept. 12, 193.6
I last saw him alive on Sept. 12, 1936: death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - chronic	1932
Pulmonary emphysema	1932
Other contributory causes of importance:	
Bronchopneumonia	9-11-36

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Reaves, M. D.
(Address) Twin Falls, Idaho.

100230

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100230

Registration District No. 377

SEP 19 1936 RECEIVED

Registration District No. 2085 Local Registrar's No. 198

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. Woods

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Anna Woods

6. DATE OF BIRTH (month, day, and year) August 11, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harward, Nebraska

FATHER

13. NAME Thomas Woods

14. BIRTHPLACE (city or town) (State or country) Monahue, Ireland

MOTHER

15. MAIDEN NAME Henrietta Hardin

16. BIRTHPLACE (city or town) (State or country) Alleghaney Co., Maryland

17. INFORMANT Mrs. W. E. oods
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 9/8/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 9/9/, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/5/, 1936, to 9/5/, 1936
I last saw him alive on 9/5/, 1936: death is said to have occurred on the date stated above, at 10:00a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance: Arterio-sclerosis.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore.
City of Mt Home

SEP 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10023

DO NOT WRITE IN THIS SPACE
State File No. 10023

Registration District No. 34
Primary Registration District No. 2022
Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wellington Roswell Rose. 18C

(a) Residence. No. Avon Illinois St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Fern Finney Rose.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Avon Illinois
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) ✓
(State or country) ✓

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) ✓
(State or country) ✓

17. INFORMANT Philo F. Green Coroner
(Address) Glenns Ferry - Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Galesburg Ill. Date 9-4, 1936

19. UNDERTAKER Parker Funeral Home
(Address) Mt Home Ida.

20. FILED Sept 23, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull and	
broken Breast Bone.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/2 1936
Where did injury occur? Mt Home, Ida, Elmore Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto Collision
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philo F. Green Coroner
(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mt. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10232

Registration District No. 34
Primary Registration District No. 2028 Local Registrar's No. 20

SEP 21 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ferne Fenney Rose

(a) Residence. No. Avon Illinois St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wellington Roswell Rose

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME ✓
14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Linda M. Trumbull Company
(Address) Glenns Ferry Idaho,

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Galesburg Ill. Date 9-24, 1936

19. UNDERTAKER Rochelle Funeral Home
(Address) Rochelle Illinois

20. FILED Sept 23, 1936 H. E. Andrews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/2, 1936
Where did injury occur? Mt. Home, Ida, Elmore
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto Collision
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Phil J. Bryan Coroner M. D.
(Address) Glenns Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10023 (100233)

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 108

(No. Veterans Administration Facility)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman J. Schaefer

(a) Residence. No. 223 N. 9th Street St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 8, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia,
(State or country) Pennsylvania

FATHER

13. NAME Joseph Schaefer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna Kenast

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Boise, Idaho Date 9/22/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-21, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1936, to September 19, 1936
I last saw him alive on Sept. 19, 1936: death is said to have occurred on the date stated above, at 5:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull with diffuse hemorrhage over cortex	9-15-36
Other contributory causes of importance:	

Name of operation Decompression, Skull Date of 9-19-36
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~
Accident, suicide or homicide? Yes Date of injury Sept. 15, 1936
Where did injury occur? Near Cambridge, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Struck head on girder while crossing bridge
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100234

100234

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 786
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

SEP 23 1936 RECEIVED

2. FULL NAME Charles Crawford Glenn

(a) Residence. No. 1455 W. Hayes St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Paducah, Kentucky
(State or country)

FATHER
13. NAME J. T. Glenn
14. BIRTHPLACE (city or town) Bardwell Ky.
(State or country)

MOTHER
15. MAIDEN NAME Addie Crawford
16. BIRTHPLACE (city or town) Blandville Ky.
(State or country)

17. INFORMANT Mrs. Hans Albrecht
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 17, 1936

19. UNDERTAKER Doonan & Funeral Home
(Address) Pocatello, Idaho

20. FILED 9/16, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 193 6, to Sept 16, 193 6
I last saw h[illegible] alive on Sept 15 193 6: death is said to have occurred on the date stated above, at 6:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1936
Other contributory causes of importance:	
Laryngeal Tuberculosis	Jan 1935

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Glenn M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100235

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10023

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 106/107

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Koopman

(a) Residence. No. 1646 Amsterdam Avenue St. New York City, New York
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) March 22, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

FATHER

13. NAME Herman Koopman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New York City, N.Y. Date 9/19/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-19, 1936 L. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1936, to September 17, 1936

I last saw him alive on Sept. 17, 1936: death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull with intracranial hemorrhage;	
Pulmonary Edema	9-17-36
Other contributory causes of importance:	

Name of operation None Date of ---

What test confirmed diagnosis? Clinical Findings & X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~Suicide or Homicide~~? Yes Date of injury Sept. 17, 1936
Where did injury occur? Ada County, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. C.C.C. Camp

Manner of injury Struck by falling rock

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Reported to be on duty with C.C.C.

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

SEP 19 1936 RECEIVED

100236

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10023[illegible]

PLACE OF DEATH
County of Benewah.
City of St. Maries.

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 7
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1887

2. FULL NAME Francis John Hall.

(a) Residence. No. ..... St. Maries, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 11 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mable Leona Hall.

6. DATE OF BIRTH (month, day, and year)
May 5, 1890.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
46	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barn Boss.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 11 mo.

12. BIRTHPLACE (city or town) (State or country) Ottowa, Ont.

FATHER
13. NAME William John Hall.
14. BIRTHPLACE (city or town) (State or country) New York, New York.

MOTHER
15. MAIDEN NAME Julia Maden.
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT (Address) Mrs. Mable Hall St. Maries, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Shelton Cem. Date 9-5 1936

19. UNDERTAKER Stapish & Son.
(Address) St. Maries, Idaho.

20. FILED 9-10, 1936 Chelsea Rohrig
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ..... 193...; death is said to have occurred on the date stated above, at about 2 P. ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal skull fractures	
Crus Lung injuries Chest	
pelvis. Fracture left	
femur - compound	

Other **contributory causes** of importance:

Dislocation right	
ankle. Traumatic	
shock	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 8/1 1936
Where did injury occur? St. Maries Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Logs rolled off car onto
Nature of injury ..... deceased

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify. Unloading Logs
(Signed) ..... M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

SEP 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

100237

DO NOT WRITE IN THIS SPACE

State File No. 100237

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 201

(No. 230 Shoshone W.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emanual Miner Innerarity

(a) Residence. No. 172 Blue Lakes Blvd. So. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans
(State or country) Louisana

FATHER

13. NAME No Inf.

14. BIRTHPLACE (city or town)
(State or country) No Inf

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town)
(State or country) No Inf.

17. INFORMANT Mrs. C.D. Thompson
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida. Date 9/14, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-10, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/10/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 6, to Sept 10th, 193 6
I last saw h alive on Aug 10th, 193 6: death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiotis Chronic	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H E Powell, M. D.
(Address) Twin Falls Ida

100238

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100238

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 110

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie C. Harvey

(a) Residence. No. St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE~~ of) Bertha Harvey

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oklahoma
(State or country)

FATHER

13. NAME Charlie Harvey

14. BIRTHPLACE (city or town) Texas
(State or country)

MOTHER

15. MAIDEN NAME Zuba Cheves

16. BIRTHPLACE (city or town) Kentucky
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 9.26.36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9-26, 1936 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1936, to September 24, 1936
I last saw him alive on Sept. 24, 1936: death is said to have occurred on the date stated above, at 4:59 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease,	
Mitral Stenosis; Aortic	
Insufficiency	Unknown
Other contributory causes of importance:	
Rheumatic fever, subacute	Unknown
Anemia, secondary, severe	Unknown

Name of operation None Date of ---
What test confirmed diagnosis? Clinical Findings & Laboratory tests Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100239

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100239

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 138
(No. 611-10 Ave. So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis Cegal Depper

(a) Residence. No. 611-10 Ave So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-12-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road (Water Department)
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) Kasse
(State or country)

FATHER
13. NAME Fredrick Depper
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Mary King
16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT Clifford Depper
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Cem. Date 9-20, 1936

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Sept 18, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1936, to Sept 17, 1936
I last saw him alive on 9-17, 1936.: death is said to have occurred on the date stated above, at 12 15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9-16-36
Other contributory causes of importance:	
Chronic Myocardial degeneration	July 1936

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Robert H. Rowell, M. D.
(Address) Nampa Idaho

100240

DO NOT WRITE IN THIS SPACE

State File No. 100240

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 32

SEP 1 1936

Primary Registration District No. 2049 Local Registrar's No. 10

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Frank B. Shafer

(a) Residence. No. St. Maries St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia Shafer

6. DATE OF BIRTH (month, day, and year): Dec. 28 1895

7. AGE — Years: 40 — Months: 7 — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging

10. Date deceased last worked at this occupation (mo. and yr.): Aug. 13-1936

11. Total time (years) spent in this occupation: 8 years

12. BIRTHPLACE (city or town) (State or country): Ridgeway Penn.

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Samuel Nelson St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~: Burial

Place St. Maries Ida. Date 9-22.., 1936

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED 9-1.0 1936 Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/14/1936, 193.... to 8/14/36, 193....

I last saw him alive on 8/14/1936, 193...: death is said to have occurred on the date stated above, at 3:10A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull Fracture with intracranial hemorrhage	
Crushing injury chest with punctureslungs	8/13/36
Due to auto accident on 8/13/36	

Other **contributory causes** of importance:

Name of operation: None. Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to ext'l causes (**violence**) fill in also the following: Accident 8/13/36

Accident, suicide, or homicide? ..... Date of injury.., 193..

Where did injury occur? near St. Maries, Ida.

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On public highway

Manner of injury: Auto left grade and overturned.

Nature of injury: Crushed chest and fractured skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. Robens, M. D.

(Address) St. Maries, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

5070

10c241

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100241

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 111

(No. residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert B. McPherson

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna L.

6. DATE OF BIRTH (month, day, and year) 6/3/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Robert McPherson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Slater

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Edna L. McPherson
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/29/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-29, 1936 L. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 193 33 to Sept 26 193 6
I last saw h ill alive on Sept 25, 193 6. death is said to have occurred on the date stated above, at 1 30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypostatic congestion and edema of lungs	
Chronic nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Boeck, M. D.
(Address) Boise Ida

J. Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100242

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 1 75 13

T 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JANET [redacted] Estella Reynolds

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of R. F. Reynolds

6. DATE OF BIRTH (month, day, and year) Oct. 28-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salaberg N.Y.

FATHER
13. NAME Charles Parks
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Julia A. Mosely
16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs Lewis Douglas
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rirrivieur Date 9/11, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED Sept 11, 1936 Sadah B Wade
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/2, 1936, to 9/9, 1936.
I last saw h[redacted] alive on 9/8, 1936; death is said to have occurred on the date stated above, at 1130 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound.	
Other contributory causes of importance:	

Name of operation Emergency [illegible] Date of 9/9/36.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, (suicide), or homicide? Date of injury 9/9, 1936.
Where did injury occur? House St. Anthony, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. House
Manner of injury Gun Shot Wound
Nature of injury [illegible] Inflicted

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. McConnell M. D.
(Address) St. Anthony Idaho

100243

PLACE OF DEATH

County of Boundary

City or Meadow Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100243

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

79

2. FULL NAME Mrs. Lura Johnson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Johnson

6. DATE OF BIRTH (month, day and year): Feb 16 - 1865

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Warsaw, Indiana

FATHER

13. NAME: Crawford Knowles

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary Parker

16. BIRTHPLACE (city or town) (State or country): Pottsville Pennsylvania

17. INFORMANT (Address): Martin Johnson Meadow Creek, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: 9-14 193 6

19. UNDERTAKER (Address): A. P. Crouch Bonners Ferry, Ida

20. FILED 9/12/193 6. E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1924 to Sept. 11, 1936.
I last saw h[illegible] alive on June 12 193 6 death is said to have occurred on the date stated above, at 5:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1924
Chronic myocarditis	3

Other **contributory causes** of importance:

Hypertension	
Arterio-Sclerosis	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Fry, M. D.
(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100244

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100244

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 217

OCT 7 1936 RECEIVED

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Jennie Mae Bean

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ralph Bean

6. DATE OF BIRTH (month, day, and year) March 20, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME D. Hull
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Elizabeth Wilson
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Ralph Bean
(Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida. Date 10/2, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-30, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30-36 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936, to Sept 30, 1936
I last saw h[illegible] alive on Sept 30, 1936: death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage from bladder from metastasis from atrophy of uterus which was Carcinomatous	Aug 22, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. L. Stowe, M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

The Prudential
INSURANCE COMPANY OF AMERICA
EDWARD D. DUFFIELD, PRESIDENT HOME OFFICE: NEWARK, N. J.
STANLEY R. FELLS, DISTRICT CASHIER
ROOMS 511-512, 1331 THIRD AVENUE BUILDING
TELEPHONE CONNECTION SEATTLE, WASH.

IN RE Kersten Claim
#34221251-34907491

October 13, 1936

Mr. Rudolph F. Kersten
Box #841
St. Anthony, Idaho

OCT 15 1936 RECEIVED

Dear Sir:

We acknowledge receipt of the above policies, claim papers and your letter of October 9.

It is necessary, however, we return the Death Certificate as thereon the deceased's name is "Jennie" Estella Kersten, while the given name on the policies is "Janet".

We are sure the Home Office would not accept this discrepancy. Kindly have the Death Certificate corrected to indicate the deceased's given name to be "Janet", the same as on the policies.

As soon as the form is returned we shall make prompt settlement.

Your further cooperation in the matter will be appreciated.

Very truly yours,

SF:IS

District Cashier.

Enclosure: 1

St Anthony Oct 15-36
This letter is self-explanatory
Will you please correct and
mail to the Co -
and Oblige
Yours very truley
Mrs Sarah B Spunk

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.N.D.
DIRECTOR

SANITARY ENGINEERING AND CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

October 5, 1936

Mrs. Sarah B. Munk
St. Anthony, Idaho

Dear Madam:

We are returning the death record of Jennie Estella Kersten who died in your city September 9.

The certificate states that the doctor saw her the last time on September 5, but there was an emergency operation on September 8. Did this same doctor perform the operation? If so, the date when he last saw her would not be correct.

It also states that the date of injury was September 8, but that he attended her from September 2.

Will you kindly call the doctor's attention to these dates and if there is an error, kindly have him make the correction.

Please return at your earliest convenience as we are waiting to issue a certified copy. Thanking you, we are

Very truly yours,

BUREAU OF VITAL STATISTICS
Pearl Dillingham
Pearl Dillingham
State Registrar

encl.
hec

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100245

OCT 9 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 118

(No.) Veterans' Administration Facility, Boise, Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

77

2. FULL NAME WHITE, Fred C.

(a) Residence. No. Star, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Mrs. Lettie White

6. DATE OF BIRTH (month, day, and year) July 26, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Well Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME William White
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Lillie Cowgill
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Maude A. White
(Address) V. A. Facility, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star Date 10/8/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-8, 193.. R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1936, to Oct. 5, 1936
I last saw him alive on Oct. 5, 1936: death is said to have occurred on the date stated above, at 4:40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	Not shown
Other contributory causes of importance:	
Inanition	

Name of operation Evisceration, left eye Date 10-2-36
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Parker, M. D.
(Address) V. A. Facility, Boise, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100246

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100246

Registration District No.
Primary Registration District No. Local Registrar's No.

(No. 90) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Muthersbough

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 12 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Union Pacific

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME Mr. Muthersbough

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Hattie Hadley

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMENT Mrs. Muthersbough
(Address) Spokane Wash

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Spokane Wash Date Sept 30, 1936

19. UNDERTAKER M. C. Thompson
(Address) Sicerey Idaho

20. FILED Oct. 8, 1936 Mrs. Helen McBirnie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/29 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apparently heart failure due to Myocarditis	
Myocarditis Chronic	
Other contributory causes of importance: Kidney trouble & Gall bladder trouble	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Mowery M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100247

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 376

OCT 5 1936 RECEIVED

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Lunstrum

(a) Residence. No. Route # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18-, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Lunstrum

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Caroline Malm

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Verdie Lunstrum
(Address) Route #2

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Sept, 28, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-30 1936 C. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1936, to 9/25, 1936
I last saw him alive on 9/22, 1936. death is said to have occurred on the date stated above, at 11:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	
Cataract Eye Abscess	
Other contributory causes of importance:	
Shock	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred A. Fellows, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100248

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100248

PLACE OF DEATH

County of Elmore

City of Glenns Ferry Idaho

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No.

OCT 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Calvin Wyley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Jane Wyley

6. DATE OF BIRTH (month, day, and year): 4-14-1839

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
97	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1905

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Mississippi

FATHER

13. NAME: Calvin Wyley

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Wooten

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMENT (Address): Mary Elizabeth Ireland Mrs Marie Idaho

18. BURIAL, CREMATION, OR REMOVAL: Glenns Ferry Ida Date 10-5, 1936

19. UNDERTAKER (Address): Zachary Funeral Home Hot Home Idaho

20. FILED Oct 5, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936, to Oct 3, 1936

I last saw him alive on Oct 3, 1936; death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thompson E. Snyder M. D.

(Address) Glenns Ferry Ida

100247

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100249

OCT 9 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 301

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth McGough

(a) Residence. No. 423 Ressigue St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward McGough

6. DATE OF BIRTH (month, day, and year) May 27 1873

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
63	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho City
(State or country) Idaho

FATHER

13. NAME Sylvester Farrell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Della O'Brien
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Farrell
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 9/14, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-14, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1936, to 9-11 1936
I last saw her alive Deceased, 1936: death is said to have occurred on the date stated above, at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Unknown
Coronary thrombosis	9-11-36
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. D. Bistorton, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 24 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100250

PLACE OF DEATH

County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 90
(No. 44)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millie Edith Dawson

(a) Residence. No. North Conant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
(or) WIFE of Chester Dawson

6. DATE OF BIRTH (month, day, and year): Jan. 6, 1860

7. AGE: Years 76 | Months 7 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown Illinois

FATHER
13. NAME: George Hayes
14. BIRTHPLACE (city or town) (State or country): Unknown Vermont

MOTHER
15. MAIDEN NAME: Helen Heath
16. BIRTHPLACE (city or town) (State or country): Unknown Canada

17. INFORMANT (Address): Mr. A. R. Dawson Burley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Clear Lake, Iowa Date: 9-6-36, 193..

19. UNDERTAKER (Address): R. E. Johnson Burley, Idaho.

20. FILED 10-22 193.6 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 2, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 8-4-36, 193..., to 9-2-36, 193....
I last saw h. alive on 9-2-36, 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) G. W. Hespe, M. D.
(Address) .....

D. E. JOHNSON
LICENSED MORTICIAN - AMBULANCE SERVICE
130 WEST MAIN STREET
PHONE 27

BURLEY, IDAHO

Oct.22,1936

Department Of Public Welfare
Bureau Of Vital Statistics
Boise, Idaho.

RE: Millie Edith Dawson
(Deceased)

Gentlmen :,

Inclosed please find fifty cents,(.50),usual fee for a certified copy of death,also the certified copy of death certificate,for Millie Edith Dawson,which has been returned to me,because of wrong informatiom.Also inclosed is a corrected ~~copy of certificate of death,for Millie Edith Dawson.~~

Will you please forward the corrected certified copy of death to,Mrs.Ira Shields,Hanlontown,Iowa,in the inclosed envelope. Thanking you for same.

your's truly

D. E. Johnson Mortuary

100250

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley -

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100250

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 86

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millie Edith Dawson

(a) Residence. No. North Connant Ave. St. Burley Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: George Dawson

6. DATE OF BIRTH (month, day, and year): Jan. 6, 1860

7. AGE: Years 76 | Months 7 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Aug. 36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Geo. Hayes

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Helen Heath

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mr. A. R. Rawson Burley, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Clear Lake, Iowa Date: 9/6/1936

19. UNDERTAKER (Address): P. E. Johnson Burley, Idaho.

20. FILED: 9/3/1936 193... Laura G. Sprocher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/2/1936

22. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1936, to 9-2-, 1936

I last saw h-r alive on 9-2-, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100251

Registration District No. 8

OCT 14 1936 RECEIVED

Registration District No. 2004 Local Registrar's No. 119

(No. Veterans Administration Facility)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie G. Luke

(a) Residence. No. St. Dunlap, Missouri

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) November 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Alvin Luke

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Julia Tinder

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Morris Hill
Place Boise, Idaho Date 10/13/36

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-13, 1936 R. Starr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1936, to October 9, 1936

I last saw him alive on October 9, 1936: death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion, Coronary Artery, right	Unknown
Other contributory causes of importance: ---	

Name of operation None Date of ----

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

OCT 7 1936 RECEIVED

PLACE OF DEATH — STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100252

County of Blaine
City of Hailey

Registration District No. 57
Primary Registration District No. 20221
Local Registrar's No. 41

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grover Cleveland Davis

(a) Residence. No. Hailey Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace L. Jones

6. DATE OF BIRTH (month, day, and year) 6-9-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 9-28-36

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Shell City Mo.

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Shell City Mo.

MOTHER

15. MAIDEN NAME Anna Hayhorst

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Grace L Davis
(Address) Hailey Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Hailey Idaho. Date Sept 30 193.6

19. UNDERTAKER G. Hanson
(Address) Hailey Idaho

20. FILED 9-30, 193.6 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed by Cave-in at Triumph Mine - No inquest held	Sept 27
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury Sept 27 193.6
Where did injury occur? Triumph Mine Hailey Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Mine cave-in
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify accident

(Signed) Robert H. Wright M. D.
(Address) Blaine Co. Coroner. Hailey Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100253

PLACE OF DEATH
County of Kootenai
City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100253

OCT 7 1936 RECEIVED

Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. 16
(No. St Maries Hospital St Maries Ida R.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Camm

(a) Residence. No. Harrison St. W
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Emily Camm

6. DATE OF BIRTH (month, day, and year) 1883-3-3

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Painter and paper hanger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9-19-1936

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Bristol England

MOTHER FATHER

13. NAME Frank Camm

14. BIRTHPLACE (city or town) (State or country) Bristol England

15. MAIDEN NAME Emily Bullock

16. BIRTHPLACE (city or town) (State or country) Bristol England

17. INFORMANT Victor Camm
(Address) Harrison Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida Date 9-22-1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Harrison Ida.

20. FILED Sept 1936 Ruth Connolly
Registrar.
Aug 24-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1936, to 9/20, 1936.

I last saw him alive on 9/20, 1936. death is said to have occurred on the date stated above, at 1 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock Traumatic	9/19/36

Other **contributory causes** of importance:
Compound fracture dislocation right ankle joint - fracture right tibia

Name of operation Amputation Date of 9/19/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury 1936.
Where did injury occur? Springston Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury Foot caught in pulley
Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Saw mill mills

(Signed) O. L. Brownell, M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100 254

PLACE OF DEATH
County of Fremont
City of Island Park

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100254

OCT 15 1936 RECEIVED

Registration District No. 102
Registrar's Registration District No. 6 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

188 X

2. FULL NAME Clare Francis McKarrigan

(a) Residence. No. Ashton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mrs Vera McKarrigan

6. DATE OF BIRTH (month, day, and year) Aug. 16 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	—	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Cloud
(State or country) Minn.

FATHER
13. NAME Leo J. McKarrigan
14. BIRTHPLACE (city or town) Neb.
(State or country)

MOTHER
15. MAIDEN NAME Hattie Seif
16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Mrs Hattie McKarrigan
(Address) Ashton Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunnyview Date 8/25, 1936

19. UNDERTAKER W. M. Hanson
(Address) St. Anthony Idaho

20. FILED 8/25, 1936 Lelun Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Visited Hs/se d. 9th, 193, to Aug. 24, 1936.
I last saw him alive on Aug. 24, 1936: death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull from falling Rock, in Tunnel	Aug. 24 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 24, 1936
Where did injury occur? Max J. Kuney Co. Island Park, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Island Park, Idaho - Industry
Manner of injury Falling Rock in Tunnel
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Falling rock
(Signed) David C. Harris, M. D.
(Address) ASHTON, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100255

PLACE OF DEATH
County of Payette
City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100255

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Hall

(a) Residence. No. Fruitland St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A.E. Hall

6. DATE OF BIRTH (month, day, and year) July 24, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME Thomas Brough
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Anna E Kauffman
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT G.E. Hall
(Address) Fruitland Ida

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date Sept 21, 193[illegible]

19. UNDERTAKER H.L. Peterson
(Address) Ontario Ore

20. FILED 9/23, 193[illegible] J.C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Sept 19, 193[illegible]
I last saw h... alive on ....., 193....: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A Dr. not see this woman till she was dead. She had had a "cold" for about one week. A think Flu was	

Other contributory causes of importance:

Cause of the death	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L.L. Parker M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100256

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 182
(No. L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter A. Bybee

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~) Nettie M. Bybee.

6. DATE OF BIRTH (month, day, and year) Sept, 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	0	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 9/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Slaterville, Utah.

FATHER
13. NAME Bluford A. Bybee.
14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER
15. MAIDEN NAME Margaret Slater.
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT Nettie M. Bybee
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 9-26, 1936

19. UNDERTAKER Rigby Funeral Home
(Address) Rigby, Idaho.

20. FILED Sept. 25 1936 Wm Kinnaird Registrar.
By R.M.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936 to Sept 22, 1936
I last saw h~~im~~ alive on Sept 22, 1936: death is said to have occurred on the date stated above, at 10:10A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following perforation of the bowel	Sept 18
Other contributory causes of importance:	

Name of operation Repair Perforation Date of Sept 17
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 17, 1936
Where did injury occur? Jefferson County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Struck by bronco kick
Nature of injury Perforation intestine

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Idaho Falls Idaho.

100257

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100257

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 209
(No.) Twin Falls Co. Gen'l Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 4 1936 RECEIVED

2. FULL NAME Harry Clifford Coleman

(a) Residence. No. 409-9th Ave No, Buhl St. = 76 yrs.
(Usual place of abode) Hosp → 14 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mabel Coleman
6. DATE OF BIRTH (month, day and year): March 26 - 1878
7. AGE: Years 58 | Months 5 | Days 27 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Dentist
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): July-1936
11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Dayton Pa.

MOTHER FATHER
13. NAME: Alfred K. Coleman
14. BIRTHPLACE (city or town) (State or country): Emicksburg Pa.
15. MAIDEN NAME: Jane Elias
16. BIRTHPLACE (city or town) (State or country): Dayton Pa

17. INFORMANT (Address): Mrs. Mabel Coleman Buhl
18. BURIAL, CREMATION OR REMOVAL Place: Buhl Date 9/23 1936
19. UNDERTAKER (Address): Evans & Johnson Buhl, Ida. E. F. Johnson
20. FILED 9-25-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Sept. 9, 1936.
I last saw him alive on 9-21, 1936: death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1 year.

Other **contributory causes** of importance:

Name of operation Cystotomy. Date of 7/17/36
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?.... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) G. H. Parkinson, M. D.
(Address) Buhl, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100258

SEP 10 1936 RECEIVED

Registration District No. 2

Registration District No. 1004

Local Registrar's No. 273

(No. St. Lukes Hospital) 103

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeanett Hanel

(a) Residence. No. Buhl, Idaho St. Buhl, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28.1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Filer
(State or country) Idaho

FATHER

13. NAME Charles J. Hanel

14. BIRTHPLACE (city or town) Dickinson
(State or country) North Dakota

MOTHER

15. MAIDEN NAME Jane Travnicek

16. BIRTHPLACE (city or town) Ord
(State or country) Nebraska

17. INFORMANT Charles J. Hanel
(Address) 528.13th St, Buhl, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Idaho Date 8/28/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 8-27, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/26/1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug. 26, 1936

I last saw her alive on Aug 26, 1936 death is said to have occurred on the date stated above, at 3:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Aug. 20 36
Other contributory causes of importance:	
Pneumonia	?
Atelectasis Cardiac hypertrophy. Chr. Palate	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harrison Stevenson M. D.

(Address) Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100259

PLACE OF DEATH
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
(No. 1 E. Lake)
Local Registrar's No. 277

OCT 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Patricia Allen
(a) Residence. No. 161 St.
(Usual place of abode.)
Length of residence in city or town where death occured yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mo. ds.
Ontario, Ore.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Nyssa
(State or country) Oregon

PARENTS

10. NAME OF FATHER Godfrey Allen
11. BIRTHPLACE OF FATHER (city or town) Sheridan
(State or Country) Wyo.
12. MAIDEN NAME OF MOTHER Marjorie Glascock
13. BIRTHPLACE OF MOTHER (city or town) Weiser
(State or County) Idaho

14. Informant Godfrey Allen
(Address) Ontario Oregon

15. Filed 9-2 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 23 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1 1936, to Aug. 23 1936, that I last saw h.r alive on Aug. 22 1936 and that death occurred, on the date stated above, at 5:15 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Pacymaningitis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Probable birth in-
jury (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Laboratory
(Signed) Harmon Bresnahan M. D.
Aug 23 1936 (Address) 330 State Boise

19. Place of Burial, Cremation, or Removal: Weiser Idaho — Date of Burial: Aug 24 1936
20. Undertaker: B B Lenkamper — Address: Nyssa Ore.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100260

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 279

OCT 5 1936 RECEIVED

(No. St. Alphonsus (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Schild Sr.

(a) Residence. No. St. Wendell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 30, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittledorf, Russia

FATHER

13. NAME Geo. Schild
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katherine Batt
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Clyde W. Ball
(Address) 422 Thatcher St. Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 9-7-36, 193

19. UNDERTAKER W. S. Mateer
(Address) Meridian, Idaho

20. FILED 9-21, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2-36 193

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from 8/25, 193 6, to 9-2, 193 6
I last saw ~~him~~ alive on 9-1, 193 6 death is said to have occurred on the date stated above, at 3:15 a. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic
Senile debility Gallstones
Accident - fracture of
Maxilla and Cerebral
Concussion

Date of onset
5 days

Other contributory causes of importance:

accident Aug, 1936

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 8/ 1, 193 6
Where did injury occur? Wendell Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto accident
Nature of injury Fract Maxilla & Concussion

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. W. Burnside M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100261

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 278

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) No. 2402 Jefferson

2. FULL NAME Marie ~~[illegible]~~ Etta Bullock

(a) Residence. No. 2402 Jefferson St.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. R. Bullock

6. DATE OF BIRTH (month, day, and year) (Sept 14 1878) ~~8/14/36~~

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~58~~ 57	11	~~14~~ 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Mo.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Hays

14. BIRTHPLACE (city or town) Mo. (State or country)

MOTHER

15. MAIDEN NAME Mary A. Anderson

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT Mrs. J. B. Eldridge (Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/3/36, 193...

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 9-2/1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31/36 193

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936, to 8/31, 1936

I last saw ~~her~~ alive on 8/31, 1936: death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Spine	
Other contributory causes of importance: Cancer of left breast	

Name of operation Mastectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold W. Stone M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100262

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 280

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Lukes Hospital

2. FULL NAME Susie Middaris 49

(a) Residence. No. (Susie Annie Davis) S. Meridian, Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo B. Davis.

6. DATE OF BIRTH (month, day, and year) April 1, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6 f	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Minnie C Long
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 10/7 1936

19. UNDERTAKER E. W. Robison
(Address) Meridian Ida

20. FILED 10-5, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936, to Aug 25, 1936
I last saw her alive on Aug 25, 1936; death is said to have occurred on the date stated above, at 10:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	6/1/36 ?
Other contributory causes of importance:	

Name of operation Cholecystostomy Date of 8/21/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold W Stone, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Nokes

DO NOT WRITE IN THIS SPACE
100263
State File No.

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 282

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sallie. M. Carpenter.

(a) Residence. No. 918. Franklin Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 h

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 25. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66.	1.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn.
(State or country)

FATHER

13. NAME William Davis.
14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Mary Shaw.
16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Mrs. Mary Stewart.
(Address) 918. Franklin St.

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho. Date Sept. 3, 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-3, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-, 1931, to Sept 2, 1936.
I last saw h[illegible] alive on Sept 1, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Aug. 1936
Other contributory causes of importance:	
Diabetes	?
Hypertension	?

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. Russell Nokes M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100264

Registration District No. 2
Primary Registration District No. 1004

OCT 9 1936 RECEIVED

Local Registrar's No. 283

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Julia Marrinane

(a) Residence. No. 224 Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Marrinane

6. DATE OF BIRTH (month, day, and year) 1841

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irland

FATHER

13. NAME Mr. M. Hayes

14. BIRTHPLACE (city or town) (State or country) Irland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMANT (Address) Mrs Teresa Sporren

18. BURIAL, CREMATION OR REMOVAL Place Boise Date 9-3, 1936

19. UNDERTAKER (Address) Schneider & McLean

20. FILED 9-3, 1936 R. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1/1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Sept 1, 1936. I last saw her alive on Aug 31, 1936; death is said to have occurred on the date stated above, at 3a m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility & Arteriosclerosis	Prob. Assumed

Other contributory causes of importance:

Fell down a few steps in Home. Cut left ear and bruises	July 31 1936

Name of operation None Date of —

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 7/31, 1936
Where did injury occur? At Home Boise Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Fell down 3 or 4 steps
Nature of injury Cut left ear & bruises

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. Braxton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100265

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 284

OCT 5 1936 RECEIVED

In St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. M. Murphy.

(a) Residence. No. 14 Miles West of Boise. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 1. 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT M.N. Ray.
(Address) Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho. Date Sept. 3 193 6

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-3, 193 6 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 193 6, to death, 193

I last saw h~~im~~ alive on 9-1, 193 6; death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Lobar	8-29-36

Other contributory causes of importance:

(1) Fractured ribs	8-27-36
(2) Punctured lungs	8-27-36
(3) Pneumothorax left	8-27-36

Name of operation None Date of

What test confirmed diagnosis? Exp. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

~~Accident~~, ~~suicide~~, or ~~homicide~~? Accident Date of injury 8-27-36 193

Where did injury occur? at farm home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. on farm

Manner of injury Bumped by cow against barn

Nature of injury Fracture ribs

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. L. West, M. D.

(Address) Boise Idaho

Stone.

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100266

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 286

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina. H. Kemp.

(a) Residence. No. 412. Pueblo, Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 8. 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80.	2.	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER
13. NAME Christian Sunton.
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Denmark.

17. INFORMANT (Address) Albert. M. Kemp. 412. Pueblo, Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Sept. 2 193 6.

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 9-3 193 6. L. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936, to 8/31, 1936.
I last saw h[illegible] alive on 8/30, 1936: death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6/1/35
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Harold Watts, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100267

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 287

OCT 5 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Levi William Kiene

(a) Residence. No. 3333 Hunter Blvd. St. Seattle, Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulu

6. DATE OF BIRTH (month, day, and year) 5/20/1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Promoter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Kiene

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Henrietta Reichenbach

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Bob Kiene, Seattle Wn.

18. BURIAL, CREMATION OR REMOVAL
Place Seattle Wn. Date 9/4/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 9/3/36, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Sept 3, 1936.
I last saw him alive on Sept 3, 1936.: death is said to have occurred on the date stated above, at 12 50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	Aug 27-36
Pulmonary Embolus	Aug 30-36

Other contributory causes of importance:

Fracture of humerus	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 27, 1936
Where did injury occur? Darling County, Idaho from Hank Haught
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto accident
Nature of injury Cerebral concussion & broken arm

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Harvard M. Chalmers, M. D.
(Address) 411 Eastman Bldg Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. St Lukes Hospital
If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 100268

Local Registrar's No. 288

1(a)

2. FULL NAME Fredrick Wilson Powell

(a) Residence. No. Richfield St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Powell

6. DATE OF BIRTH (month, day, and year) Apr 13-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Truck Driver for Dairy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) Aug 18-1936

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Richfield Ida.

FATHER

13. NAME Frederick Wilson Powell

14. BIRTHPLACE (city or town) (State or country) Pattonsburgh Mo.

MOTHER

15. MAIDEN NAME Rosetta V Mitchell

16. BIRTHPLACE (city or town) (State or country) Linn Grove Mo.

17. INFORMENT (Address) Bonnie Powell Mo. Shoshone

18. BURIAL, CREMATION, OR REMOVAL Place Richfield Ida Date 9-1-36 193

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 9-8, 1936 R. Shelp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/31/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/16/1936, to 8/31/1936

I last saw him alive on 8-30, 1936; death is said to have occurred on the date stated above, at 8:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	8/9/36

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Samuel L. Stewart M. D.

(Address) 105 N 2nd St Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100269

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 288289

OCT 9 1936 RECEIVED

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Charles H. Fillmore

(a) Residence. No. 2028 North 16th. Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Permilia Fillmore

6. DATE OF BIRTH (month, day, and year) April 18th. 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) U.S.A.
(State or country)

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) U.S.A.
(State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) U.S.A.
(State or country)

17. INFORMANT Mrs. Teresa Brown (Address) McCall Ida

18. BURIAL, CREMATION, OR REMOVAL St. Johns
Place Boise Date 9-9, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Ida

20. FILED 9-8, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936 to Sept 6, 1936.
I last saw him alive on Sept 6, 1936. death is said to have occurred on the date stated above, at 4:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Right	Aug 19-1936
Cerebral Hemorrhage	

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamish Stewart M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100271

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 291

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital - Boise

2. FULL NAME Mary O'Connell

(a) Residence. No. 118 Walnut St. Boise-Idaho
(Usual place of abode) Boise 7 (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel O'Connell

6. DATE OF BIRTH (month, day, and year) August 10 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78		23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Forth Hill
(State or country) County Wicklow - Ireland

FATHER
13. NAME Walter Butler
14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER
15. MAIDEN NAME Not Obtained
16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Leo O'Connell
(Address) 118 Walnut St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Cem. Date 9-9, 1936

19. UNDERTAKER Schreiber & Mc Cain
(Address) Boise Idaho

20. FILED 9-8, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to Sept. 7, 1936
I last saw h[illegible] alive on Sept. 7, 1936: death is said to have occurred on the date stated above, at 10:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	unknown
Other contributory causes of importance:	
Cerebral Thrombosis	July 10 '36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. J. Swingle, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100272

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 293

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

2. FULL NAME John C. Mitchell

(a) Residence. No. Route #2 Boise, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 21, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Evansville, Wisconsin

FATHER

13. NAME John C. Mitchell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ethel Mitchell
(Address) Salt Lake City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9-10, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-8, 1936 L. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1936, to 9/7, 1936

I last saw h[illegible] alive on 9/7, 1936: death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	years before
Other contributory causes of importance:	
Hypertension	9
and Uremia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold McClanahan M. D.

(Address) 411 Eastman Bldg - Boise Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100273

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 295

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 1302 N. 10th.

2. FULL NAME Emmett Juno Crouch

(a) Residence. No. 1302 N. 10th. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora B.

6. DATE OF BIRTH (month, day, and year) 10/23/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston, Mass
(State or country)

FATHER
13. NAME David E. Crouch
14. BIRTHPLACE (city or town) Mass.
(State or country)

MOTHER
15. MAIDEN NAME Melissa Briggs
16. BIRTHPLACE (city or town) Mass.
(State or country)

17. INFORMANT Cora B. Crouch, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/10/36

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8/36

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1936, to 9-8, 1936
I last saw h[illegible] alive on 9-6, 1936: death is said to have occurred on the date stated above, at 9:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Contemporaneous
Chronic nephritis (with uremia)	Contemporaneous
Other contributory causes of importance:	
Hypostatic pneumonia	9-4-36.

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. T. West, M. D.
(Address) Boise Idaho.

Test

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100274

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 296

OCT 6 1936 RECEIVED

(No.) St. Lukes Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Constance Cross

(a) Residence. No. 1514 Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. 10. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/28/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME Arnold Cross

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Pearl Willis

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Arnold Cross, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/10/36

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8/36 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936 to Sept 8, 1936.
I last saw h[illegible] alive on Sept 7, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Sept 4

Other contributory causes of importance:

upper respiratory Infection	9-2-36.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T. Nokes, M. D.
(Address) Boise, Idaho.

Sprague

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

OCT 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100275

Registration District No. 2

Registration District No. 1004

Local Registrar's No. 297

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary T. Hartley

(a) Residence. No. 322 Broad Street St.

(Usual place of abode)

Length of residence in city or town where death occurred. 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Hartley

6. DATE OF BIRTH (month, day, and year) September 28, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longford Eng

FATHER

13. NAME Yeoman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) O. H. Parker Boise Ida

18. BURIAL, CREMATION OR REMOVAL St. Johns

Place Boise Date 9-10, 1936

19. UNDERTAKER Schreiber & McLean (Address)

20. FILED 9-10, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-6 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 193 4, to Sept 6, 193 6.

I last saw her alive on Sept 5, 193 6; death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Dr. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. H. Parker, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100276
State File No.

OCT 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 298
Street 1007 N. 20th
(If death occurred in a hospital or institution, give its name instead of street and number)

75

2. FULL NAME Emma Kreder
(a) Residence. No. 1007 N 20th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 1 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME John's
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Caroline McNair
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Bessie Bixby 1007 N 20th St Boise Id

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Sept 15, 1936

19. UNDERTAKER (Address) C. S. Materer Meridian Id

20. FILED 9-14, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932 to Sept 13, 1936
I last saw h[illegible] alive on Sept 12, 1936; death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis — cause unknown —	
Feeble since last December	
Since 1932 Much worse since 1935	
Other contributory causes of importance:	
Hypertension & Arteriosclerosis —	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible] M. D.
(Address) Boise Id

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100277

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 299

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

2. FULL NAME Henson, Cora June

(a) Residence. No. ____ St. Homedale, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1st 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Nampa
(State or country)

FATHER

13. NAME Sam Henson

14. BIRTHPLACE (city or town) ____
(State or country) Missouri

MOTHER

15. MAIDEN NAME Aussie Orr

16. BIRTHPLACE (city or town) Hauer
(State or country) Montana

17. INFORMANT Mrs. Sam Henson
(Address) Homedale Ida.

18. BURIAL, CREMATION OR REMOVAL Rohrdaun
Place Nampa, Ida. Date 9-13, 1936

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa Idaho

20. FILED 9-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Sept. 11, 1936.

I last saw h[illegible] alive on Sept 11, 1936: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanition	July 15 36

Other contributory causes of importance:

Marasmus	about 9-1-36.

Name of operation None Date of ____

What test confirmed diagnosis? Clinical and autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Harrison Thompson M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100278

OCT 9 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 300

(No. 2055)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William. F. Kirbach.

(a) Residence. No. 206. W. Jefferson Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April. 27. 1873.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63.	4.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown.
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Theresa Zunmer.

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Clyde. E. Summers.
(Address) 906. Bannock S. Boise. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Sept 12 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise. Idaho.

20. FILED 9-14 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 9th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1936 to Dead 9/9 1936, 193...

I last saw him alive on 1936.; death is said to have occurred on the date stated above, at About 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Unknown But Natural	
Found Dead In His Home	
No Indication Of Foul	
Play	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. McCaun Coroner, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100279

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 302

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St Alphonsus Hospital

2. FULL NAME Anton Elmer Miller

(a) Residence. No. 513 So. 12th. St. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marjorie Miller

6. DATE OF BIRTH (month, day, and year) Feb 9th 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

FATHER
13. NAME Anton Miller
14. BIRTHPLACE (city or town) Switzerland
(State or country)

MOTHER
15. MAIDEN NAME Pheobe Thompson
16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah

17. INFORMANT Anton Miller
(Address) Salt Lake Utah

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Utah Date 9/19, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-17, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1936, to Sept 14, 1936
I last saw h— alive on Sept 14, 1936: death is said to have occurred on the date stated above, at 11 "P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum	
Other contributory causes of importance:	

Name of operation Excision of cecum Date of Sept 8, 36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. St. Alphonsus Hosp
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harold W. Lon, M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100280

Registration District No. 2

OCT 9 1936 RECEIVED

Primary Registration District No. 1004 Local Registrar's No. 303

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hosp

2. FULL NAME Mrs. Elmer Jenkins

(a) Residence. No. 31 St. Boise Co

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) about

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) Clay Williamson Ada Co

18. BURIAL, CREMATION OR REMOVAL Place Boise Date 9-17, 193 6 Plot Morris Hill

19. UNDERTAKER (Address) Schreiber & McLean Boise Idaho

20. FILED 9-17, 193 6 C. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1936, to 9-14, 1936

I last saw him alive on 9-13, 193 6 death is said to have occurred on the date stated above, at 1115 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, purulent	7

Other contributory causes of importance:

Tuberculosis pulmonary, bilateral
Thyroid adenoma
Tabulent pneumonia R. L.

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Gillam, M. D.

(Address) 420 Eastman Bldg.

Parker

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Idaho

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100281

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 304

105

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Gustave Kroeger

(a) Residence. No. 1014 N. 16th St. St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise F. Kroeger

6. DATE OF BIRTH (month, day and year) April 26th 1865

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
71	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (mo. and yr.) 9-1936

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Henstedt Germany

FATHER

13. NAME Gustave Kroeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Detleff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Henry Kroeger Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 9-19 1936 Boise Ida

19. UNDERTAKER (Address) Schreiber & McLean Boise Ida

20. FILED 9-17, 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Sept 17, 1936

I last saw h[illegible] alive on Sept 16, 1936: death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. H. Carter, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100282

Registration District No. 2

OCT 9 1936 RECEIVED

Primary Registration District No. 1004 Local Registrar's No. 305

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie K. Colvin 89

(a) Residence. No. 1512 N. 14th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. F.

6. DATE OF BIRTH (month, day, and year) 9/30/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York State
(State or country)

FATHER

13. NAME Osmer J. Babcock

14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Sarah E. Kenyon

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT O. J. Colvin. Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/19/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-18, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15/36 193

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1936, to 9/15, 1936
I last saw him alive on 9/15, 193.6.: death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9/1/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold O. Stone M. D.
(Address) .....

Stone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100283

Registration District No. 2

OCT 6 1936 RECEIVED

Primary Registration District No. 1004

Local Registrar's No. 306

(No.) St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME George Sleeper Thorndon

(a) Residence. No. 1021 N. 22 st. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria N New Hampshire

FATHER

13. NAME No record

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME — Sleeper

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Ethel Ellis Brown

(Address) 1021 N 22 st. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 9/19 1936

19. UNDERTAKER Schreiber & McCann

(Address) Boise Idaho

20. FILED 9-19, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ....., 193....

I last saw him alive on 9/15 1936, 193....: death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Body Injuries And Shock Caused By An Automobile Accident	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? Public Highway

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. F. McCann Coroner

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100284

Registration District No. 2
Primary Registration District No. 1904 Local Registrar's No. 307

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus

2. FULL NAME John Ebrelle Wilkins

(a) Residence. No. Mountain Home Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rose Wilkins

6. DATE OF BIRTH (month, day, and year) 9-22-1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1920
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Jacksonville Ore.

FATHER
13. NAME J. R. Wilkins
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Laura Smith
16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Rose Wilkins
(Address) Mountain Home, Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Mtn. Home Date 9-18, 1936

19. UNDERTAKER Barber Funeral Home
(Address) Mtn. Home Ida

20. FILED 9-21, 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1936, to 9/18, 1936
I last saw him alive on 9/18, 1936; death is said to have occurred on the date stated above, at 2.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Due to Senile Pneumonia	
Other contributory causes of importance: Senile Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A Tillenghast M. D.
(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

S. Fellers

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100285

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 308

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Samuel J. Boller

(a) Residence. No. Bard R 1 N 0 4 St.

(Usual place of abode)

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12 1865

7. AGE: Years 71 | Months 8 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) — — (State or country)

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Reddoch (Address)

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery Boise, Ida Date 9-19, 1936

19. UNDERTAKER Schreiber & McCann (Address)

20. FILED 9-22 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17-1936

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1936, to 9/17, 1936

I last saw h[illegible] alive on 9/17, 1936 death is said to have occurred on the date stated above, at 10.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 days
Other contributory causes of importance:	
Factors Heart Complications	about 1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Fellers, M. D.

(Address) 1105 The 8th.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100286

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 309

OCT 9 1936 RECEIVED

(No.) 1715 Idaho Street
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Josephine E. Gallaher

(a) Residence. No. 1715 Idaho Street St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~1852~~ ~~1861~~ 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~86~~ 84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Joseph H. Gallaher

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Diana Walker Speers

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Burrell L. Gallaher
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/25, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-23 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 1916 at 1936 intervals to , 1936.
I last saw her alive on about Aug 15 1936: death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death from apoplexy	

Other contributory causes of importance:

1. Arteria-Sclerosis	
2. Hyper Tension	10 yrs
3. Chronic Cystitis	4 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Taylor, M. D.
(Address) Boise, Idaho

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100287

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 310

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

89

2. FULL NAME Frank S. Shirley

(a) Residence. No. 1105 Pueblo St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12.14.1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Junction Ohio

FATHER

13. NAME David R. Shirley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Racheal Strothers

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Olga Shirley, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/24/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise Idaho

20. FILED 9-23, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22/36 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 193 6, to Sept 22, 193 6
I last saw him alive on Sept 21, 193 6: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris (acute attack)	3:07 PM 9/22/36
Other contributory causes of importance: Myocarditis	Aug 2, 36

Name of operation none Date of

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? no Date of injury ?, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. L. Gillespie, M. D.
(Address) 105 N. 8th St. Boise Ida

Allen

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100288

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 311

OCT 9 1936 RECEIVED

(No.) St Lukes Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Frederick Ritter.

(a) Residence. No. 106. N. 5 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary. M. Ritter.

6. DATE OF BIRTH (month, day, and year) August. 8. 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66.	1.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belgravia Apt.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana.
(State or country)

FATHER

13. NAME Charles Ritter.

14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Nancy Jane Gilchrist.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Mrs. Mary. M. Ritter.
(Address) 106. N. 5 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9-26 1936

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 9-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sep. 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep. 20th, 1936, to Sept 24th, 1936

I last saw him alive on Sept 23rd, 1936: death is said to have occurred on the date stated above, at 1:30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cedema of Lungs	
following	
Other contributory causes of importance:	
Flu attack	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Boggs, M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100289
State File No.

Registration District No. 2

OCT 5 1936 RECEIVED

Primary Registration District No. 1004 Local Registrar's No. 312

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus Hospital

2. FULL NAME Sherry Darlene Doss

(a) Residence. No. Meridian Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 24 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meridian Idaho

FATHER

13. NAME J. W. Doss

14. BIRTHPLACE (city or town) (State or country) Harrison Arkansas

MOTHER

15. MAIDEN NAME Jessie Powell

16. BIRTHPLACE (city or town) (State or country) Cleburn Texas

17. INFORMANT (Address) Father

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date Sept 24 1936

19. UNDERTAKER B. W. Robison Meridian Idaho
(Address)

20. FILED 9-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Sept 23, 1936.
I last saw her alive on Sept 23, 1936: death is said to have occurred on the date stated above, at 11 P.M. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Aug 24 1936
Pyloric Stenosis.	Aug 24 1936

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. E. Powell, M. D.
(Address) Meridian, Idaho

Stone

MARGIN RESERVED FOR BINDING

...TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS about ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100290

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 313

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Alphonsus

161a

2. FULL NAME Gerald Joseph Martin

(a) Residence. No. 720 No 8th St Boise Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 21st. 1936

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or 28 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Gerald J. Martin

14. BIRTHPLACE (city or town) Elizabeth
(State or country) N.J.

MOTHER

15. MAIDEN NAME Lilyan R, Higgins

16. BIRTHPLACE (city or town) Elizabeth
(State or country) N.J.

17. INFORMANT Gerald J Martin
(Address) Boise Idaho

18. ~~Burial, Cremation~~ OR REMOVAL
Place Elizabeth N.J. Date 9/30, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-28, 1936 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1936, to 2/21, 1936
I last saw him alive on 2/21, 1936: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harold W Stone M. D.
(Address) 317 Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

OCT 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100291

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 344

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nola Elvira Logan

(a) Residence. No. Soldiers Home Lane St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
W. F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cecil

6. DATE OF BIRTH (month, day, and year) 5/26/1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME G. S. Fee

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary E. Smithwick

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. C. E. Boggs. Boise (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/28/36 193..

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 9-29, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25/36 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 193.6, to Sept 25, 193.6

I last saw h~~e~~r alive on Sept 26, 193.6.: death is said to have occurred on the date stated above, at 7 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Kidney (Operation Sept 20/36) with hemorrhage	9/20/36 (5 d)
Other contributory causes of importance:	

Name of operation Exploratory operation Date of 9/25/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/25/36

Where did injury occur? At home (Boise Idaho.) (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fell in Lavatory

Nature of injury Ruptured Kidney & Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Budge Jr MD, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100293

RECEIVED SEP 5 1936

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 104
(No. 750)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin Eugene Campbell

(a) Residence. No. 712 Richmond St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME Frederick Campbell
14. BIRTHPLACE (city or town) Springfield
(State or country) Missouri

MOTHER
15. MAIDEN NAME Mary Jameson
16. BIRTHPLACE (city or town) Park City
(State or country) Utah.

17. INFORMANT Mary Campbell
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 9/4 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 9-3 1936 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-3-36

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1936, to Sept 3, 1936
I last saw him alive on 9-3, 1936: death is said to have occurred on the date stated above, at 7:[illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis #138	

Other contributory causes of importance:

Malnutrition	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. Calloway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of near Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100294

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 105

OCT 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lila Pearl Guthrie

(a) Residence. No. Roosevelt Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 4-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Payette, Ida.

FATHER

13. NAME Ira Guthrie

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Viola Shields

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT (Address) Ira A. Guthrie Rt 2 Boise

18. BURIAL, CREMATION OR REMOVAL Place Boise Date 9-7, 1936 Morris Sh

19. UNDERTAKER (Address) Schreiber & Mc Cann

20. FILED 9-8, 1936 R. Blake Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1936, to ....., 193..

I last saw her alive on 9/1, 1936 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	4 min
Other contributory causes of importance: Cholera Infantum	approx 1 weeks.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Heun, M. D.

(Address) 105 N 8th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100295

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 109

OCT 9 1936 RECEIVED

(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Boston McNutt

(a) Residence. No. Kuna Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane

6. DATE OF BIRTH (month, day, and year) 7-24-54

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME Robert Jas McNutt
14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER
15. MAIDEN NAME Anne Rowan
16. BIRTHPLACE (city or town) (State or country) West Va. Virginia

17. INFORMANT (Address) Mrs John Stanford Melba, Ida

18. BURIAL, CREMATION OR REMOVAL Place Pioneer Hill Date 9-26-36, 193...

19. UNDERTAKER (Address) F. K. Robinson Nampa Ida

20. FILED 9-26 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 193.6, to 9-23, 193.6
I last saw him alive on 9-22, 193.6; death is said to have occurred on the date stated above, at 1A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) M. A. Mowery, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100296

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 113

OCT 5 1936 RECEIVED

(a) Residence. No. Residence (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Dorsey

(a) Residence. No. Route 4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/25/1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kentucky
(State or country)

FATHER

13. NAME Fredrick Latham
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Maryetta Johnson
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Mollie Herbig
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/1/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-30 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/27/36 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 0, to Sept 27, 193 6
[last saw her alive on Nov 15, 193 5: death is said to have occurred on the date stated above, at 2 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility & Arteriosclerosis	1930

Other contributory causes of importance:

Chronic Myocarditis	Nov 1935

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. M. Braxton M. D.
(Address) Boise Idaho
Braxton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100297

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 115

OCT 5 1936 RECEIVED

1. (If in hospital or institution, give its name instead of street and number) Whitney Bench

2. FULL NAME Annie A. Jensen

(a) Residence. No. ..... St. Brigham, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Andrew Anderson

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Maren Neilson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Dr. A. I. Jensen
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Brigham, Utah Date 10/2/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 30, 1936
I last saw her alive on Sept 30, 1936: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac heart failure	9-30-36

Other contributory causes of importance:
Senility
Three Weeks Post-Operative

Name of operation Removal of Ca. from breast Date of 9-9-36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ora Craig T. Nokes M. D.
(Address) Boise, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100298

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 112

OCT 8 1936 RECEIVED

(No. ..... Ward .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Ella Wagner

31

(a) Residence. No. 1111 Grant Ave St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Russell Wagner

6. DATE OF BIRTH (month, day, and year) 6th. 22 1901

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
35	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boulder Colorado

FATHER

13. NAME Frank Byrum

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Stella Treadwell

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Stella Treadwell
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Idaho Date 9/27 193 6

19. UNDERTAKER Zacher Funeral Home
(Address) Mtn. Home Idaho

20. FILED 9-26 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 193 5, to Sept. 25, 193 6

I last saw h alive on Sept. 18, 193 6; death is said to have occurred on the date stated above, at 11:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Sunwall, M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

(If not in incorporated territory write "not")

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100293

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 114

OCT 9 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lila Evéline Roe

(a) Residence. No. R.F.D. # 4 Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18th. 1934

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson, Ore.

FATHER

13. NAME William Roe

14. BIRTHPLACE (city or town) (State or country) Col.

MOTHER

15. MAIDEN NAME Beatrice Humphris

16. BIRTHPLACE (city or town) (State or country) Rexburg, Ida.

17. INFORMANT (Address) William Roe

18. BURIAL, CREMATION OR REMOVAL Place Boise Date 10-1-1936 St. Johns

19. UNDERTAKER (Address) Schreiber & McBeam

20. FILED 9-30 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to Sept 25, 1936

That I last saw h[illegible] alive on Sept 25, 1936; death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute enteritis - toxic	9-24
Other contributory causes of importance:	
Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. L. McCallum, M. D.

(Address) Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100300

OCT 8 1936 RECEIVED

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 12

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Jane Henry

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Franklin A Henry

6. DATE OF BIRTH (month, day, and year) Feb. 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harrison Ark

FATHER
13. NAME James Nelson
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Jane Starkey
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. J. J. McClure
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Ida Date 9/13, 1936

19. UNDERTAKER E. E. Johnson
(Address) Meridian Ida

20. FILED 9/12, 1936 W. R. Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, [redacted], to Sept 11, 1936
I last saw h.. alive on Sept 11, 1936: death is said to have occurred on the date stated above, at 10:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 8-1936
Other contributory causes of importance: Hypertension	Undetermined

Name of operation None Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. E. Jewell, M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

STATE OF ID.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100301

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 13

OCT 9 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Benjamin J. McKie

(a) Residence. No. .... St. ....
(Usual place of abode) Meridian R-F
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 5 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	7	No	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) St Joe
(State or country) Missouri

FATHER

13. NAME William McKie
14. BIRTHPLACE (city or town) ....
(State or country) PENN-

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) UNKNOWN
(State or country)

17. INFORMANT Leonard McKie
(Address) Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Boise Oct 7, 1936

19. UNDERTAKER W-S-Mateer
(Address) Meridian Idaho

20. FILED Oct 6, 1936 W. H. Ber.
Registrar.

MEDICAL CERTIFICATE OF DEATH

Life

21. DATE OF DEATH (month, day and year) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1936, to Oct 4th, 1936
I last saw him alive on Oct 4, 1936: death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	2 days
Other contributory causes of importance:	
Myocarditis	1 year ago

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Eugene Schreiber M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of ADA
City of MERIDIAN

OCT 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100302

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 14

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME HARVEY E RHOADS

(a) Residence. No. St.
(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct 6-36
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) SOMERSET (State or country) PENN-

FATHER

13. NAME HIRAM E RHOADS
14. BIRTHPLACE (city or town) SOMERSET (State or country) PENN

MOTHER

15. MAIDEN NAME NANCY A YODER
16. BIRTHPLACE (city or town) SOMERSET (State or country) PENN

17. INFORMANT BERTHA STALKER
(Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEM- Date OCT 9 1936

19. UNDERTAKER W E Mateer-S-MATEER
(Address) MERIDIAN IDAHO

20. FILED Oct 9 1936 W A Rees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Cause of death	Date of onset
Unknown-But Natural	
Died Suddenly while	
at work-	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. McCann Coroner
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100304

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 757

SEP 14 1936 RECEIVED

No. Saint Anthony's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Deon England

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 3, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER
13. NAME Jesse S. England
14. BIRTHPLACE (city or town) Moreland,
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Aritta Mitchell
16. BIRTHPLACE (city or town) Ammon,
(State or country) Idaho.

17. INFORMANT Jesse S. England
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho. Date Aug. 5, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 4, 1936. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1936, to Aug 4, 1936
I last saw h[illegible] alive on Aug 4, 1936: death is said to have occurred on the date stated above, at 5:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) F. S. Miller, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE
State File No. 100307

Local Registrar's No. 769

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

OCT 7 1936 RECEIVED

2. FULL NAME Nephi Plain Smith

(a) Residence. No. 360 Oak St. St. Pocatello, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Carline Southworth

6. DATE OF BIRTH (month, day, and year) August 3, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Logan, Utah.

FATHER

13. NAME: Nephi A. Smith

14. BIRTHPLACE (city or town) (State or country): Logan, Utah.

MOTHER

15. MAIDEN NAME: Alice Johnson

16. BIRTHPLACE (city or town) (State or country): Logan, Utah.

17. INFORMENT (Address): Mrs. Nephi Plain Smith, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Rexburg, Idaho. Date: Sept. 3, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho

20. FILED Sept. 2, 1936. D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 -, 1936, to Sept 1, 1936

I last saw h[illegible] alive on Sept 1, 1936; death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Cerebral Shock	
Both Legs Fractured	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 1, 1936

Where did injury occur? State highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Auto Accident

Manner of injury Auto accident

Nature of injury Fractured Skull,

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. E. Lemmon, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100308

Registration District No.

Primary Registration District No. Local Registrar's No. 770 4

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Lillian Francis Johnson

(a) Residence. No. 546 North 6 th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1892

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ormington (State or country) Montana.

FATHER

13. NAME Perregan Sanford

14. BIRTHPLACE (city or town) unknown (State or country) New York State

MOTHER

15. MAIDEN NAME Flora Miller

16. BIRTHPLACE (city or town) unknown (State or country) Wisconsin

17. INFORMANT John Johnson (Address) 546 N. 6 th. Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mt. View Cem. Date Sept. 5 193 6

19. UNDERTAKER McHan Funeral Home, (Address) Pocatello Idaho.

20. FILED 9/4, 193 6 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 3 193 6

22. I HEREBY CERTIFY, That I attended deceased from April, 193 6, to Sept 3, 193 6

I last saw h or alive on Sept 1, 193 6: death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast, 4 yrs	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R R Lyon, M. D.

(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100309

Registration District No.
Primary Registration District No. Local Registrar's No. 771

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Alonzo Avery

OCT 7 1936 RECEIVED

(a) Residence. No. Lava Hot Springs, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Hattie Bybee

6. DATE OF BIRTH (month, day, and year): Jan. 18. 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): July 1936.

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Millard County, Utah.

FATHER

13. NAME: John N. Avery

14. BIRTHPLACE (city or town) (State or country): Iowa.

MOTHER

15. MAIDEN NAME: Josephine Roberts

16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMENT (Address): Mrs. John A. Avery, Lava Hot Springs, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Lava Hot Springs Date: Sept. 5, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 4, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1936, to Sept. 3, 1936.

I last saw him alive on Sept. 3, 1936.; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	8/14/36
Other contributory causes of importance:	
Senility	
Infected wound (severe)	8/22/36

Name of operation: Herniotomy Date of: 8/14/36

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hughart, M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100310

Registration District No.
Primary Registration District No. Local Registrar's No. 782

(No.) Pocatello General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert S. Crofts

OCT 7 1936 RECEIVED

(a) Residence. No. 427 North Arthur Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Margaret Sparapani

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Painter &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Paper-Hanger
10. Date deceased last worked at this occupation (month and year): Aug. 1936.
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Orderville, Utah.

FATHER

13. NAME: John Crofts
14. BIRTHPLACE (city or town) (State or country): Wales.

MOTHER

15. MAIDEN NAME: Elizabeth Crofts
16. BIRTHPLACE (city or town) (State or country): Utah.

17. INFORMENT (Address): Mrs. Robert S. Crofts, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Basalt, Idaho. Date: Sept. 6, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Sept. 5, 1936. D O'Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to Sept. 4, 1936
I last saw h. alive on Sept 4, 1936: death is said to have occurred on the date stated above, at /m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	Sept. 1, 1936
Other contributory causes of importance:	
Ruptured gangrenous Appendix	Sept. 1, 1936.

Name of operation: Appendectomy Date of: Sept. 1, 1936
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. N. Heughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100311

Registration District No.
Primary Registration District No. Local Registrar's No. 773
(No. St. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Dr. Luke Henry Crawshaw
(a) Residence. No. Shaffer Apts. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jane

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Eye, Ear, Nose & Throat Specialist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER
13. NAME Luke Crawshaw
14. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

MOTHER
15. MAIDEN NAME Jane Wright
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT (Address) Mrs. Jane Crawshaw Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mount Mariah Date Sept. 5, 1936

19. UNDERTAKER (Address) Downards Funeral Home Pocatello, Idaho

20. FILED 9-8, 1936. D. Clay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept. 5, 1936
I last saw him alive on Sept 3, 1936.: death is said to have occurred on the date stated above, at 9:52 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	Sept. 3, 1936.
Other contributory causes of importance:	
Cardiac Failure (Left ventricular failure)	Sept. 5, 1936
Peritonitis, acute suppurative, generalized	Sept 4, 1936

Name of operation Appendectomy Date of 9/4/36
What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ben C. Eisenberg, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100312

Registration District No. ...

Primary Registration District No. ... Local Registrar's No. 774

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. J. McC. Comon

OCT 7 1936 RECEIVED

(a) Residence. No. 546 West Benton St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mrs Mary Comon

6. DATE OF BIRTH (month, day, and year) January 21, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired M.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Minister

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Greensburg Penn.

FATHER

13. NAME Robert B. Comon

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Juliet Wilson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs Mary Comon Pocatello Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Pocatello Date Sept 9, 1936

19. UNDERTAKER (Address) W. L. McCann Pocatello Idaho

20. FILED Sept 9 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Sept 6, 1936

That I last saw him alive on ..., 193..: death is said to have occurred on the date stated above, at 5:46 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Chronic
Other contributory causes of importance: Decompensation	June 1936

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William F. Haggard M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100313

Registration District No.
Primary Registration District No. Local Registrar's No. 776

(No. 101)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Paula Josephson

(a) Residence. No. 202 Mc Kinley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Nate Josephson

14. BIRTHPLACE (city or town) Stone
(State or country) Idaho

MOTHER

15. MAIDEN NAME Thelma Facer

16. BIRTHPLACE (city or town) Malad
(State or country) Idaho

17. INFORMANT Mrs. Nate Josephson
(Address) 202 McKinley

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Idaho Date Sept. 9, 1936

19. UNDERTAKER Dawnard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 9-8, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936, to Sept 7, 1936
I last saw h-er alive on 9-7, 1936: death is said to have occurred on the date stated above, at 4 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
pneumonia	

Other **contributory causes** of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D C Ray M.D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100314

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 776
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED OCT 7 1936

2. FULL NAME David Reese Davis Jr.

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 7, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 30 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME David R. Davis

14. BIRTHPLACE (city or town) (State or country) Soda Springs, Idaho.

MOTHER

15. MAIDEN NAME Mary Elizabeth McNabb

16. BIRTHPLACE (city or town) (State or country) Inkom, Idaho.

17. INFORMENT (Address) David R. Davis Inkom, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Sept. 8, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Sept. 8, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 7, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936, to Sept 7, 1936

I last saw him alive on Sept 7, 1936.: death is said to have occurred on the date stated above, at 11-32 m p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth -	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING [redacted]—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that should be stated EXACTLY. PHYSICIANS may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100315

Registration District No.
Primary Registration District No. Local Registrar's No. 778

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

1. FULL NAME [redacted] East Dunkel Jr.
(Usual residence) No. 1216 Alameda St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Helen Murphy

6. DATE OF BIRTH (month, day, and year) July 1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER
13. NAME Eugene Dunkel
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Keturah Brunson
16. BIRTHPLACE (city or town) (State or country) Wesley Idaho

17. INFORMANT Eugene Dunkel (Address) Osmo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Edison Date 9-11, 1936

19. UNDERTAKER [redacted] as to Funeral Home (Address) Burley Idaho

20. FILED 9-8, 1936 D C Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1936, to 9-8, 1936
I last saw h[redacted] alive on 9-8, 1936: death is said to have occurred on the date stated above, at 6-9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	
Suppurative Appendicitis	
Other contributory causes of importance:	

Name of operation Appendectomy & Perforation Date of 8-31-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [redacted], M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, ... GIN RESERVED FOR BINDING ... FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100316

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 779
(No. St. Anthony Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Florence Elizabeth Luker
(a) Residence. No. 266 Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Luker

6. DATE OF BIRTH (month, day, and year) May 19, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT George Luker
(Address) Pocatello, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mountain View Date Sept 13 1936

19. UNDERTAKER McClellan Funeral Home
(Address) Pocatello Idaho

20. FILED 9-8, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1936, to 9-8, 1936
I last saw her alive on 9-8, 1936: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Obstruction — Volvulus	
Other contributory causes of importance: Normal delivery	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~Yes~~ No If so, specify no
(Signed) [illegible] M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100317

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 7806
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

RECEIVED OCT 7 1936

2. FULL NAME Kathryn Alice Spillman
(a) Residence. No. 227 North 10th Ave. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Joseph D. Spillman

6. DATE OF BIRTH (month, day, and year): April 13, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At -Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New Castle, Wyoming.

FATHER
13. NAME: ---------- Truitt
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Mary Corwin
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMENT (Address): Joseph D. Spillman, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Sept. 11, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 9, 1936. D. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 8, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Sept 8, 1936
I last saw h[illegible] alive on 9-8, 1936: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Carcinomatosis	
of bowels.	

Other contributory causes of importance:
Carcinoma of breast inoperable

Name of operation: None. Date of:
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) J. W. Young, M. D.
(Address) Pocatello, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100318

Registration District No. 28
Primary Registration District No. 2821
Local Registrar's No. 781

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

OCT 7 1936 RECEIVED

2. FULL NAME Ruby Della McDonough

(a) Residence. No. 1206 East Center St. Pocatello St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wife of David T. McDonough

6. DATE OF BIRTH (month, day, and year): Dec. 28, 1903.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At - Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rochester, Montana.

FATHER

13. NAME: Frank B. Deno

14. BIRTHPLACE (city or town) (State or country): Illinois.

MOTHER

15. MAIDEN NAME: Jennie Simpson

16. BIRTHPLACE (city or town) (State or country): Scotland.

17. INFORMENT (Address): David T. McDonough, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL — Place: Rupert, Idaho. Date: Sept. 11, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 9, 1936. D Clay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 3, to Sept 8, 1936

I last saw her alive on Sept 8, 1936: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
with	
Broken Compensation	

Other contributory causes of importance:

Acute bronchitis & nephritis

Name of operation: No Date of:

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O R Call, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100319

Registration District No. 28
Primary Registration District No. 9161
Local Registrar's No. 782

(No. St Anthony Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

OCT 7 1936 RECEIVED

2. FULL NAME Harold J. Hunter

(a) Residence. No. C.C.CCo. 550 Pass Creek St. Mackey, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc C. C. C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Enrolle

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMENT (Address) C. C. C. Office Pocatello,

18. BURIAL, CREMATION, OR REMOVAL Place Nelsonville, Ohio, 193

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho.

20. FILED 9-17, 1936. D Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) SEPT 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from SEPT 10, 1936, to SEPT 11, 1936

I last saw him alive on SEPT 11, 1936; death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE,	SEPT 10,
CONTRIBUTORY - BRAIN	1936
TUMOR IN REGION OF	
THIRD VENTRICLE	1933

Other contributory causes of importance:

Name of operation SPINAL PUNCTURE, OPHTHALMOSCOPIC Date of EXAM

What test confirmed diagnosis? as there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. VanDamm, M. D.

(Address) C.C.C. Headquarters Pocatello, Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 98
Primary Registration District No. 2161
File No. 100320
Registered No. 783

1. PLACE OF DEATH
County of Bannock
City of Pocatello
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Myrl Sa Nell Fox 13
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: 3-14-1935
Death Sept (Month) 12 (Day) 1936 (Year)

7. AGE: 1 Yrs. 5 Mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Downey, Idaho

10. NAME OF FATHER: Lee Fox,

11. BIRTHPLACE OF FATHER (State or Country): Downey, Idaho

12. MAIDEN NAME OF MOTHER: Myrl Bowman,

13. BIRTHPLACE OF MOTHER (State or Country): Chesterfield, Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. V. Morgan
(Address) Downey Idaho

15. Filed 9-21 1936
D C Ray
Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: OCT 7 1936 RECEIVED
Sept — 12 — 1936.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept -9- 1936. to Sept -12- 1936.
that I last saw her alive on Sept -12- 1936.
and that death occurred on the date stated above, at 6:50 P.M.
The CAUSE OF DEATH* was as follows:
Acute Enteritis

(Duration) ..... Yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. F. Hastingsen, M. D.
9-12-1936 (Address) Downey Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF ~~RESIDENCE~~ ~~(For Hospitals, Institutions, Transients or Recent Residents.)~~
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey, Idaho
DATE OF BURIAL: 9-14- 1936

20. UNDERTAKER: Moon.
ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100322

Registration District No.
Primary Registration District No. Local Registrar's No. 785

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert M. Myers

OCT 7 1936 RECEIVED

(a) Residence. No. 334 South 8th Ave. Pocatello, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 4 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Manassah Myers

14. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

MOTHER

15. MAIDEN NAME Adnella Thomas

16. BIRTHPLACE (city or town) (State or country) Turner, Idaho.

17. INFORMENT (Address) Manassah Myers, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date Sept. 18, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Sept. 16, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Sept 15, 1936
I last saw h[illegible] alive on Sept 15, 1936; death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	June 10th 1936
Chronic Nephritis	June 15- 1936

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. C. Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock.
City of Pocatello.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100323

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 787
(No. St. Anthony.)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Dennup Betty

OCT 7 1936 RECEIVED

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

MOTHER FATHER
13. NAME Raymond B. Betty,
14. BIRTHPLACE (city or town) Fairview
(State or country) Oklahoma.

MOTHER
15. MAIDEN NAME La Ree Morgan
16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho.

17. INFORMANT Raymond B. Betty,
(Address) 203 Roosevelt St. Pocatello Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Blackfoot Date Sept. 17 1936.

19. UNDERTAKER Mc Han Funeral Home
(Address) Pocatello, Idaho.

20. FILED 9-16, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Sept. 16, 1936
I last saw him alive on Sept. 16, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis, acute, severe,	Sept 12, 1936
Cause undetermined	

Other contributory causes of importance:

Bronchopneumonia, acute	Sept 16, 1936
Cardiac failure, acute, with	
Pulmonary edema	

Name of operation none Date of
What test confirmed diagnosis? Cl. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) B. C. Eisenberg, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100324

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 788

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Urani Larsen Shafer

(a) Residence. No. 629 South Main St. Pocatello, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Harry G. Shafer

6. DATE OF BIRTH (month, day, and year): Sept. 3, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At - Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ephraim, Utah.

FATHER

13. NAME: Christian Larsen

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Anna Larsen

16. BIRTHPLACE (city or town) (State or country): Ephraim, Utah.

17. INFORMENT (Address): Harry G. Shafer, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Sept. 19, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 18, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936 to Sept 16, 1936
I last saw h[illegible] alive on Sept 4, 1936: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Complete Coma	
b Obstruction Jaundice	
c Carcinoma of Liver	

Other contributory causes of importance:

Supervening hypostatic pneumonia of large febrile lower lobes

Name of operation: Physical Exam Date of: 9/10/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O E Call, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100325

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 789

(No. 622 West Bonneville St.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

OCT 7 1936 RECEIVED

2. FULL NAME Pauline Hayden Gray

(a) Residence. No. 622 West Bonneville St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of P. L. Gray

6. DATE OF BIRTH (month, day, and year): March 27, 1850.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At - Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia.

FATHER

13. NAME: Lewis Hayden

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Francis Dunbar

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMENT (Address): Mrs. F. C. Hautt, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Sept. ✓, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho

20. FILED: Sept. 19, 1936. E. C. Ray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Sept. 17, 1936.

I last saw her alive on Sept. 17, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan. 1936

Other contributory causes of importance:

Name of operation: ——— Date of: ———

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 193

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ———

(Signed) W. W. Tucker M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100326

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 790

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

OCT 7 1936 RECEIVED

2. FULL NAME Ray Edgar Butcher
(a) Residence. No. 412 South 11th St. Pocatello Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Pearl Butcher

6. DATE OF BIRTH (month, day, and year): Jan. 26. 1884

7. AGE: Years 51 | Months 9 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Steelworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Car dept. O.S.L.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pleasant Hill Mo.

FATHER
13. NAME: Albert Butcher
14. BIRTHPLACE (city or town) (State or country): Jacksonville Illinois

MOTHER
15. MAIDEN NAME: Emma Evans
16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Victory P. Butcher Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Sept. 1936

19. UNDERTAKER (Address): H. L. McHaffie Pocatello Ida

20. FILED Sept 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 20, 1936
I last saw him alive on Sept 20, 1936; death is said to have occurred on the date stated above, at 8:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
a Stenosis	
b	
Other contributory causes of importance:	
Complicated	
with Nephritis	

Name of operation 0 Date of 0
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) J. L. Tenney, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100327

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 791

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

RECEIVED OCT 7 1936

2. FULL NAME Vear Durfee

(a) Residence. No. Almo, Idaho. St. Almo, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Eva Stone

6. DATE OF BIRTH (month, day, and year): March 9, 1897.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Time-Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: W. P. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Almo, Idaho.

FATHER

13. NAME: Henry D. Durfee

14. BIRTHPLACE (city or town) (State or country): Cache Valley, Utah.

MOTHER

15. MAIDEN NAME: Ida Nichols

16. BIRTHPLACE (city or town) (State or country): Willard, Utah.

17. INFORMENT (Address): Mrs. Vear Durfee, Almo, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Almo, Idaho. Date: Sept. 27, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Sept. 28, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Sept 23, 1936

I last saw h[illegible] alive on Sept 23, 1936; death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating ulcer duodenum	Sept 9 1936

Other contributory causes of importance:

Name of operation: Resection Pylorus Date of: 9-9-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Brockus, M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N: B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 7 1936 RECEIVED

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100328

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 792

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Armenda Holmes

(a) Residence. No. 4 miles Deaf Lower
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Jan 4, 1867

7. AGE — Years: 68 | Months: 10 | Days: 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Keeps house at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: with daughter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Randolph Co Mo

FATHER
13. NAME: Joseph Welch
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Paloma White
16. BIRTHPLACE (city or town) (State or country): Mo

17. INFORMANT (Address): Mrs. Mary Lee Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Removal Date: Sept 27 193 6

19. UNDERTAKER (Address): McHAN UNDERTAKING CO Pocatello Idaho

20. FILED: Sept 27 193 6 — L. Gray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from July, 193 5, to Sept 26, 193 6
Last saw her alive on Sept 26, 1936: death is said to have occurred on the date stated above, at 12 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1935
Other contributory causes of importance: Acute Pulmonary Edema	Sept 26, 36

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100329

PLACE OF DEATH
County of Bannock
City of Pocatello

OCT 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 793
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Daniels Brown

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 26, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Almon L. Brown

14. BIRTHPLACE (city or town) (State or country) Ogden, Utah.

MOTHER

15. MAIDEN NAME Gladys Watson

16. BIRTHPLACE (city or town) (State or country) Butte, Montana.

17. INFORMENT (Address) Almon L. Brown, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Sept. 27, 1936.

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho

20. FILED Sept. 28, 1936. D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1936, to 9-27-36 hrs., 1936

I last saw him alive on 9/27, 1936: death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mas Gestation	
Cesarean Section	
Placenta Previa	
Hemorrhage	

Other contributory causes of importance:

Prematurity	
Lived only 2 hrs.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. E. Call, M. D.

(Address) Pocatello, Idaho.

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Ray Daniels Brown

now lying buried in Mountain View Cemetery, in the City or Town of Pocatello

County of Bannock State of Idaho, who died on the 26 day of September, 1936, Aged 5 hours years months

days, the cause of death being Premature and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

O. F. Call, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Ammon Cemetery in the City or Town of Ammon County of Bonneville

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 25 day of July, A.D. 19 68.

Permit issued to:

Manning Funeral Chapel
510 No. 12th Ave.
Pocatello, Idaho 83201

W. W. Benson
by
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of State of Idaho, this day of , 19 .

Health Officer

FORM BH 56-019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100330

OCT 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 794
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

111a

2. FULL NAME John R. Clawson

(a) Residence No. ..... St. Driggs, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 21 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Rancher
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME John R. Clawson
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER

15. MAIDEN NAME Anne E. Hunter
16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT (Address) Mrs. Dartha Howells Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Sept. 29, 1936

19. UNDERTAKER (Address) Downard's Funeral Home Pocatello Idaho

20. FILED 9-29, 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1936, to Sept 28, 1936
I last saw him alive on Sept 28, 1936: death is said to have occurred on the date stated above, at 3 5 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Senility	
Coronary Occlusion	
Other contributory causes of importance:	
Gastric Ulcer.	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....
(Signed) C R Brown, M. D.
(Address) Pocatello Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Fort Hall Reserv. Fort Hall, Idaho
PLACE OF DEATH

County of Bannock.

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100331

OCT 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 9161
Local Registrar's No. 795

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Thomas Kennedy.

(a) Residence. No. Fort Hall, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Bannock 4/4 Indian	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lovish Scando

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	(No record)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hunter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government Reservation lands

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Nevada
(State or country)

MOTHER

15. MAIDEN NAME Poletshon

16. BIRTHPLACE (city or town) Warm Springs,
(State or country) Oregon

17. INFORMANT Taylor Johnson
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Cem. Date Aug. 18, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall Idaho

20. FILED Oct 3, 1936 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at —— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
No Physician attending.	
Other contributory causes of importance:	
Chronic Nephritis	Aug. 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Johnson, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100332

OCT 7 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 796

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Taylor

90

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) Aug 1 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	1	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Kirksville
(State or country) unknown Iowa

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country) unknown

17. INFORMANT Agnes Fay
(Address) 531 - E. Hayden

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemetery Date Sept. 29 1936

19. UNDERTAKER McClain Funeral Home
(Address) Pocatello Idaho

20. FILED ....., 193.... H. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Sept. 25, 1936.
I last saw him alive on Sept. 25, 1936.: death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal	Several years.

Other contributory causes of importance:

Senility	

Name of operation .... Date of ....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. Hoffman Frank M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

DO NOT WRITE IN THIS SPACE
State File No. 100335

SEP 1 1936 RECEIVED

Primary Registration District No. 2136 Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Irene Stonecypher

(a) Residence. No. St. Compton, California
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse J. Stonecypher

6. DATE OF BIRTH (month, day, and year) June 1, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

FATHER
13. NAME William Norton
14. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

MOTHER
15. MAIDEN NAME Mary Waybright
16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Jesse J. Stonecypher
(Address) Compton, California

18. BURIAL, CREMATION OR REMOVAL
Place Burbank, California Date Sept 19, 1936

19. UNDERTAKER
(Address) Montpelier, Idaho

20. FILED Sept 17th 36
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936 to Sept 16, 1936
I last saw h alive on Sept 16, 1936: death is said to have occurred on the date stated above, at 7:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Diabetes Mellitus	
Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? Res
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.
(Address) Montpelier, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Salt Lake

City of Salt Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100336

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 0

1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 188)

2. FULL NAME Glen A. Slater

(a) Residence. No. ..... St. Salt Lake Golconda Nev

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Janetta Wakeley

6. DATE OF BIRTH (month, day, and year): July 21 1899

7. AGE — Years: 36 — Months: 11 — Days: 27 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Signal Foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Western Pac. Ry

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

MOTHER FATHER

13. NAME: John P Slater

14. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

15. MAIDEN NAME: Margaret Upton

16. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

17. INFORMANT (Address): John P. Slater Ogden Utah

18. BURIAL, CREMATION OR REMOVAL

Place: Masonic Idaho Date: July 22, 1936

19. UNDERTAKER (Address): Thos Kirton & Son Salt Lake City

20. FILED July 21, 1936 H. H. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.... to ....., 193....

I last saw h... alive on ....., 193.... death is said to have occurred on the date stated above, at 1:12 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed in auto accident when Car he was riding in, was struck & overturned by train at Cross Bank Crossing from top of mountain Canyon to S.L. Wood Canyon Bridge Dist. about 12 miles from Brigham City Utah	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Wm. B. Allen Coroner M. D.

(Address) Salt Lake City Utah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100337

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. .....

JUL 1 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janetta Markley Slater

(a) Residence. No. ..... St. Downey Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John G Slater

6. DATE OF BIRTH (month, day, and year): July 2 - 1891

7. AGE — Years: 41 — Months: 11 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Downey Idaho

MOTHER FATHER

13. NAME: John Joe Markley

14. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER

15. MAIDEN NAME: Janetta Thornton

16. BIRTHPLACE (city or town) (State or country): Kaysville Utah

17. INFORMANT (Address): Mrs. J. Markley Downey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Downey Idaho Date: July 22 1936

19. UNDERTAKER (Address): Lund Mortuary Idaho

20. FILED July 24, 1936 W. H. Cary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 1:12 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed in Auto accident when Car she was riding in passed Curve and rolled down steep embankment from top of Montpelier Canyon to Wood Canyon below at about 12 Noon	
Other **contributory causes** of importance:	
Montpelier Idaho	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J. M. Williams Brown M. D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100338

OCT 1 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No. 6

(No.) 182

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Garry Bradford.

(a) Residence. No. St. Garland Utah

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 25 1933

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
3	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garland Utah
(State or country)

FATHER

13. NAME Wm C. Bradford.

14. BIRTHPLACE (city or town) Cyprus
(State or country) Utah

MOTHER

15. MAIDEN NAME Vila Alma Wakley

16. BIRTHPLACE (city or town) Dayton Idaho
(State or country)

17. INFORMANT Mrs J. J. Wakley
(Address) Dayton Idaho

18. BURIAL, CREMATION OR REMOVAL,
Place Garland Utah Date July 23 1936

19. UNDERTAKER W. W. Albiston
(Address) Montpelier Idaho

20. FILED July 1 1936 D. V. Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from (Broncs' Cards) 193.. to ....., 193..
I last saw h.. alive on ....., 193.. ; death is said to have occurred on the date stated above, at 1:20 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed in Auto Accident when Car he was driving in, swerved, Curve and rolled down steep embankment from top of Montpelier Canyon to Wood Chuck on below 1/2 mile from	Car
Other **contributory causes** of importance: Montpelier Idaho	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Albiston, Coroner M. D.
(Address) Montpelier, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Georgetown

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100339

OCT 1 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 18 C

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Peterson

(a) Residence. No. / St. Georgetown Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Georgetown
(State or country) Idaho

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Peterson

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Mrs. A. Peterson
(Address) Georgetown Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Albion Cem Date Sept 1, 1936

19. UNDERTAKER T. D. Williams
(Address) Montpelier Idaho

20. FILED Sept 1st 1936 N. D. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12.....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed when Auto Passed	
Roadside Georgetown Canyon	
and Car Turned over Running	
Jack Father Washington Cat. Baby Probably	
Smothered before help could arrive	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) T. D. Williams Coroner M. D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

OCT 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 100340

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dennis Clarence Scofield

(a) Residence. No. St. Fish Haven Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Smith

6. DATE OF BIRTH (month, day, and year) May 21 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fish Haven Idaho

FATHER

13. NAME Ernest A. Scofield

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Gena E. Booth

16. BIRTHPLACE (city or town) (State or country) St. Charles Idaho

17. INFORMANT Lawrence Scofield
(Address) Fish Haven Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fish Haven Idaho Date Sept. 7, 1936

19. UNDERTAKER Joe H. Gleason
(Address) Montpelier Idaho

20. FILED Sept 7th 1936 W. H. Heng
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Coroners Certificate, 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Accidently Killed - while driving truck from Montpelier to Fish Haven, Idaho, Attempting to drive	
(b) down Road, side swiped car,	
(c) Ute Brown Truck Causing his	

Other **contributory causes** of importance
Death to him as he was thrown from truck and pinned under dump Body - Skull Broken

Name of operation ..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Joe H. Gleason Coroner M.D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1 1936 RECEIVED

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100341

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No. 87

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amarilla Isabel Wadsworth

(a) Residence. No. ..... St. Compton California
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Edson Wadsworth

6. DATE OF BIRTH (month, day, and year) Oct - 24 - 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saskatoon Canada

FATHER

13. NAME Buffy

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Kate Knoon

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Edson Wadsworth
(Address) Compton California

18. BURIAL, CREMATION OR REMOVAL
Place Compton California Date Sept 17, 1936

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED Sept 14th 36 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Sept 12, 193.., to ....., 193..

I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at 12:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Automobile accident. Car on curve in Georgetown Canyon about 5 miles North of Georgetown Idaho. Died just after arriving at Hospital in Montpelier Idaho	Instantaneous

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ashley

PLACE OF DEATH
County of Bear Lake
City of Bennington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100342

RECEIVED OCT 1 1936

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No.) 117
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conover Rich Wright

(a) Residence. No. St. Bennington Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 3 1921
7. AGE: Years 15 | Months 2 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bennington Idaho

MOTHER FATHER
13. NAME: Conover Wright
14. BIRTHPLACE (city or town) (State or country): Bennington Idaho
15. MAIDEN NAME: Louise Bell
16. BIRTHPLACE (city or town) (State or country): St. Charles Colo

17. INFORMANT (Address): Conover Wright Bennington Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Bennington Idaho Date: July 7 1936
19. UNDERTAKER (Address): Thomas Funeral Home Soda Springs Idaho
20. FILED July 6 1936 W. W. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 4 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:40 P. ..m.
The **principal cause of death** and related causes of importance were as follows:

	Duration of disease
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) Carl V. Cooley, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1

PLACE OF DEATH

County of Bear Lake

City of Montpelier

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 100343

Local Registrar's No.

(No. 117)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Franklin Spidell

(a) Residence. No. ..... St. Montpelier, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Greaves

6. DATE OF BIRTH (month, day, and year)
~~65~~ July 31, 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Railroad Engine Hostler

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U.P.R.R. Co.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Henry F. Spidell

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary Ann Davis

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. Henry F. Spidell Montpelier, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Logan, Utah Date July 19 1936

19. UNDERTAKER (Address) F. [illegible] Montpelier, Idaho

20. FILED July 19 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to July 17, 1936

I last saw h. alive on July 17, 1936; death is said to have occurred on the date stated above, at 3:45 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Peritonitis	July 15 1936

Other **contributory causes** of importance:

Name of operation Appendectomy Date of 7/15/36

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Montpelier, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1

PLACE OF DEATH
County of Bear Lake
City of Bennington

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100344

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 74)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rebecca Jensen Lindsay

(a) Residence. No. (Usual place of abode) St. Bennington Ida
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Joel Lindsay

6. DATE OF BIRTH (month, day, and year) Dec 1 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham City
(State or country) Utah

FATHER
13. NAME Jorgen Christian Jensen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER
15. MAIDEN NAME Karen Hansen
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Mrs. Jared Parker
(Address) Bennington Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bennington Date Aug 14, 1936

19. UNDERTAKER [illegible]
(Address) Montpelier Idaho

20. FILED Aug 13 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 7:45 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Age	
Apoplexy	
Other contributory causes of importance:	
[illegible]	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) [illegible] M. D.
(Address) Montpelier Ida

Easily

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Bern

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100345

OCT 1 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Mary Kunz

(a) Residence. No. St. Bern Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of David Kunz

6. DATE OF BIRTH (month, day, and year) May 14 1857

7. AGE: Years 79 | Months 3 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER FATHER

13. NAME Nicholas Jacob Kunz

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Jost Bloom

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT David J. Kunz
(Address) Bern Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Bern Idaho Date May 16, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED May 16 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...:

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 9:20 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Carcinoma of Breast

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 100346

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Nelsen

(a) Residence. No. St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helena George

6. DATE OF BIRTH (month, day, and year): March 9 1901

7. AGE — Years: 35 — Months: 4 — Days: 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U. S. RR Co

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

MOTHER FATHER

13. NAME: Nels Nelsen

14. BIRTHPLACE (city or town) (State or country): Utah

15. MAIDEN NAME: Marguerite Jensen

16. BIRTHPLACE (city or town) (State or country): Minnesota

17. INFORMANT (Address): Lee Nelsen Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL: Place Montpelier Idaho Aug 16 1936

19. UNDERTAKER (Address): Thompson & Williams Montpelier Idaho

20. FILED Aug 16, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug ..., 193.., to Aug 13, 1936

I last saw him alive on Aug 9, 1936: death is said to have occurred on the date stated above, at 2.30 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Fibrinous	Aug 9. 1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

Read Back

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City or Montpelier

AUG 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

Local Registrar's No.

DO NOT WRITE IN THIS SPACE

State File No. 100347

(No. 133)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Berger

(a) Residence. No. St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Margaret Rosenbein

6. DATE OF BIRTH (month, day, and year) April 29 1855

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
81	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Samuel Berger

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Katherine Eggen

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Susan Berger
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Aug 20, 1936

19. UNDERTAKER
(Address)

20. FILED Aug 20, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug 17, 1936.

I last saw him alive on Aug 17, 1936.; death is said to have occurred on the date stated above, at 8:40 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	Aug 10 1936
Other **contributory causes** of importance Malignancy of bladder	Unknown

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) ..... M. D.

(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

OCT 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100348

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No.

(No. 45)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph O. Crossley

(a) Residence. No. (Usual place of abode) St. Montpelier Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda Skinner

6. DATE OF BIRTH (month, day, and year) May 20 1872

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
64	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Utah

MOTHER FATHER

13. NAME Ephraim Crossley

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Cosiah Hall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. J. O. Crossley Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL Place Montpelier Idaho Date Aug. 26, 1936

19. UNDERTAKER (Address) O. W. Williams Jr. Montpelier Idaho

20. FILED Aug 27 1936 W. H. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Aug 23, 1936.

I last saw h— alive on Aug 23 1936.: death is said to have occurred on the date stated above, at 7:22 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Otis Clark Bailey M. D.

(Address) Soda Springs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

OCT 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE

State File No. 100349

Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Elmer Thomas Holdaway

(a) Residence. No. St. Provo Utah Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ellen Evans

6. DATE OF BIRTH (month, day, and year) Oct 13 1879

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
56	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER'S FATHER

13. NAME Amos David Holdaway

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Lydia Strowen

16. BIRTHPLACE (city or town) (State or country) Provo England

17. INFORMANT (Address) Mrs. Elmer Holdaway Provo Utah

18. BURIAL, CREMATION OR REMOVAL
Place Provo Utah Date Aug. 21, 1936

19. UNDERTAKER (Address) Provo Utah

20. FILED Aug 21 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936., to Aug. 20., 1936.
last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at 4.10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carbuncle left forearm	July 10 36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) L. P. Gaisford M. D.

(Address) Montpelier Idaho

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100350

PLACE OF DEATH
County of Benewah
City of 5 Mi N. E. of Tekoa, Washington.
Registration District No. 37
Primary Registration District No.
Local Registrar's No. 11

(No.) At the Home of S. B. Pair
(If death occurred in a hospital or institution, give its name instead of street and number.)

197

2. FULL NAME Jean V. Dowell

(a) Residence. No. Tekoa, Washington. St. Tekoa, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry B. Dowell

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. At Home of S. B. Pair

10. Date deceased last worked at this occupation (month and year) Sept 30/36

11. Total time (years) spent in this occupation 3½ Mo.

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Dave McCubbin

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Genevieve [illegible] Baty, Tekoa, Washington

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date Sept 25 1936

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Washington

20. FILED Sept 22, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from — , 193 , to — , 193

I last saw h— alive on — , 193 ; death is said to have occurred on the date stated above, at About 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Home cide	
Gun Shot of Head	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/20 1936
Where did injury occur? At Ann Pair residence in Idaho,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) J. C. Nelson, M. D.
(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

1936 RECEIVED

PLACE OF DEATH

County of Benewah

City of 4 Mi N.E. of Tekoa, Washington

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 100351

Local Registrar's No. 12

(No. In car at side of road)

(If death occurred in a hospital or institution, give its name instead of street and number.)

17

2. FULL NAME Henry B. Dowell

(a) Residence. No. Tekoa, Washington St. Tekoa, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Jean V. Dowell

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
59	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Day Laborer

10. Date deceased last worked at this occupation (month and year) Sept 5/36

11. Total time (years) spent in this occupation 42 Yrs

12. BIRTHPLACE (city or town) (State or country) Missouri,

FATHER

13. NAME William Dowell

14. BIRTHPLACE (city or town) (State or country) No Record No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMENT (Address) Herbert Dowell Tekoa, Washington

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date Sept 24 193 6

19. UNDERTAKER KIMBALL FUNERAL HOME
(Address) TEKOA, WASH.

20. FILED Sept 22, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20 193 6

22. I HEREBY CERTIFY, That I attended deceased from ..... —, 193..., to —, 193...

I last saw h— alive on —, 193...: death is said to have occurred on the date stated above, at About 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
by Gun Shot	
of Chest & Lung	
Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/20, 193 6

Where did injury occur? On road 4 mile from Tekoa in Tekoa, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP [illegible] RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 100352

Local Registrar's No. 8

129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Burdett Shafer

(a) Residence. No. Fourth & Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rilla Shafer

6. DATE OF BIRTH (month, day, and year): October 4, 1876

7. AGE: Years 59 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 6/1/36

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Hutchinson Kansas

FATHER

13. NAME: Peter Shafer

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Catherine Colvig

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs. Rilla Shafer St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL: St. Maries
Place: Woodlawn Date: 8/5/36 193..

19. UNDERTAKER (Address): Mitchell & Wessa St. Maries, Idaho

20. FILED 9-10 193 6 Walter Doherty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 3, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1935, to Aug 3, 1936.

I last saw him alive on Aug 3, 1936: death is said to have occurred on the date stated above, at 7:15 p.m.

The **principal cause of death** and related causes of importance were as follows: -

	Date of onset
Nephritis	

Other **contributory causes** of importance:

Myocarditis. Valvular	
Cardiac. Oedema.	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. D. Pratt M. D.

(Address) St Maries Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

SEP 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 100353

Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sally McGee

74a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert N. McGee

6. DATE OF BIRTH (month, day, and year): March 3, 1854

7. AGE — Years: 82 — Months: 5 — Days: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt. Airy N. C.

FATHER

13. NAME: Jessee Davis

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary Robinson

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Geo. W. McGee, St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Woodlawn — Date: 8/17., 193.6

19. UNDERTAKER (Address): Mitchell & Wessa, St. Maries, Idaho

20. FILED 9-10 1936 Walter L. Cleary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 14, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from —, 1925, to Aug 14, 1936.

I last saw her alive on Nov 17, 1935; death is said to have occurred on the date stated above, at 3:40 a.m. P

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug. 14-1936
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Conwell M. D.

(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100354

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 12

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Frances Pierce

(a) Residence. No. Farm near St. Maries St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Griffin T. Pierce

6. DATE OF BIRTH (month, day, and year) Oct. 24 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Adarile Lake

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lucette Evans

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. S. Blades (Address) St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~ Burial
Place St. Maries Date 8-23., 1936

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED 9-10, 1936 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Aug 20, 1936.
I last saw h. alive on Aug 20, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
I. Congestive Atelectasis	Aug 5
Other **contributory causes** of importance:	
Arteriosclerosis	?
Hypertension	?
Nephritis	?

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. E. Townsend M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 100355

SEP 13 1936 RECEIVED

Local Registrar's No. 13

91 F

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Nelson Cliff

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Nellie Cliff

6. DATE OF BIRTH (month, day, and year): February 13, 1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
86	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Painter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1920

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Nelson Cliff

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Sarah M. Froshe

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. Edith Leonard, St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL: Woodlawn
Place St. Maries Date 8/23 193 6

19. UNDERTAKER (Address): Mitchell & Wessa, St. Maries Idaho

20. FILED 9-10- 193 6 Walter Doheny
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 21, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 193 6, to 8-21 193 6

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 10:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **contributory causes** of importance:

General debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. D. Pratt, M. D.

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 328

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
State File No. 100856

SEP 19 1936 RECEIVED

Local Registrar's No. 14

917

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Julius Larson Bredwald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 58 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie Bredwald

6. DATE OF BIRTH (month, day, and year): July 24, 1853

7. AGE — Years: 83 — Months: 1 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1935

11. Total time (years) spent in this occupation: 52

12. BIRTHPLACE (city or town) (State or country): Nas Fedemarken Norway

FATHER

13. NAME: Lars Bredwald

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT: J. A. Bredvold
(Address): St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL: Woodlawn
Place: St. Maries Date: 8/28, 193 6

19. UNDERTAKER: Mitchell & Wessa
(Address): St. Maries, Idaho

20. FILED 9-10, 1936 Walter D. Cheney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): August 25, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1936, to 8-25, 1936

I last saw h— alive on 8-24, 1936; death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **contributory causes** of importance:

General debility
gradual failing
Ford Tract Farmer

Name of operation: None Date of:

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Platt M. D.

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah.
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100357

SEP 19 1936 RECEIVED

Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 15

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Olson

740

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20 - 1887

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
49	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Mill Man

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw mill

10. Date deceased last worked at this occupation (mo. and yr.) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Westerlund (State or country) Norway

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Norway

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Norway

17. INFORMANT Ed. Olson (Address) Kellogg Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Burial
Place St. Maries Ida. Date Aug. 31 1936

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED 9-10 1936 Walter Doherty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28/36

22. I HEREBY CERTIFY, That I attended deceased from 8/28/36, 193..., to 8/28/36, 193...
I last saw him alive on 8/28/36 193...: death is said to have occurred on the date stated above, at 8:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/28/36
Other **contributory causes** of importance:	
Chronic Nephritis	Unknown

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? No accident
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....
(Signed) C A Olson, M. D.
(Address) St. Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100358

County of Benewah

City of St. Maries, Idaho.

Registration District No. 32

[illegible] 1936 [illegible]

Primary Registration District No. 2049

Local Registrar's No. 16

(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

114

2. FULL NAME Pete Story

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Extra Gang

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 36

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) St. Maries Hospital St. Maries Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place St. Maries Ida. Date 9-3, 1936

19. UNDERTAKER STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED 9/10, 1936 E. Walter Robeng Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/26/36, 193..., to 8/28/36, 193...

I last saw him alive on 8/28/36, 193...; death is said to have occurred on the date stated above, at 9:30 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastro-enteritis, acute	About 8/19
Other **contributory causes** of importance: Previous condition not learned account seriousness of condition on arrival at Hospital	

Name of operation None. Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Not due to injury injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Possibly, specify Epidemic of G-enteritis in camp

(Signed) C. A. Robbins M. D.

(Address) St. Maries Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of Santa

SEP 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 100359

Local Registrar's No. 17

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Otho Fayette Leonard

(a) Residence. No. Farm near Tunwood Ida. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Vera Leonard

6. DATE OF BIRTH (month, day, and year): July 3 - 1882

7. AGE — Years: 54 — Months: 1 — Days: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm

10. Date deceased last worked at this occupation (mo and yr.): Feb. 1934

11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Eugene Leonard

14. BIRTHPLACE (city or town) (State or country): [illegible] Ohio.

MOTHER

15. MAIDEN NAME: Alice Roberts

16. BIRTHPLACE (city or town) (State or country): [illegible] Illinois

17. INFORMANT (Address): Mrs. Vera Leonard Tunwood Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL: Burial

Place Farmington Wash. Date Sept. 1, 1936

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED 9-16, 1936. Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1935, to 8-30, 1936

I last saw him alive on 8-24, 1936; death is said to have occurred on the date stated above, at 7.15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-2-1935
Other **contributory causes** of importance:	
Hypertension	3 years
Nephritis	5 years

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl Lewis M. D.

(Address) St. Maries, Ida.

Benewah

OCT 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100360

PLACE OF DEATH
County of Benewah
City of Plummer R F D

Registration District No. 46
Primary Registration District No. 2123 Local Registrar's No. 30

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Gabriel Tyler Lo To

(a) Residence. No. Near Tekoa In Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. ? yrs. Does Know mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): [illegible]
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): 10-18-1858 Not Known
7. AGE: Years 80 | Months 7 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: General Opinion Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired
10. Date deceased last worked at this occupation (mo. and yr.): 1915
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Spokane Falls

FATHER
13. NAME: Lo Lo Elipus Lo To
14. BIRTHPLACE (city or town) (State or country): Spokane Falls

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): Several Indians Plummer Idaho
18. BURIAL, CREMATION OR REMOVAL: Place. Medicine Dog Date. 9/7/6 193.6
19. UNDERTAKER (Address): Jaeger Funeral Home Fanners Inn
20. FILED. 9/7/36, 193.6 Fred A Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936, to Sept 23, 1936.
I last saw h.. alive on Sept 23, 1936.: death is said to have occurred on the date stated above, at 11 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept 18-36
Other **contributory causes** of importance:	
Old age	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C B Elliott, M. D.
(Address) Tekoa Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100361

OCT 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1907 Local Registrar's No. 139
(No. 220 No. Stout St)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leon S. Harward

(a) Residence. No. 220 North Stout St. Blackfoot, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Jane Reese Harward

6. DATE OF BIRTH (month, day, and year) Oct. 19, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & R. R. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Springville, Utah.

FATHER

13. NAME William Harward

14. BIRTHPLACE (city or town) (State or country) Worcester, England.

MOTHER

15. MAIDEN NAME Sarah Jane Warsley

16. BIRTHPLACE (city or town) (State or country) Bolton, Lancashire, England.

17. INFORMANT Eugene N. Howard
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Springville, Utah Date 9/10/ 193 6.

19. UNDERTAKER E J Peck
(Address) Blackfoot, Idaho.

20. FILED Sept 9 1936 Mollie E Lewis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7, 193 6.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 193 3, to Sept 7, 193 6.
I last saw h[illegible] alive on Sept 7, 193 6.: death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-7-36
Other contributory causes of importance:	
Angina Pectoris	1933

Name of operation ~~—~~ Date of ~~—~~
What test confirmed diagnosis? ~~—~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of West of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100362

Registration District No. 121

Primary Registration District No. 2197

Local Registrar's No. 140

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 6 1936 RECEIVED

2. FULL NAME Alice Alain Hopkins

(a) Residence. No. Corner of Francis & W. Main St. St. Blackfoot, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Hopkins

6. DATE OF BIRTH (month, day, and year) February 9, 1911.

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
25	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Thomas, Idaho.

FATHER

13. NAME Z. A. Broadhead

14. BIRTHPLACE (city or town) (State or country) Aurora, Utah.

MOTHER

15. MAIDEN NAME Effie Petersen

16. BIRTHPLACE (city or town) (State or country) Plain City, Utah.

17. INFORMANT Melvin Hopkins (Address) Main & Francis Blkf.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Grove City Cem. Date Sept 15 1936

19. UNDERTAKER Ed Rich & Sons (Address) Blackfoot Idaho

20. FILED Sept 16 1936 Wm. Valentine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in back of head-- Accidental	
Verdict of Coroner's Jury.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ed Rich & Sons, M.D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot, Ida
RD#2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100363

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 141

SEP 1936 RECEIVED

(No. / (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elizabeth Hennefer 91

(a) Residence. No. Blackfoot RR St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Edward Hennefer
6. DATE OF BIRTH (month, day, and year): Feb 22 1861
7. AGE: Years 75 | Months 6 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 8-30-36
11. Total time (years) spent in this occupation: 51 yrs

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

FATHER
13. NAME: Lorenzo James Mitchell
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Sarah Elizabeth Lightfoot
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mildred Hennefer R.D.#2. Blackfoot, Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~: Place Thomas Cem Date Sept 17 193 6
19. UNDERTAKER (Address): E.C. Peck Blackfoot Idaho
20. FILED Sept. 16 193 6 Mrs Walter E Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-15 1936
22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1936, to 9-15, 1936.
I last saw h.e.r alive on 9-14, 1936.: death is said to have occurred on the date stated above, at 12-50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Jan 1 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

OCT 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100364

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 142

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Beck Hospital Eccles Building)

2. FULL NAME Daisy Rebecca Barnett

(a) Residence. No. Beck Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 4 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Nursing
10. Date deceased last worked at this occupation (mo. and yr.) 1-30-1931
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Hull
(State or country) England

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT E W Beck from records
(Address) Blackfoot Ida

18. ~~BURIAL, CREMATION OR REMOVAL~~ Temporary
Place Am. Fork - Utah Date 9/19, 1936

19. UNDERTAKER E W Beck
(Address) Blackfoot Idaho

20. FILED Sept 18 1936 — W M Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Sept 16, 1936
I last saw h[illegible] alive on Sept 16, 1936: death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Morphine poisoning	9-16-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury, 193...
Where did injury occur? Blackfoot Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In Hospital
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E W Beck M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham.
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100365

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 143

OCT 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward K Walters

(a) Residence. No. W Bridge St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Cauc	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 26 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (mo. and yr.) 6-8-36

11. Total time (years) spent in this occupation Student

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER

13. NAME Floyd W Walters

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

15. MAIDEN NAME Bessie Winterbottom

16. BIRTHPLACE (city or town) (State or country) Bear Lake Utah

17. INFORMANT (Address) Floyd W Walters Blackfoot

18. BURIAL, CREMATION OR REMOVAL Place Blackfoot Date Sept 20 1936

19. UNDERTAKER (Address) E. R. Peck Blackfoot Idaho

20. FILED Sept 19, 1936 Wm Valentine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8-, 1936, to 9-17, 1936
I last saw him alive on 9-17, 1936: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (Contracted)	1-8-36
Cardiac Decompensation	9-17-36

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. Miller M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100366

Registration District No. 121

OCT 8 1936 RECEIVED

Primary Registration District No. 1907

Local Registrar's No. 144.

(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Myrl Loraine Barzee

(a) Residence. No. Rt #3 St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iona, Idaho

FATHER

13. NAME Levi D. Barzee

14. BIRTHPLACE (city or town) (State or country) Ferron, Utah

MOTHER

15. MAIDEN NAME Inza E. Jones

16. BIRTHPLACE (city or town) (State or country) Holden, Utah

17. INFORMANT (Address) Levi D. Barzee Rt 3 Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Ida. Date Sept 23, 1936

19. UNDERTAKER (Address) John C. Spindberg Blackfoot Idaho

20. FILED Sept 22, 1936 Mrs Nales Hancie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1936, to 9-19, 1936

I last saw her alive on 9-18, 1936; death is said to have occurred on the date stated above, at 12:07 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of 3/4 body surface	9-18-36

Other contributory causes of importance:

Set fire to clothes accidental

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 9-18, 1936
Where did injury occur? At home Bingham Co.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Playing with matches and set fire to clothing
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100367

OCT 6 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 145
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine Jones

(a) Residence. No. Blackfoot R D # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19 1936

7. AGE Years	Months	Days	If LESS than 1 day 18 hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Ida

FATHER

13. NAME Samuel Dayle Jones

14. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

MOTHER

15. MAIDEN NAME Lucile Gardner

16. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

17. INFORMANT S. D. Jones
(Address) Blackfoot I.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bown City Cem Date 9-20, 193 6
Aspinall

19. UNDERTAKER S. D. Jones
(Address) Blackfoot Idaho

20. FILED Sept 21, 193 6 Wm Dalus Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Sept 20, 1936
I last saw her alive on Sept 20, 1936: death is said to have occurred on the date stated above, at 6:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	9-19-36
End of 5th Mo	
Other contributory causes of importance:	
Cause of Miscarriage	
was Lifting	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Woodville

OCT 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100368

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 146
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hyrum Fowler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mildred Jane

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Escalante
(State or country) Utah

FATHER
13. NAME Hyrum Fowler
14. BIRTHPLACE (city or town) .....
(State or country) Utah

MOTHER
15. MAIDEN NAME Mary Ann Davis
16. BIRTHPLACE (city or town) .....
(State or country) .....

17. INFORMANT Wilford Fowler
(Address) Idaho Falls, Idaho Route 4

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida Date 9-24-, 1936

19. UNDERTAKER H. Mumaldor
(Address) Shelley, Idaho

20. FILED Sept. 24, 1936 Mr. Wesley E. Fowler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-21 36

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1936, to 9-21-, 1936
I last saw h[illegible] alive on 9-21-, 1936: death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis	9-15-36
Other contributory causes of importance: Coronary sclerosis	8

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Coleman Cutler, M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot,

Thomas Precinct

OCT 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100369

Registration District No. 121

Primary Registration District No. 2191

Local Registrar's No. 147

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME LaVon Clair Van Orden

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER

13. NAME Edmond Van Orden

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Laura Bastian

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Edmund Van Orden Blackfoot Ida #2

18. BURIAL, CREMATION OR REMOVAL
Place Ten Mile Cem. Date Oct 2 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Ida

20. FILED Sept 21, 1936 Mrs Violet Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Sept 21, 1936

I last saw him alive on Sept 21, 1936: death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery	Sept. 19, 1936
Other contributory causes of importance:	
Marasmus	2 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. O. Evans M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100370

Registration District No. 121
Primary Registration District No. 1007
Local Registrar's No. 148

OCT 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Abbie L. Larsen

(a) Residence. No. 508 N. Stout St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Larsen

6. DATE OF BIRTH (month, day, and year) July 4 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin Idaho
(State or country)

FATHER
13. NAME Martin Lundegren
14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER
15. MAIDEN NAME Erika Bjorkman
16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Chas. A Larsen
(Address) Blackfoot

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot, Ida. Date Sept. 27, 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot, Ida

20. FILED Sept. 26, 1936 W. McFadden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 23, 1936
I last saw her alive on Sept 23, 1936: death is said to have occurred on the date stated above, at 2:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Other contributory causes of importance: Gall Stone Colic attack, several a year	3 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1936
Where did injury occur? ✓
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) C. O. Thompson M. D.
(Address) Blackfoot

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100371

Registration District No. 121

OCT 8 1936 RECEIVED

Primary Registration District No. 2194

Local Registrar's No. 149

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

38

2. FULL NAME IVAN KOFF

(a) Residence. No. ____ St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs 5 mos 18 ds. How long in U. S., if of foreign birth? 16 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, and year) May 16th, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Siberia, Russia

FATHER

13. NAME Extexity Kolenikoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) RECORDS OF STATE HOSPITAL SOUTH Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place State Cem. Date Sept. 29, 193 6

19. UNDERTAKER C. W. Stanger
(Address) Blackfoot, Idaho

20. FILED Sept. 29, 193 6 Mc Manus & Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1936, to Sept. 28th, 1936
I last saw h. im alive on Sept 27th, 1936: death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	No data. present 4-9-36
Other contributory causes of importance:	

Name of operation None Date of ---
What test confirmed diagnosis? Clinical symptoms and Wassermann Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury none
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. R. Howe, M. D.
(Address) Blackfoot, Idaho.

Fort Hall Agency & Reservation.

E. On R.

PLACE OF DEATH

County of Bingham.

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100372

Registration District No. I2I-R

Primary Registration District No. 2 I94-R

Local Registrar's No. 150

OCT 8 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

36

2. FULL NAME Gordon Appenay

(a) Residence. No. Fort Hall Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Imd. 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) - - - - - -

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	- -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Asa Appenay

14. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

MOTHER

15. MAIDEN NAME Nina Pingo

16. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

17. INFORMANT Antone Wheeler
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ross Fork Cem. Date Sept. 5, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho.

20. FILED Oct. 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Sept. 1, 1936

I last saw him alive on Aug. 24, 1936: death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	- - - -
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) F.A.Nelson, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100373

Registration District No. I2I-R

OCT 8 1936 RECEIVED

Primary Registration District No. 2I94-R

Local Registrar's No. 151

(No. Fort Hall Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

143(a)

2. FULL NAME Mollie Lincoln

(a) Residence. No. - - - - - St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho. 4/4	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abe Lincoln

6. DATE OF BIRTH (month, day, and year) I*-6- I9II

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	- -	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Yellowstone

14. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lemhi, Idaho

17. INFORMANT (Address) Abe Lincoln, Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Butte Cem. Date - - - , 193..

19. UNDERTAKER Agency Carpenter (Address)

20. FILED Oct. I, 193..6 Mrs Helen E Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 193.6, to Sept. 6, 193.6

I last saw her alive on Sept. 6, 193.6: death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perotonitis- general,	Sept.4
Acute accidental abortion	Aug. 27

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No specific

(Signed) F.A.Nelson, M. D.

(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall, Idaho

Fort Hall Agency & Reserv. E. on R

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100374

OCT 8 1936 RECEIVED

Registration District No. I2I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 152

(No. Fort Hall Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Baker.

188 C

(a) Residence. No. Fort Hall, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Ban. 3/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Camas Baker

6. DATE OF BIRTH (month, day, and year) No record I888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	(no record)		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER
13. NAME Whawhus Baker
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Jennie Burns
16. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

17. INFORMANT Joe R. Baker
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bannock Cem. Date 9- 22, 1936

19. UNDERTAKER Brown- Eldredge
(Address) Blackfoot, Idaho

20. FILED Oct. I, 1936 M. Nellen Eldredge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. I6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. I0, 1936, to Sept. I6, 1936
I last saw him alive on Sept. I6, 1936: death is said to have occurred on the date stated above, at II: P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Wound, penetrating, fractured ribs	
Pneumonia- traumatic	9-I3-36
Fractured femur- left	9-I0-36
Other contributory causes of importance:	

Compound fracture- wd. sutured
Name of operation Date of
What test confirmed diagnosis? Extention with calipers Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury I0, 1936
Where did injury occur? Highway, Gibson to Blackfoot
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Was Run over by Auto
Nature of injury Fractures & Bruises.

24. Was disease or injury in any way related to occupation of deceased? No Specify
(Signed) F. A. Nelson, M. D.
(Address) Fort Hall, Idaho.

PLACE OF DEATH

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100376

County of Blaine.
City of Hailey

Registration District No. 57

Primary Registration District No. 2922 Local Registrar's No. 40

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Staley

(a) Residence. No. Kimberly St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Hartman

6. DATE OF BIRTH (month, day, and year) May 29-1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine and Construction Co.

10. Date deceased last worked at this occupation (mo. and yr.) Sept 12 1936

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Arbon Utah

FATHER

13. NAME Merritt Staley

14. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

MOTHER

15. MAIDEN NAME Matilda Powell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mabel Staley (Address) Kimberly Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Date Sept 17, 1936

19. UNDERTAKER L. F. Hengs (Address) Hailey Idaho

20. FILED Oct 30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/12 —, 1936, to 9-13, 1936

I last saw him alive on 9/13, 1936; death is said to have occurred on the date stated above, at 12:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic shock and hemorrhage from crushed chest	

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/12 1936

Where did injury occur? Ketchum, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident

Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Fox, M. D.

(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Blaine.

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100377

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 42

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hardy Kenneth Downing Jr.

(a) Residence. No. Triumph Mining Co. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Erma Walters

6. DATE OF BIRTH (month, day, and year) Nov 17-1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Triumph Mining Co.

10. Date deceased last worked at this occupation (mo. and yr.) Sept 27-36 | 11. Total time (years) spent in this occupation 1 year.

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

FATHER

13. NAME Hardy K. Downing Sr.

14. BIRTHPLACE (city or town) (State or country) San Jose Calif.

MOTHER

15. MAIDEN NAME Bessie Pryce

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah.

17. INFORMANT Floyd Downing
(Address) 136 So 3rd East Salt Lake City

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Date Sept 29 1936

19. UNDERTAKER J. H. Davis
(Address) Hailey Idaho

20. FILED 9-30, 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/27-, 193 6, to 9/27, 193 6

[last saw h alive on 9-27, 193 6: death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Pelvis	
Internal Hemorrhage	
Traumatic	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9/27, 193 6

Where did injury occur? Triumph Mine Hailey Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Mine Fall in

Nature of injury Crushed Pelvis

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Accident.

(Signed) E. W. Fox, M. D.

(Address) Hailey, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MARGIN RESERVED FOR BINDING

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100378

PLACE OF DEATH

County of Boise

City of Garden Valley

Registration District No.

Primary Registration District No. 12 Local Registrar's No. 12

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen James Haynes

(a) Residence. No. St. Garden Valley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Star, (State or country) Idaho

FATHER

13. NAME Chas E. Haynes

14. BIRTHPLACE (city or town) Altoona (State or country) Pa.

MOTHER

15. MAIDEN NAME Susan A. Bighame

16. BIRTHPLACE (city or town) Emmett, (State or country) Idaho

17. INFORMANT Chas E. Haynes (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Star, Idaho Date Sept 29 1936

19. UNDERTAKER Paul L. Cook (Address) Caldwell Ida

20. FILED 10/7, 1936 Mrs. E. B. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936 to Sept 23 1936.
I last saw him alive on Sept 23, 1936: death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Double Lobar Pneumonia	Sept 18

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

OCT 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100379

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 2 Tal

(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME JEROME B. DYER

(a) Residence. No. ..... St. Priest River, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Sarah Dyer
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 7, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1921

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Spencer
(State or country) Indiana

FATHER

13. NAME Alfred Dyer

14. BIRTHPLACE (city or town) Spencer
(State or country) Indiana

MOTHER

15. MAIDEN NAME Catherine Mc Connell

16. BIRTHPLACE (city or town) Spencer
(State or country) Indiana

17. INFORMANT Mrs. Bessie Crockett
(Address) Portage, Montana.

18. BURIAL, CREMATION OR REMOVAL Senecaqueteen Cem.
Place Sawyer, Ida. Date 9-13, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Sept 12th 1936 Virgil O. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 8, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 193 6 to Sept 8, 193 6

I last saw h alive on Sept 8, 193 6: death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage right forehead.	
Other contributory causes of importance:	

Name of operation None Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193...
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) C. E. Page, M. D.

(Address) Sandpoint, Idaho.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100380

OCT 9 1936 RECEIVED

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 275

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary E. Reilly

(a) Residence. No. Lakeside St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: George Reilly

6. DATE OF BIRTH (month, day, and year): Nov 26

7. AGE — Years: 76 | Months: 10 | Days: 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: Philly Burns
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Phil Reilly
(Address): Lakeside

18. BURIAL, CREMATION OR REMOVAL
Place: Riverside Park Date: 9/19, 1936

19. UNDERTAKER: Turnence Co.
(Address): Sandpoint Ida.

20. FILED: Sept 18, 1936 Augie O. Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936, to Sept. 17, 1936.
I last saw her alive on Sept. 17, 1936.: death is said to have occurred on the date stated above, at 12:25 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Fracture left hip	Aug 20 '36
senility	

Name of operation: ..... Date of: .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Aug 20 1936
Where did injury occur? County Hospital
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. home
Manner of injury: Fall in home
Nature of injury: Fract. hip

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) C. C. Kendall M. D.
(Address) Sandpoint Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BONNER
City of SANDPOINT

OCT 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100381

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 276
(No. R.F.D. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME ANNA ELIZABETH HUDON

(a) Residence. No. R.F.D. 1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joe D. Hudon

6. DATE OF BIRTH (month, day and year) July 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Apr 1936
11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) Tyrol
(State or country) Austria

FATHER
13. NAME Anton Hammerl
14. BIRTHPLACE (city or town) Tyrol
(State or country) Austria

MOTHER
15. MAIDEN NAME Paulina Hackl
16. BIRTHPLACE (city or town) Tyrol
(State or country) Austria

17. INFORMANT Elizabeth Hudon
(Address) R.F.D.1 Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date Sept. 14, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED 9-14-36 1936 Cyril C. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 12th 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 1 yr., 193 5 to Sept. 12, 193 6
I last saw her alive on Sept. 12, 193 6; death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver- following remoral of uterine carcinoma two years ago.	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Floyd G. Woodle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

OCT 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100382

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 277

(No. Graham Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

88 L

2. FULL NAME Bert White

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Graham Hospital
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho Date 9- 20, 193 6

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho.

20. FILED 9/17, 193 6 Wayne Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to Sept 16, 1936.
I last saw h[illegible] alive on Sept 16, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Aug 1st
Other contributory causes of importance:	
Colon Hypocondritis	

Name of operation None Date of .....
What test confirmed diagnosis? Nil. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. C. Rudder, M. D.
(Address) Sandpoint

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

OCT 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100383

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 278

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Pearl Agnes Folstad

(a) Residence. No. ____ St. Cusick, Washington.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Folstad

6. DATE OF BIRTH (month, day and year) January 25th. 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Winona (State or country) Minn.

FATHER

13. NAME Gust Pedersen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mollie Greckell

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Morris Folstad (Address) Cusick, Washington.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem. Place Sandpoint, Ida Date 9-30, 1936

19. UNDERTAKER L. C. MOON (Address) Sandpoint, Idaho

20. FILED 9/29, 1936 Dwight Graves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 28th 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1936, to 9-28-, 1936
I last saw her alive on 9-28-, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	9-19-36
Other contributory causes of importance: Carcinoma, Cancer	Uncertain

Name of operation Laparotomy Date of 9/24/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) C. P. Strachauer, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 9 1936 RECEIVED

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100384

Registration District No. 18

Primary Registration District No. 2155

Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Hoyle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, and year)
Unknown

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U.S.Forest Service Blister Rust

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1936

11. Total time (years) spent in this occupation 3 Mo.

12. BIRTHPLACE (city or town) (State or country) Dixon Ill

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Harold Miller Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida Date Oct. 4, 1936.

19. UNDERTAKER (Address) L. G. Moon Sandpoint, Idaho.

20. FILED Oct 8 ..., 1936. Virgil C. Tinsman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About Sept. 30 1936 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
Found Dead in Bed	
Probable Carcinoma Stomach	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? None. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) L. G. Moon Coroner.
(Address) Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100385

Registration District No. 3

Primary Registration District No. 2-1-a

Local Registrar's No. 158

SEP 2 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Karl Elliott Hidstein

(a) Residence. No. Rexburg St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rexburg
(State or country) Madison Co.

FATHER

13. NAME Wilford Elliot Hidstein

14. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

MOTHER

15. MAIDEN NAME Geneva Olsen

16. BIRTHPLACE (city or town) Iona
(State or country) Bonneville

17. INFORMANT Mrs. Wilford Hidstein
(Address) Rexburg

18. BURIAL, CREMATION OR REMOVAL

Place Iona Date , 193

19. UNDERTAKER Jack A Wood
(Address) Idaho Falls

20. FILED 9/13, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 6, 1936

I last saw h/A alive on Aug 6, 1936.: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Aug 6-36
Other contributory causes of importance:	
Spastic diplegia from birth	Since birth
injury	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John L. Tuck, M. D.

(Address) Rexburg Idaho

8/19/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Bonn

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100387

Registration District No. 13

Primary Registration District No. 2 1 7 0 Local Registrar's No. 173

(No. Idaho Falls L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Henry Sykes

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewella Sykes

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed

10. Date deceased last worked at this occupation (mo. and yr.) 1922

11. Total time (years) spent in this occupation abt. 47

12. BIRTHPLACE (city or town) (State or country) Unknown Illinois

FATHER

13. NAME Henry Sykes

14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER

15. MAIDEN NAME Sarah Ague

16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMANT (Address) J. E. Sykes Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL Burial

Place Ida. Falls, Ida. Date Sept. 2, 1936

19. UNDERTAKER (Address) O. Buck Ida Falls Ida

20. Filed Sept. 2, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1936, to Aug 31, 1936

I last saw ~~him~~ alive on Aug 31, 1936; death is said to have occurred on the date stated above, at 9:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Cerebral hemorrhage	Aug 25-36
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. P. Buchanan, M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100388

Registration District No. 13

1936 RECEIVED

Primary Registration District No. 21 To Local Registrar's No. 174

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Meske

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 16, 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) Oliver Co.
(State or country) No. Dakota

FATHER

13. NAME Gottfried Meske

14. BIRTHPLACE (city or town) .....
(State or country) South Russia

MOTHER

15. MAIDEN NAME Barbara Winkler

16. BIRTHPLACE (city or town) .....
(State or country) South Russia

17. INFORMANT Gottfried Meske
(Address) R.R. #2 Ida. Falls Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Sept. 3, 1936

19. UNDERTAKER A. Buck
(Address) Ida. Falls

20. FILED Sept 4, 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936 to Aug 31, 1936.

I last saw h.. alive on Aug 31, 1936: death is said to have occurred on the date stated above, at 11:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever.	Aug 6-36
Endocarditis	Aug 11-36
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Asbert M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100389

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-D Local Registrar's No. 175
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Allen Mann

(a) Residence. No. Idaho Falls Rt #5 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodruff
(State or country) Utah

FATHER
13. NAME Orson Leo Mann
14. BIRTHPLACE (city or town) Bountiful
(State or country) Utah

MOTHER
15. MAIDEN NAME Ethel Wood
16. BIRTHPLACE (city or town) Woodruff
(State or country) Utah

17. INFORMANT Orson L. Mann
(Address) Woodruff Utah

18. BURIAL, CREMATION OR REMOVAL
Place Woodruff Utah Date Sept 4, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls Idaho

20. FILED Oct 3, 1936 Jay Fuhriman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Sept 1, 1936.
I last saw alive on Sept 1, 1936; death is said to have occurred on the date stated above, at 2-40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Punctured intestine	Aug 28/36
General Peritonitis	Aug 28

Other contributory causes of importance:

Name of operation Bowel sutured Date of Aug 29
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 8/27 1936
Where did injury occur? Idaho Falls Rt 5
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury wrestling
Nature of injury Perforated Intestine

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Hirst M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100390

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 24-9
Local Registrar's No. 176
(No.) 176
(If death occurred in a hospital or institution, give its name instead of street and number) 74a

2. FULL NAME Joseph Hunter Cook
(a) Residence. No. 112 Eleventh Street St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edith Tulley

6. DATE OF BIRTH (month, day and year) Nov 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davis County (State or country) Utah

MOTHER FATHER
13. NAME David S. Cook
14. BIRTHPLACE (city or town) (State or country) Scotland
15. MAIDEN NAME Jeanette Hunter
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT George Cook (Address) Idaho Falls, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Sept 5, 1936
19. UNDERTAKER Jack G. Wood (Address) Idaho Falls Idaho
20. FILED Oct 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 23rd, 1936 to Sept 2, 1936
I last saw him alive on Sept 2, 1936 death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8/21/36

Other contributory causes of importance:
none

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100391

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2 4 0 Local Registrar's No. 177
(No. ..... (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sherman Jay Murphy

(a) Residence. No. Jefferson Ave. St. ..... (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred.—yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 19, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Emmet Murphy
14. BIRTHPLACE (city or town) Washington Co.
(State or country) Kansas

MOTHER
15. MAIDEN NAME Gladys Cousins
16. BIRTHPLACE (city or town) Shelley
(State or country) Idaho

17. INFORMANT Emmet Murphy
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Ida. Date 9-10, 1936

19. UNDERTAKER O. Buck
(Address) Idaho Falls Ida.

20. FILED Oct 7, 1936 J. M. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936 to Sept 8, 1936
I last saw him alive on Sept 8, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	9/5/36

Other contributory causes of importance:
none

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....
(Signed) O. B. Crandall M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100392

Registration District No. 73

Primary Registration District No. 2170 Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Walter Godfrey Johnson

(a) Residence. No. R. F. D. No. 4 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys Johnson

6. DATE OF BIRTH (month, day, and year): Sept. 11, 1875

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Public shops

10. Date deceased last worked at this occupation (mo. and yr.): 1934

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Milwaukee Wisconsin

FATHER

13. NAME: Geo. W. Johnson

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Isabelle James

16. BIRTHPLACE (city or town) (State or country): Providence Rhode Island

17. INFORMANT (Address): Gladys Johnson Soda Springs, Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Idaho Falls, Ida. Date: Sept 10 1936

19. UNDERTAKER: C. C. Bruce
(Address) Idaho Falls, Idaho

20. FILED Oct 1.0., 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15., 1935., to Sept....., 1936.
I last saw him alive on June 10, 1936: death is said to have occurred on the date stated above, at 2:50 AM m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1934
Other **contributory causes** of importance:	
none	

Name of operation: Laparotomy Date of: Sept 35
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) ..... M. D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100393

Registration District No. 73

OCT 7 1936 RECEIVED Primary Registration District No. 2150 Local Registrar's No. 179

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amy Burnham Kelley

(a) Residence. No. 201-12th Street St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kelley

6. DATE OF BIRTH (month, day, and year) January 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Charles Dalmforth
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Hannah Hepworth
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Amy Bateman (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct. 10, 193 6

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Oct 10, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 193 6

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 193 6, to Sept. 8, 193 6
I last saw h[illegible] alive on Sept 7, 193 6 death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 25 1936

Other contributory causes of importance: Diabetes mellitus
Chronic endocarditis
Chronic myocarditis
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Keller, M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100394

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 21-9 Local Registrar's No. 180
(No. Ida. Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Casper Cordes 1000

(a) Residence. No. / St. Shelley, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred.—yrs.— mos. 6 ds. How long in U. S., if of foreign birth?—yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Cordes

6. DATE OF BIRTH (month, day, and year) July 10, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed
10. Date deceased last worked at this occupation (mo. and yr.) Aug 1936
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) Westfahlen
(State or country) Germany

FATHER
13. NAME Cordes
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT W. F. Cordes
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls, Ida. Date 9-14, 1936

19. UNDERTAKER C. Greer
(Address) Ida. Falls, Ida.

20. FILED Sept 11, 1936 Guy Fuller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 10, 1936
I last saw h..... alive on Sept 9, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 5
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Greer, M. D.
(Address) Ida. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100395

Registration District No. 73

Primary Registration District No. 214-0

Local Registrar's No. 181

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Effie Mae Winchester

(a) Residence. No. Ivan Ville, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Winchester

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murray Utah

FATHER

13. NAME Melvin M. Miller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Maria Shurtliff

16. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

17. INFORMANT Roy Winchester

(Address) Ivanville Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Rigby Idaho Date Sept. 15 1936

19. UNDERTAKER Jack A. Ward

(Address) Idaho Falls, Idaho

20. FILED Sept. 14, 1936 C. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 12, 1936

I last saw h[illegible] alive on Sept 12, 1936: death is said to have occurred on the date stated above, at 1-55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Turner, M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100396

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 214-0 Local Registrar's No. 182
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Elizabeth Holm

(a) Residence. No. R F D #7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscar P. Holm

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Sept 1935
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Sugaland
(State or country) Sweden

FATHER
13. NAME C. L. Johannesson
14. BIRTHPLACE (city or town)
(State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Oscar P. Holm
(Address) Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Sept. 17, 1936

19. UNDERTAKER O. Buck
(Address) Ida. Falls, Ida.

20. FILED Sept 16, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept. 14, 1936
I last saw her alive on Sept 14, 1936: death is said to have occurred on the date stated above, at 12 07 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomosa	
Left Chest Metastases and Dorsal Spine	2 or 3 years ago

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) A. F. Bodymead M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100398

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 184
(No. Ida Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1880

2. FULL NAME Tom Woods

(a) Residence. No. St. Transient
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (mo. and yr.) Unk.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Bureau of Identification, Dept. of Jus. (Address) Washington, D.C.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida Falls Date ....., 193...

19. UNDERTAKER O. L. Beck (Address) Ida Falls, Ida.

20. FILED Oct 1 ....., 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 ....., 193 6, to Sept 12 ....., 193 6
I last saw h[illegible] alive on Sept 12 ....., 193 6. death is said to have occurred on the date stated above, at 1:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental, Fracture	
of Skull & ribs	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 9/9 ....., 193 6
Where did injury occur? Ft Hall Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Road
Manner of injury Fell from Auto car
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. R. Neal, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100399

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2 1 1-0 Local Registrar's No. 185
(No. 600 N Holmes ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Eunice Clark 164

(a) Residence. No. 164 N Eastern ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Clark

6. DATE OF BIRTH (month, day, and year) Oct. 7-1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hadley
(State or country) Indiana

MOTHER FATHER
13. NAME Nathan Hadley
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Mary Ann Harvey
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Bonzilla M. Clark
(Address) Idaho Falls - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Sept 20, 1936

19. UNDERTAKER Hayes-Maginnis by C C Hayes
(Address) Idaho Falls Ida

20. FILED Sept 19, 1936 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-18-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1936, to Sept. 18, 1936
I last saw her alive on Sept. 17, 1936: death is said to have occurred on the date stated above, at 3:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility and old age - Gradually losing M. & Strength for last two years.	
Other contributory causes of importance:	
Inability to digest food.	July 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Willson M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonniville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100400

Registration District No. 73
Primary Registration District No. 2172
Local Registrar's No. 186

OCT 7 1936 RECEIVED

(No. L.D.S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Andrew Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christine Johnson

6. DATE OF BIRTH (month, day, and year) August 28 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 10yrs
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER
13. NAME John Anderson
14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER
15. MAIDEN NAME Maria Anderson
16. BIRTHPLACE (city or town) ..... (State or country) Sweden

17. INFORMANT Joseph Johnson (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Date 9-20, 1936

19. UNDERTAKER L.M.Nalder (Address) Shelley, Idaho

20. FILED Oct 7, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1936, to 9-18-, 1936
I last saw him alive on 9-18-, 1936: death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypo-static Bronchopneumonia	9/16/36
Other contributory causes of importance: Fracture right Femur Upper end	9-11-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? Shelley
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Injured while Operating a pot Lander
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Archer, M. D.
(Address) Box 60 Shelley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEA[redacted]ATE
[redacted]T OF H[redacted] [redacted]A[redacted]
County of Bon[redacted] [redacted]OF VITAL S[redacted]S
City of Near Ida. Falls **CERTIFICATE OF DEATH** State File No. 100401

Registration District No. 73

1936 RECEIVED Primary Registration District No. 2150 Local Registrar's No. 188

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Geo. Wasserman

(a) Residence. No. R.F.D. #6 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Hudson

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed.

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Brenen Germany

FATHER

13. NAME Herman Wasserman

14. BIRTHPLACE (city or town) (State or country) Brenen Germany

MOTHER

15. MAIDEN NAME Katherine Dickmann

16. BIRTHPLACE (city or town) (State or country) Brenen Germany

17. INFORMANT (Address) Edwiga Wasserman Ida. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Sept. 25, 1936

19. UNDERTAKER O. C. Burtis
(Address) Ida. Falls Ida.

20. FILED Sept. 24 1936 Wm Kinnaird Registrar.
by RMN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self from a Fract	
of leg and	
Broke neck	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 22 1936

Where did injury occur? County
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Farm in industry

Manner of injury From a fall

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Falling Hay

(Signed) Fred Smith Coroner

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100402

SEP 27 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 189

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roberta Jean Sanchez

(a) Residence. No. 357 S Eastern Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ida. Falls Idaho.

FATHER

13. NAME Robert Sanchez

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Louise Kaler

16. BIRTHPLACE (city or town) (State or country) Ida. Falls Idaho.

17. INFORMANT Mrs. Albert Kaler (Address) Ida. Falls Ida.

18. BURIAL, CREMATION OR REMOVAL Burial

Place Shelton, Cem. Date 9-26, 1936

19. UNDERTAKER A. Buck (Address) Ida. Falls Ida.

20. FILED Sept 26, 1936 Wm Kinnaird Registrar.

By R M K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1936, to Sept. 25, 1936

I last saw her alive on Sept. 25, 1936: death is said to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza-pneumonia with intestinal complications	about Sept. 18, 1936.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emma M. Gardner, M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100403

Registration District No. D 3
Primary Registration District No. 21 5 8 Local Registrar's No. 190

OCT 7 1936 RECEIVED

(No. L D S Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr Earl W Jones 1010

(a) Residence. No. L D S Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Bessie M Jones

6. DATE OF BIRTH (month, day, and year) Sept 6 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME William Jones
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Jennie Thomas
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT Mrs Bessie M Jones
(Address) Rupert to - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Roberts Ida. Date Sept 27 1936
Hayes-Mapmin by C Hayes

19. UNDERTAKER Idaho Falls Ida.
(Address)

20. FILED Sept 28 1936 Wm Kinnaird Registrar.
By R. M. H. Dr. Chinn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Sept 24, 1936
I last saw him alive on Sept 24, 1936 and death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 20
Other contributory causes of importance:	
Infection right hand	Sept 17

Name of operation In Groin Land Date of Sept 19
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Infection hand
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Scratch on hand
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonny.
City of Ida. Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100404

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2 1 1 - 6 Local Registrar's No. 191
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Edvina Schaumleffel

(a) Residence. No. R.F.D. # 6 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Schaumleffel

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Carl Wegner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Samuel Schaumleffel Ida. Falls Ida

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Sept. 29, 1936

19. UNDERTAKER O. C. Bush
(Address) Ida. Falls.

20. FILED Oct 7, 1936 C. W. Truman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Attack	
Cause unknown	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Idaho Falls Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in (home), or in public place. Home
Manner of injury Heart Attack
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Fred Seitz, Coroner
(Address) Idaho Falls Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100405

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 192
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tilitha Yancey Scurlock

(a) Residence. No. ..... St. Ucon, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Levi Scurlock

6. DATE OF BIRTH (month, day, and year) May 22, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Alabama

FATHER
13. NAME John Smith
14. BIRTHPLACE (city or town) ..... (State or country) Alabama

MOTHER
15. MAIDEN NAME Melvina Price
16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT Mrs. James Covert
(Address) Idaho Falls Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place Ucon, Idaho Date Sept. 25 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Sept 29, 1936 Geo. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to Sept 23, 1936
I last saw her alive on Sept 23, 1936: death is said to have occurred on the date stated above, at 6am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Cerebral Hemorrhage	15 mo ago.

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. R. Corbett, M. D.
(Address) Idaho Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls.

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100406

Registration District No. 73

Primary Registration District No. 2147

Local Registrar's No. 193

(No. L DS. Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Otis M Morrow.

(a) Residence. No. Memorial Drive St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ester Morrow.

6. DATE OF BIRTH (month, day, and year) Feb. 12- 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio —

FATHER

13. NAME W J Morrow.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Johana Easter

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Katherine Walker

(Address) Idaho Falls Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date Sept 30, 1936

19. UNDERTAKER Hayes-Mayer by C C Hayes

(Address) Idaho Falls.

20. FILED Sept. 30, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1936, to Sept 29 1936

I last saw him alive on Sept 24 1936: death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several years prior

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C C Hayes, M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100407

OCT 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 914 Local Registrar's No. 194
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME Lorenzo Edwin Tibbitts.

(a) Residence. No. ..... St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Eliza Tibbitts.

6. DATE OF BIRTH (month, day, and year) Sept. 30, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potato Co.
10. Date deceased last worked at this occupation (mo. and yr.) 9/36
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Providence, Utah.

FATHER
13. NAME Lorenzo Edwin Tibbitts.
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary Almeda Marler.
16. BIRTHPLACE (city or town) (State or country) Providence, Utah

17. INFORMANT D. E. Tibbitts Jr.
(Address) 1048 Wilson Ave. Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 9/29, 193 6

19. UNDERTAKER A. B. Eberhardt
(Address) Rigby, Idaho.

20. FILED 9-/30, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 193 6, to Sept. 25, 193 6
I last saw h[illegible] alive on Sept. 25, 193 6: death is said to have occurred on the date stated above, at 11:50P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma omentum & ascites with wide spread metastasis.	Sept. 24
Other contributory causes of importance:	
Hydroperitoneum	
Cardiac Dilt.	

Name of operation Exploratory Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn.

City of Ida. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100408

OCT 7 1936 RECEIVED

Registration District No. 13

Primary Registration District No. 21N-D Local Registrar's No. 193-

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Samuel Arnold Buck

(a) Residence. No. Basalt St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Buck

6. DATE OF BIRTH (month, day, and year): February 3, 1862

7. AGE — Years: 74 | Months: 7 | Days: 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Cattle ranch

10. Date deceased last worked at this occupation (mo. and yr.): 1930

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Waddam Conn.

FATHER

13. NAME: Orville Buck

14. BIRTHPLACE (city or town) (State or country): Buckfield Maine

MOTHER

15. MAIDEN NAME: Helen Marie Heald

16. BIRTHPLACE (city or town) (State or country): Buckfield Maine

17. INFORMANT (Address): James Buck Jr. Ida. Falls

18. BURIAL, CREMATION OR REMOVAL — Place: Ida. Falls Date: Oct 7, 1936

19. UNDERTAKER (Address): O.C. Buck Ida. Falls, Ida.

20. FILED Oct 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
Heart Attack	.....
Causes unknown	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Fred Stockton Coroner

(Address) Idaho Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn.

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100409

OCT 7 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 21-4 Local Registrar's No. 196

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

1880

2. FULL NAME Connie LaRee Fullmer

(a) Residence. No. St. Roberts, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Roberts
(State or country) Idaho

FATHER

13. NAME Estus Fullmer

14. BIRTHPLACE (city or town) Salem
(State or country) Idaho

MOTHER

15. MAIDEN NAME Neola Ferguson

16. BIRTHPLACE (city or town) Fal Campo
(State or country) Texas

17. INFORMANT Neola Fullmer
(Address) Roberts Ida.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ida Falls Date Oct. 2, 1936

19. UNDERTAKER O.C. Rice
(Address) Ida. Falls

20. FILED Oct 1, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 2 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Car Accident	
was burned	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in (public) place. U.S. Highway 20 Ed

Manner of injury Car Accident

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Porter Evans M.D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonn.
City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100410

OCT 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2157 Local Registrar's No. 197
(No. Ida Falls L.D.S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Alma Ferguson
(a) Residence. No. St. Roberts, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. C. Ferguson

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Tingley Iowa

FATHER
13. NAME Alvador Dunnsmoor
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Mary Langley unknown

17. INFORMANT (Address) Roberts Gardner

18. BURIAL, CREMATION OR REMOVAL Burial
Place Ida. Falls Date Oct. 2, 1936

19. UNDERTAKER Buck
(Address) Ida. Falls, Ida.

20. FILED OCT 1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Sept 28, 1936.
I last saw her alive on Sept 28, 1936; death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
2nd & 3rd degree burns	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to external causes (~~violence~~) ~~fill in also the~~ following: accident Sept 28
Accident, suicide, or homicide? ..... Date of injury 1936
Where did injury occur? Highway - Bonneville C.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Car collision
Nature of injury Shock & Burns

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) C. Clarence Ericksen, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100413

Registration District No. 18

OCT 12 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roscoe J Callen

(a) Residence. No. Jerome Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Callen

6. DATE OF BIRTH (month, day, and year) Jan 8, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ark

FATHER

13. NAME B A Callen

14. BIRTHPLACE (city or town) (State or country) Ark

MOTHER

15. MAIDEN NAME Mary Ambrose

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Margaret Callen (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Sept 27, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED Oct 10 1936 Dr. C. F. Gillespie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Gillespie, M. D.

(Address) Jerome Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100414

Registration District No. 1007

Primary Registration District No. 3

Local Registrar's No. 74

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Ross 90

(a) Residence. No. Parma St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5 Single, Married, Widowed or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 6 1862

7. AGE Years 74 Months 6 Days 29 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Marengo Calhoun Co Ala

FATHER

13. NAME J. S. Ross

14. BIRTHPLACE (city or town) (State or country) Caroline

MOTHER

15. MAIDEN NAME Sarah Gant

16 BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT (Address) G. S. Ross Idaho City

18. BURIAL, CREMATION OR REMOVAL Place Parma Cem Date 8/7/36

19. UNDERTAKER (Address) E. V. Pinkham Caldwell Ida

20. FILED 8-8, 1936 Ethel Jurries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to Aug 5, 1936.

I last saw him alive on Aug 5, 1936; death is said to have occurred on the date stated above, at 3.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Valve	
heart disease	

Other **contributory causes** of importance:

Chronic Nephritis	
Hypertention	

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? no Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no Specify

(Signed) W. W. Mitchell, M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100416

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 125

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Emma Cathryn Goodwin

(a) Residence. No. 219 South 18th St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 25 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stanton Missouri

FATHER

13. NAME William Sanders

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Patsy Stewart

16. BIRTHPLACE (city or town) (State or country) Martin County Tennessee

17. INFORMANT (Address) Bird Goodwin Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Co. Date 9/16, 1936

19. UNDERTAKER (Address) E. V. Pace & Son Caldwell Ida

20. FILED 9-22, 1936 J. W. Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 14, 1936

I last saw her alive on Sept 14, 1936: death is said to have occurred on the date stated above, at 12-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 36

Other contributory causes of importance:

Ages

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Farley M.D.

(Address) Caldwell Idaho,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100417

Registration District No. ____
Primary Registration District No. 1005 Local Registrar's No. 124

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Odd Fellows Home)

2. FULL NAME Melchior Kehrli

(a) Residence. No. ____ St. Caldwell
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/19/1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Carver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) ____

MOTHER
15. MAIDEN NAME ____
16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Matron - Odd Fellows
(Address) Home - Caldwell

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Boise Date 9/17/ 1936

19. UNDERTAKER W. McGratney
(Address) Boise

20. FILED 9-17 1936 J. W. McGratney
(Registrar)
By Lydia Hagerman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 years, 193..., to 9/17, 1936
I last saw him alive on 9/16, 1936.: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	3 days
Other contributory causes of importance:	
Senile Arteriosclerosis & Senile Paresis	Several years

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. H. Keyes, M. D.
(Address) Caldwell Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1

DO NOT WRITE IN THIS SPACE

State File No. 100418

OCT 12 1936 RECEIVED

Primary Registration District No. 1002 Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Henry D Blatchley

(a) Residence. No. 1910 Mazel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie S Blatchley

6. DATE OF BIRTH (month, day, and year) Mch 2 1854

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	82	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Druggist

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER FATHER

13. NAME Daniel Blatchley

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Sylvia Comstock

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mrs. C. S. Blatchley
(Address) Caldwell, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 9-20, 1936

19. UNDERTAKER Paul I. Case
(Address) Caldwell, Idaho.

20. FILED 9/18, 1936 J. W. Montgomery
Registrar
By Sylvia Steffen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1936, to Sept. 17, 1936.

I last saw him alive on Sept. 17, 1936: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	max Known

Other **contributory causes** of importance:

Name of operation Gall bladder drainage Date Sept 1/36

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Montgomery M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100419
State File No.

OCT 12 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 126

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernann Albery

(a) Residence. No. 822 Dearborn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) California

MOTHER FATHER

13. NAME E. E. Albery

14. BIRTHPLACE (city or town) West Virginia
(State or country) [illegible]

15. MAIDEN NAME Reba Jessup

16. BIRTHPLACE (city or town) Quincy
(State or country) Illinois

17. INFORMANT E. Albery
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date 9-23-1936

19. UNDERTAKER Vale Mortuary
(Address) Caldwell Ida

20. FILED 10-36, 1936 C. W. Montgomery
By Ethel Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1936, to Sept 20, 1936
I last saw h[illegible] alive on Sept 20, 1936: death is said to have occurred on the date stated above, at 4-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	Sept 15 '36
Other contributory causes of importance:	
Infantum Diarrhea	Aug 25 '36

Name of operation [illegible] Date of [illegible]
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Rachael S. Rose M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100420

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 129

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Evadine Peckham

(a) Residence. No. Wilder St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan - 18 - 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
10	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise (State or country) Idaho

FATHER

13. NAME Hubert D. Peckham

14. BIRTHPLACE (city or town) Lake City (State or country) Iowa

MOTHER

15. MAIDEN NAME Evadine Hadley

16. BIRTHPLACE (city or town) Mt Vernon (State or country) So. Dakota

17. INFORMANT R. R. Williams (Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Wilder Ida. Date 10 - 2 - 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 10-10, 1936 Jos. Montgomery Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 - 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1936, to Sept. 27, 1936

I last saw her alive on Sept 27, 1936; death is said to have occurred on the date stated above, at 11:30 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of respiratory center (infection of the medulla by unknown organism)	Sept 27, 1936.
Other contributory causes of importance:	
myocarditis following appendicitis one year previous	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Whittenberger D.O., M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100421

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 138

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 10 1936 RECEIVED

2. FULL NAME Rachael Caroline Carson

(a) Residence. No. (Near Melba Ida) St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 29-50

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME J. B. Campbell
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Campbell
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT (Address) Mrs Paul Mossen Melba Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Long Beach Cal. Date Sept 13, 1936

19. UNDERTAKER (Address) F. K. Robinson

20. FILED Sept 12, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1936, to 9/6, 1936
I last saw her alive on 9/6, 1936: death is said to have occurred on the date stated above, at 11:38 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	August 1936

Other contributory causes of importance:

Arterio Sclerotic Heart disease	

Name of operation No Date of ....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Lloyd H. Fry M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100422

Registration District No. 7

OCT 10 1936 RECEIVED

Primary Registration District No. 2006 Local Registrar's No. 139

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli Thornton

(a) Residence. No. 8 1/2 miles S. E. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/20/48

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** (retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana
(State or country)

FATHER

13. NAME Thomas Thorton
14. BIRTHPLACE (city or town) N. Carolina
(State or country)

MOTHER

15. MAIDEN NAME Brady
16. BIRTHPLACE (city or town) S. Carolina
(State or country)

17. INFORMANT Frank Thornton
(Address) Nampa Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Hill City Kan. Date 9-29, 193..

19. UNDERTAKER E. K. Robuin
(Address)

20. FILED Sept 29, 193.6 Nampa Ida Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH, (month, day and year) 9-26 193.6

22. I HEREBY CERTIFY, That I attended deceased from 9/24/36, 193.6, to 9-26, 193.6.
I last saw him alive on 9-24, 193.6.: death is said to have occurred on the date stated above, at 10 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Brain (stroke)	

Other contributory causes of importance:
Arteriosclerosis
Slight shock before

Name of operation No Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ernest Belknap, M. D.
(Address) Nampa Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100423

Registration District No. 7

OCT 10 1936 RECEIVED

Primary Registration District No. 2006 Local Registrar's No. 140

No. Mercy Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myron Jay Hoss

(a) Residence. No. Rt. 2 - Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

70

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May August 29th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER

13. NAME Olea Hoss

14. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

MOTHER

15. MAIDEN NAME Ruby Matt

16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Mrs. Olea Hoss
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Rothdawn
Place Nampa, Ida. Date 9-8, 1936

19. UNDERTAKER Mrs. Nina M. Talbot
(Address) Nampa Ida

20. FILED Sept 29, 1936 Lyda Rodgers
Registrar.

Rodwell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1936 to Sept. 6, 1936

I last saw him alive on Sept 6, 1936: death is said to have occurred on the date stated above, at 10 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Aug 3 1936
Other contributory causes of importance:	

Name of operation ~ Date of

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Rodwell, M. D.

(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

OCT 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100424

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 141

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victoria Helena Austin

(a) Residence. No. 1818 State St. Boise, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert H. Austin

6. DATE OF BIRTH (month, day, and year) April 18th 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson, Idaho

FATHER

13. NAME Albin Hallberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Helena Marie Goiman

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Albert H. Austin (Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill

Place Boise, Ida. Date 9-14, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa, Idaho

20. FILED Sept 29 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936, to 9-11, 1936.

Last saw h[illegible] alive on 9-11, 1936.: death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococci Meningitis following flu cold. (Spinal Puncture)	
Other contributory causes of importance:	
Flu cold.	

Name of operation tonsilectomy Date of 9/3/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Forrest Belknap, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100425

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 142

OCT 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Joseph Thomas Dubbs

(a) Residence. No. 404 - 3rd St. So St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-28-61

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Litchfield Ill.
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Penn
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Jack Dubbs
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date Aug 23, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Sept-29, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-28-, 1936, to 8-20, 1936
I last saw him alive on 8-20, 1936: death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma testis	Jan - 1936
Metastasis to liver	
Other contributory causes of importance:	

Name of operation Removal of tumor Date of July 31 1936
What test confirmed diagnosis? Sub Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dolus Lovell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100426

Registration District No. 7
OCT 10 1936 RECEIVED
Primary Registration District No. 1006 Local Registrar's No. 143
(No. Old Folks Home 723-16 Ave So.)
(If death occurred in a hospital or institution, give its name instead of street and number)

74A

2. FULL NAME Minnie Koehler

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-5-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Lydia Rodgers
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 9-13, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Oct-1, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1936, to Sept 10, 1936
I last saw her alive on ....., 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Wolfe, M. D.
(Address) Nampa Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100427

PLACE OF DEATH

County of Canyon
City of Nampa
Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 144

OCT 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) No. State School + Colony

2. FULL NAME Edith Moaks

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F M	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 1 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Hall Ida

FATHER

13. NAME Brooks Moaks

14. BIRTHPLACE (city or town) (State or country) Fort Hall Ida

MOTHER

15. MAIDEN NAME Mayie Yuyle

16. BIRTHPLACE (city or town) (State or country) Fort Hall Ida

17. INFORMENT (Address) H. M. Coppedge Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Fort Hall Ida Date Sept 10, 1936

19. UNDERTAKER F. F. Robinson (Address) Nampa Ida

20. FILED Oct 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-9- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-23- 1934, to 9-9- 1936

I last saw he alive on 9-9- 1936 : death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
resulting from	
Chronic Nephritis	

Other contributory causes of importance: Jacksonian Epilepsy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193 .

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. M. Coppedge, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

OCT 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100428

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 145

(No. State School & Colony)

(If death occurred in a hospital or institution, give its name instead of street and number.)

57

2. FULL NAME Eunice White

(a) Residence. No. Weiser St. Ida Co. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
24	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Cecil White

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Jennie Brooks

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMENT (Address) Don Rogers Nampa Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Weiser Idaho Date 9-17, 1936

19. UNDERTAKER F. K. Peterman (Address) Nampa Idaho

20. FILED Oct 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-16- 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 6- ..., 1930., to 9-16-, 1936.

I last saw h alive on 9-16-, 1936.: death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Payne Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Don Rogers, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100429

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 146

OCT 10 1936 RECEIVED

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME James Roland McKee

(a) Residence. No. Nampa, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-24-16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling station attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME W. P. McKee

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Vera Billings

16. BIRTHPLACE (city or town) (State or country) Marion Kas.

17. INFORMANT W. P. McKee
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date Sept. 18, 1936

19. UNDERTAKER F. K. Peterman
(Address) Nampa Idaho

20. FILED Oct 1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) SEPT 15 1936

22. I HEREBY CERTIFY, That I attended deceased from AUG 28th, 1936, to SEPT 15, 1936
I last saw him alive on SEPT 15, 1936 death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abscess	Aug 1936
Other contributory causes of importance:	

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodwell M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

OCT 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100430

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 147

(No. State School & Colony (If death occurred in a hospital or institution, give its name instead of street and number.)

1000

2. FULL NAME Jay Lee [redacted] Barrus

(a) Residence. No. Johnson Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-6-1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

FATHER

13. NAME O. L. Barrus

14. BIRTHPLACE (city or town) Grantsville (State or country) Utah

MOTHER

15. MAIDEN NAME Elsie Johnson

16. BIRTHPLACE (city or town) Grantsville (State or country) Utah

17. INFORMENT (Address) O. L. Barrus Nampa Ida Co

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Nampa Ida Date 9-20, 1936

19. UNDERTAKER J. K. Parkinson (Address) [redacted] Nampa

20. FILED Oct 7, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1936, to 9-19-, 1936

I last saw him alive on 9-19-, 1936; death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Epilepsy (Convulsions)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Barrus, M. D.

(Address) Nampa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

OCT 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100431

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 148

(No. 220 - Ivy St. Nampa, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

116

2. FULL NAME John S. Burnett

(a) Residence. No. 220 - Ivy St. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-18-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME William J. Burnett

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. J. S. Burnett
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho, Date 9-22, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED Oct-1, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept. 19, 193.6.
I last saw him alive on Sept. 19, 193.6: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hy with acute Nephritis.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) W. C. Roth, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10043

OCT 10 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 149
(No. 307 - 16th Ave No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dale Edward Brumback

(a) Residence. No. 307 - 16th Ave No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 7th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

MOTHER FATHER

13. NAME Claude Brumback
14. BIRTHPLACE (city or town) [illegible]
(State or country) Missouri

15. MAIDEN NAME Naomi Griffith
16. BIRTHPLACE (city or town) Belle Plaine
(State or country) Kansas

17. INFORMANT Mrs. Claude Brumback
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL Fairlawn
Place Nampa, Ida. Date 9-19, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida.

20. FILED Oct-1, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept 17, 1936
I last saw him alive on Sept 17, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Obstruction of Bowel	3 weeks ago
Inability to assimilate food	
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. O. VanDeGrift, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100433

OCT 10 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2906 Local Registrar's No. 150

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Andrew Ward

(a) Residence. No. 1113 Manning St. Nampa

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 29 1936

7. AGE: Years — Months 6 Days 3 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hyrum Utah

FATHER

13. NAME: John S. Harris

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Christine Lowder

16. BIRTHPLACE (city or town) (State or country): Weiser Idaho

17. INFORMANT (Address): John S. Harris Homedale R1

18. BURIAL, CREMATION OR REMOVAL

Place: Brookside Cem Date 9-4 1936

19. UNDERTAKER (Address): R. V. Pentham Caldwell Ida

20. FILED Oct 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936, to 9-2, 1936.

I last saw her alive on 9-1, 1936: death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	8-25-36

Other contributory causes of importance:

None

Name of operation: No Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Greenough M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100435

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 152

OCT 10 1936 RECEIVED

(No. St. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Clarence W. Brant

(a) Residence. No. Huston Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 4-90

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla.

MOTHER FATHER

13. NAME Chas Brant

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mr Brant
(Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date Sept 28, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Oct 8, 1936 Hyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1936 to Sept 4, 1936
I last saw him alive on Sept 4, 1936 death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hurt Degree Burn	
Other contributory causes of importance: Shock	

Name of operation X Date of X
What test confirmed diagnosis? Was there an autopsy? X

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Thos E Maupin M.D.
(Address) Nampa, Idaho

m

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100436

Registration District No. 7

OCT 10 1936 RECEIVED

Primary Registration District No. 1006 Local Registrar's No. 153

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Alexander Tracy

(a) Residence. No. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 10/3, 193 6

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Oct 8, 193 6. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/2 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 193 6, to Oct 2, 193 6
I last saw him alive on Oct 2, 193 6.: death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatectomy	
Other contributory causes of importance:	
Nephritis.	

Name of operation Prostatectomy Date of 9/30/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, Specify
(Signed) W. C. Holt, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100437

PLACE OF DEATH
County of Canyon
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 154

OCT 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) State School & Colony

2. FULL NAME Ella Hannah Hoopes

111a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jany 5th 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gem Co. Idaho

FATHER

13. NAME Hyrem Hoopes

14. BIRTHPLACE (city or town) (State or country) Boise Oregon

MOTHER

15. MAIDEN NAME Nannie Oliver

16. BIRTHPLACE (city or town) (State or country) Cogswell Co Idaho

17. INFORMENT (Address) Dan Rogers Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida. Date 10-3, 1936

19. UNDERTAKER (Address) F. E. Bateman Nampa Idaho

20. FILED Oct 8, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-2— 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21— 1931, to 10-2- 1936

I last saw h- alive on 10— 1— 1936: death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Stomach (Gastric Ulcer)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dan G Rogers, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100438

PLACE OF DEATH

County of Canyon

City of Nampa

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 155

OCT 10 1936 RECEIVED

No. State School & Colony (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Keeler

(a) Residence. No. Grangeville Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER

13. NAME W. A. Keeler

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sour Known

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Don Goyette Nampa Idaho

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Grangeville Date 10-6 1936

19. UNDERTAKER F. K. Robinson

(Address) Nampa Idaho

20. FILED Oct 8, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10 — 6 — 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 — 21 — 1919 ~~1933~~, to 10 — 6 —, 1936.

I last saw h— alive on 10 — 5 —, 1936; death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extraction from Acute Mania	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Don Goyette, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Albion

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100439

OCT 9 1936 RECEIVED

Registration District No. 119
Primary Registration District No. 2198
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary D Henry

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Bertram C. Henry

6. DATE OF BIRTH (month, day, and year) 9/12/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Bradstown (State or country) Ky.

FATHER
13. NAME John D Donohue
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Adele C Chambliss
16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Bertram C Henry (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Boise Ida Date Oct 2 193 6

19. UNDERTAKER (Address)

20. FILED Oct 1, 193 C I Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1936 to 9/28, 1936
I last saw h~~e~~ alive on 9/27, 1936: death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/26/36
Other contributory causes of importance:	
Multiple Neuritis	1935
Rheumatoid Arthritis	1915
Bronchitis (Acute	9/24/36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify
(Signed) C I Slater, M. D.
(Address) Albion Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100440

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 87

OCT 12 1936 RECEIVED

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ambrose Dunn

(a) Residence. No. N. Almo St. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Sylvia Dunn

6. DATE OF BIRTH (month, day, and year): Sept. 6 1869

7. AGE: Years 66 | Months 11 | Days 24 | If LESS than 1 day,... hrs. or .... min.

OCCUPATION

8a. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc**: Store Keeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc**: W. & M. Cigar Co.

10. Date deceased last worked at this occupation (mo. and yr.): 9/2/36

11. Total time (years) spent in this occupation: Six years.

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: James K. Dunn

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Amanda

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): Vera Marie Dunn N. Almo - Burley Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Burley Ida. Date 9/6/, 1936

19. UNDERTAKER: H. E. Johnson

(Address) Burley Idaho

20. FILED 9/3/, 1936. Laura D. Sprocher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/2/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1936, to 9-3, 1936.

I last saw him alive on 9-20, 1936; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9-2-36
Other **contributory causes** of importance:	
Arteriosclerosis	Several years

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100441

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 88

OCT 12 1936 RECEIVED

No. 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Evelyn Fuller Ruler

(a) Residence. No. 252 - N - Oakley St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed (or Divorced) (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Ruler

6. DATE OF BIRTH (month, day, and year) July 3rd 1888

7. AGE: Years 48 | Months 2 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Eden Idaho

FATHER
13. NAME Enoch Fuller
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Jane Ingleb
16. BIRTHPLACE (city or town) (State or country) U.S. Tennessee

17. INFORMANT (Address) Mrs. E. Ruler Box 2 Oakley Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Burley Date 9-12, 1936

19. UNDERTAKER (Address) H. A. Pierce Burley Idaho

20. FILED 9-9, 1936 Laura E. Spicher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/8/, 1936, to 9/8, 1936
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) G. L. Tate, M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. ~~2089~~

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10044

OCT 12 1936 RECEIVED

2. FULL NAME Bonnie Nadine McCaslin

(a) Residence. No. ..... Burley Idaho R.F.D. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): .....

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year): Jan 29 1935

7. AGE: Years 1 | Months 5 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Burley Idaho

MOTHER FATHER

13. NAME: Max M. McCaslin

14. BIRTHPLACE (city or town) (State or country): Broken Bow Nebraska

15. MAIDEN NAME: La Ven Drummond

16. BIRTHPLACE (city or town) (State or country): Portland Oregon

17. INFORMANT (Address): Max M. McCaslin Burley Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL

Place Burley Ida. Date 8/1/ 1936

19. UNDERTAKER (Address): L.E. Johnson Mortuary Hyde B. McCulloch

20. FILED 7/30/ 1936 Laura D. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/29/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to July 29, 1936

I last saw her alive on July 29, 1936: death is said to have occurred on the date stated above, at 6:01 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	July 29

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury.., 1936

Where did injury occur? Burley Cassia Co. Ida.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. At home

Manner of injury .....

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Olive E. Glaser, M. D.

(Address) Burley Idaho

OCT 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100443

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 120
Primary Registration District No. 2203
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Leon Adelbert Sherwood

(a) Residence. No. Idaho Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Store salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Wis

FATHER

13. NAME David A Sherwood

14. BIRTHPLACE (city or town) (State or country) Do not Know

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Rutland Vt

17. INFORMENT Helen M Barrow
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Sept 20 1936

19. UNDERTAKER McFarr
(Address) Idaho Falls

20. FILED Sept 20 1936 C E Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Sept 20, 1936
I last saw him alive on Sept 19, 1936: death is said to have occurred on the date stated above, at about 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal injuries	
Fractured skull	
Fractured right forearm	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident (Date of injury) 9/19, 1936
Where did injury occur? 3 Miles South of Dubois
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto wreck
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C E Jones, M. D.
(Address) Dubois Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10044

PLACE OF DEATH
County of Clark
City of Dubois

Registration District No. 125
Primary Registration District No. 2203
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Scott Lair

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Lair

6. DATE OF BIRTH (month, day, and year) June 30 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Retired farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodland
(State or country) Macon Co. Mo

FATHER

13. NAME James Lair

14. BIRTHPLACE (city or town) Do Not Know
(State or country)

MOTHER

15. MAIDEN NAME Ann Howard

16. BIRTHPLACE (city or town) Illinois
(State or country)

17. INFORMENT Mrs Emma Lair
(Address) Dubois Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello Idaho Date Sept 11, 1936

19. UNDERTAKER Hayes-Maguire Co.
(Address) Idaho Falls Idaho

20. FILED Sept 9, 1936 C E Jones M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to Sept 8, 1936.
I last saw h[illegible] alive on Sept 8, 1936; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complications following apoplexy a year ago	
Other contributory causes of importance: General debility for several years.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) C E Jones, M. D.
(Address) Dubois Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10044.5

PLACE OF DEATH

County of Clark

City of Dubois PO
2 C Camp 35 miles from town

Registration District No.

Primary Registration District No. Local Registrar's No. 205

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C Young

(a) Residence. No. St. Ida Falls Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Nov 23, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forrest Service

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Ida Falls W P A Records Ida Falls

18. BURIAL, CREMATION OR REMOVAL Removal
Place Ida Falls Date 9-16, 1936

19. UNDERTAKER McHan
(Address) Idaho Falls Idaho

20. FILED 9/16, 193[illegible] C E Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193....; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No medical attention	
Cause Unknown	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C E Jones, M. D.
(Address) Dubois Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100446

T 5 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 109

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Hedberg 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) ✓

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wayne Hedberg (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 9-10, 1936

19. UNDERTAKER V. A. Shaw (Address) Orofino

20. FILED 9-9, 1936 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) Wayne C. Haney M. D. Coroner
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10047

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 110

1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy D. Burghardt

(a) Residence. No..... Pierce Idaho St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel M. Burghardt

6. DATE OF BIRTH (month, day, and year) Feb 9-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Work
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Valley Springs
(State or country) South Dakota

FATHER
13. NAME J. D. Burghardt
14. BIRTHPLACE (city or town) .....
(State or country) New York

MOTHER
15. MAIDEN NAME Hattie Dunham
16. BIRTHPLACE (city or town) .....
(State or country) New York

17. INFORMANT Mrs. Ethel Burghardt
(Address) Pierce Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Seattle Wash. Date 9-9, 1936

19. UNDERTAKER Crofins Mortuary
(Address) Orofino Idaho

20. FILED 9-9, 1936 J. A. Eakes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Accident Date of injury....., 193....
Where did injury occur? Pierce Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Pierce Electric Plant
Manner of injury.....
Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....
(Signed) Wayne J. Strong Coroner M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100448

Registration District No. 90
Primary Registration District No. 2167 Local Registrar's No. 111

OCT 5 1936 RECEIVED

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

50

2. FULL NAME Lew Fockler

(a) Residence. No. ..... St. Coeur d'Alene, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unascertained

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7,	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME Daniel Fockler

14. BIRTHPLACE (city or town) .....
(State or country) Unascertained

MOTHER

15. MAIDEN NAME Mary Jane Orton

16. BIRTHPLACE (city or town) Unascertained.
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Sept. 7, 1936

19. UNDERTAKER F. A. Billberg, Hosp. Attdt.
(Address) Orofino - Idaho.

20. FILED 9-10, 1936 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7th, 1936, to Sept. 7, 1936
I last saw him alive on Sept. 6, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of face	
Other contributory causes of importance:	
Senile psychosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Irvine McElwain, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100449

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 112
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna C. McKinnis

(a) Residence. No. ..... St. Lane, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? ~~yrs.~~ ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unascertained

6. DATE OF BIRTH (month, day, and year) December 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	8	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Minneapolis
(State or country) Minnesota

FATHER
13. NAME Patrick Shannon
14. BIRTHPLACE (city or town) Minnesota
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Enright
16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cocur D'Alene Date 9-13, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 9-11, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1936, to Sept. 9, 1936
I last saw her alive on Sept. 9, 1936: death is said to have occurred on the date stated above, at 5.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Chronic endocarditis	
Other contributory causes of importance:	
Psychosis with Cerebral arterio-sclerosis.	

Name of operation None Date of .....
What test confirmed diagnosis? Finger Signs Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho -

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100450

SEP 15 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2167
Local Registrar's No. 113

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Washburn E. Mullikin

(a) Residence. No. Orofino St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie E. Mullikin

6. DATE OF BIRTH (month, day, and year) Mar 3-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME John Mullikin
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Helen E. Beard
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Byron Mullikin
(Address) Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wells Bench Date 9-13, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 9-15, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1936, to 9-11, 1936
I last saw him alive on 9-10, 1936: death is said to have occurred on the date stated above, at 6. A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9-10-36

Other contributory causes of importance:

Nephrolithiasis 7 Many years standing	
Chronic Myocarditis	
chronic cystitis.	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. B. Lampenhagen, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100451

1936 RECEIVED

Registration District No. 96
Primary Registration District No. 2187
Local Registrar's No. #4

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C Bush

(a) Residence No. Greer Idaho St. Greer Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 3 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Adam Bush
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Sanders
(Address) Greer Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 9-17, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 9-17, 1936 Ida Dixon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wayne L Sherer M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10045

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 115

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis B. Ward

(a) Residence. No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 5 - 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Clearwater County records Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 9-20, 1936

19. UNDERTAKER (Address) Orofino Mortuary Orofino Idaho.

20. FILED 9-21, 1936 H. E. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936, to Sept. 19, 1936
I last saw him alive on Sept. 18, 1936; death is said to have occurred on the date stated above, at 7:10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1936

Other contributory causes of importance:

Arterial-sclerosis	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. J. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Orofino

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100453

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 116
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Alexander Johnson

(a) Residence. No. ..... St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? 5 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sweden
(State or country)

FATHER

13. NAME Alexander Johnson

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Bertha Larson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Sept. 14, 1936

19. UNDERTAKER F. A. Billberg. Hosp. Mgr.
(Address) Orofino Idaho.

20. FILED 9-22, 1936. H. A. Place
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1930, to Sept. 13, 1936.
I last saw him alive on Sept. 13, 1936.: death is said to have occurred on the date stated above, at 11:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	Sept. 8-36
Other contributory causes of importance:	
Psychosis with cerebral arteria-sclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Signs (Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm Lorne McKelvey, M. D.
(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino County

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10045

1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 117

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Anna Acosta

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Acosta

6. DATE OF BIRTH (month, day, and year)
Not on record

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Asotin, Wash.
(State or country)

FATHER

13. NAME Noble Henry

14. BIRTHPLACE (city or town) .....
(State or country) Iowa

MOTHER

15. MAIDEN NAME Tinacam

16. BIRTHPLACE (city or town) Alpowa
(State or country) Wash.

17. INFORMANT Fred Acosta
(Address) Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Slickpoo Mission, Id. Date Sept. 23, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20 FILED 9-22-, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6., 1936., to Sept. 20., 1936.

I last saw her alive on Sept. 19., 1936.; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nephritis, chronic interstitial	1934
Diabetes mellitus	1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. R. J. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100455

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 118

(No. Orofino Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

118 L

2. FULL NAME Mary H. Harris

(a) Residence. No. Grangemont St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Harris

6. DATE OF BIRTH (month, day, and year) May 26-1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME Tom O'neal
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Lillian Moore
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Williams Harris (Address) Grangemont Ida

18. BURIAL, CREMATION OR REMOVAL Place Orofino Ida Date Sept 27, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 9-28, 1936 W. A. Lyons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1936, to 9-25, 1936
I last saw her alive on 9-25, 1936; death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis following removal of gall bladder	9-17-36
followed by Peritonitis & Septicemia	9-23-36
Other contributory causes of importance: acute infectious Cholangitis	Jan 1936

Name of operation Cholecystectomy Date of 9-9-36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) A B Pappenheimer M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

5

PLACE OF DEATH

County of Clearwater.

City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100456

1936 RECEIVED

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 119

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1889

2. FULL NAME Lesly Croy

(a) Residence. No. ..... St. Lapwai

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Otis Croy

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Carey Louis

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT John J. Pearson
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai Date 10-2, 1936

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 9-30, 1936 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Falling Tree	
Fractured Skull	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/29 1936

Where did injury occur? Logging Camp Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place Logging Camp

Manner of injury Struck by Falling Tree

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Logging

(Signed) V. A. Shaw, M. D.

(Address) Orofino

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100457

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 120

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mary A. Van Moulken

(a) Residence. No. Orofino, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pete Van Moulken

6. DATE OF BIRTH (month, day, and year) November 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT P.J. Van Moulken

(Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Ida Date 10/1/36 193

19. UNDERTAKER Orofino Mortuary

(Address) Orofino Ida

20. FILED 9-30, 193 6 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 193 6, to Sept 25, 193 6

I ~~last saw~~ saw her alive on ~~Sept 25~~, 193 ; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Probable Coronary Heart Disease	
Other contributory causes of importance:	
Arteriosclerosis	
Chronic Myocarditis and Myocardial Degeneration	1933

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harlan P. Kahler, M. D.

(Address) Orofino, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100458

Registration District No. 96

1936 RECEIVED

Primary Registration District No. 2187 Local Registrar's No. 121

(No.) Clearwater Field Hospital, BAC Headquarters, Pierce
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tom Ramsey (alias Tom Moran) Tom Ramey

(a) Residence. No. St. Marie's, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging camp

10. Date deceased last worked at this occupation (mo. and yr.) day of death

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) not obtainable

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Patient himself
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St. Marie's Date ....., 193..

19. UNDERTAKER Crapino Mortuary
(Address)

20. FILED 9-30, 1936 W. A. Shand
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/29/36, 193.., to 9/30/36, 193.. I last saw him alive on 9/30/36, 193..: death is said to have occurred on the date stated above, at 6:10 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed by falling tree;	
crushed right chest; lumbar	
and cervical spine fractures;	
fractures of right humerus;	
shock.	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/29, 1936
Where did injury occur? near Pierce, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. while working in logging camp
Manner of injury
Nature of injury Tree fell on patient

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify see above

(Signed) G. Hill Hodel, M.D.
(Address) G. Hill Hodel, M.D. Pierce Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Clayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100453

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 222

OCT 6 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) 188

2. FULL NAME Orin W. Herrick

(a) Residence. No. Boise St. Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 2nd 1912

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
24	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Quartz Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Sept 9-1936

11. Total time (years) spent in this occupation One year

12. BIRTHPLACE (city or town) (State or country) Utah

MOTHER FATHER

13. NAME Charles W. Herrick

14. BIRTHPLACE (city or town) (State or country) Denver Colo

15. MAIDEN NAME Mary Ann Nielson

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Mrs. Emma Yagnd (Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL Place Salmon Ida Date 9/17, 1936

19. UNDERTAKER Mrs. E. Yagnd (Address) Salmon Ida

20. FILED Sept. 16, 1936. Elma M. E. Kenney. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14., 193.6, to Sept. 15., 193.6.
I last saw h/ alive on Sept. 15., 193.6: death is said to have occurred on the date stated above, at 2-45 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of skull	Sept. 14, 1936
Wounds, contused multiple	
over body	Sept. 14, 1936
Turned over his own car	Sept. 14, 1936
Other **contributory causes** of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 14, 193.6
Where did injury occur? 1 mile South of Clayton, Idaho
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public highway
Manner of injury Turned over his own auto
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett R. Vess, 1st Lt. Med. Res. U. S. A.
(Address) Challis Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mt. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100460

Registration District No. 34

SEP 21 1936 RECEIVED

Primary Registration District No. 2020 Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katy Mason

(a) Residence. No. Chessawa. Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of E. R. Mason

6. DATE OF BIRTH (month, day, and year) October 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen'l Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chessawa Oregon
(State or country)

FATHER
13. NAME David E. Brewer
14. BIRTHPLACE (city or town) Tacoma Wash
(State or country)

MOTHER
15. MAIDEN NAME Katei Lulin
16. BIRTHPLACE (city or town) Sitka Alaska
(State or country)

17. INFORMANT Ruth Hayes Turner
(Address) Chessawa Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Tacoma Wash. Date 9-4, 1936

19. UNDERTAKER Rackley Funeral Home
(Address) Mtn. Home Idaho

20. FILED Sept 3, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) ~~fill in~~ also the following:
Accident, suicide, or homicide? Accident Date of injury 9/2-1936
Where did injury occur? Mt. Home, Ida Elmore County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury. Auto Collision
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....
(Signed) Phil F. Gray Coroner M. D.
(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore.
City of Mtn. Home.

SEP 21 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100461

Registration District No. 32
Primary Registration District No. 2020
Local Registrar's No. 22

(No. 179)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wiley Monroe Daniels.

(a) Residence. No. Mountain Home. 2d St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Daniels.

6. DATE OF BIRTH (month, day, and year) 3-26-185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Archie Daniels
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Harriett Lee.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Jennie Daniels. (Address) Mtn. Home. Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn. Home. Date 8-9, 1936

19. UNDERTAKER Zacher Funeral Home (Address) Mtn. Home. Ida.

20. FILED Sept 11, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8-1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to 8-7-, 1936
I last saw ~~him~~ alive on 8-7-, 1936: death is said to have occurred on the date stated above, at 9.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932
Other contributory causes of importance:	

Name of operation Physician's Statement Date of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Evans M. D.
(Address) Mtn. Home, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100462

PLACE OF DEATH

County of Franklin

City of Preston

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 13

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME William Jayson Randall

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joan Geddes Randall

6. DATE OF BIRTH (month, day, and year) Jan 25 ~~1856~~ 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Salesman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Implements

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harrisville
(State or country) Utah

FATHER

13. NAME Charles T Randall

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Joan G Randall
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston.

20. FILED Oct 3, 193 6 C. W. Tate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 193 6, to 9-11, 193 6.

I last saw him alive on 9-11, 193 6; death is said to have occurred on the date stated above, at 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9-10-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. R. Cutler, M. D.

(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100463

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 21
Primary Registration District No. 2119 Local Registrar's No. 14

(If death occurred in a hospital or institution, give its name instead of street and number) (No. General Memorial Hosp)

2. FULL NAME Baby Logan Pace

(a) Residence. No. (Usual place of abode) Preston St. Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-9-36

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Ida.

MOTHER FATHER

13. NAME Laurence Pace

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Mary Mann

16. BIRTHPLACE (city or town) (State or country) Woodscross, Utah

17. INFORMANT (Address) Laurence Pace

18. BURIAL, CREMATION OR REMOVAL
Place Woodscross Date 9-15-, 1936

19. UNDERTAKER (Address)

20. FILED Oct 3, 1936 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1936, to 9-14, 1936
I last saw her alive on 9-14, 1936; death is said to have occurred on the date stated above, at 10 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	9-9-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? By Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. B. Curtis, M. D.
(Address) Preston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Franklin

City of Glendale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100465

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Vergil Webster

(a) Residence. No. Glendale, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Glendale Idaho

FATHER

13. NAME S. J. Webster

14. BIRTHPLACE (city or town) (State or country) Franklin Idaho

MOTHER

15. MAIDEN NAME Mary Ann Mendenhall

16. BIRTHPLACE (city or town) (State or country) Oxford Idaho

17. INFORMANT S. J. Webster
(Address) Glendale, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Franklin, Idaho Date Sept. 29, 193 6

19. UNDERTAKER M.W. Hendricks
(Address) Preston, Idaho

20. FILED Oct. 3, 193 6 G. W. Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 193 6, to 9-26, 193 6
I last saw him alive on 9-26, 193 6: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	9-24-36
Acute Rheumatic Fever	9-12-36
Acute Endocarditis	9-12-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so specify .....
(Signed) O. R. Cutler, M. D.
(Address) .....

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100466

PLACE OF DEATH
County of Franklin
City of Preston
Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 17
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Deon Claire Swainston

(a) Residence. No. Winder Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

189C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 16 1930

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
6	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Long Beach
(State or country) Calif

MOTHER FATHER

13. NAME LeRay Swainston

14. BIRTHPLACE (city or town) Preston Id.
(State or country)

15. MAIDEN NAME Elenor Sterland

16. BIRTHPLACE (city or town) Ribin Idaho
(State or country)

17. INFORMANT Eleanor S. Swainston
(Address) Winder Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Wnitney Date Sept 28 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Oct 3, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1936, to 9-26, 1936.
I last saw her alive on 9-26, 1936; death is said to have occurred on the date stated above, at 8.20 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	
and shock due	9-24-36
to automobile	
accident	

Other **contributory causes** of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-24 1936
Where did injury occur? Winder Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** on public Hi Way
Manner of injury Run down by car.
Nature of injury Severe contusions & injuries to cranium & brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Franklin

City of Minkcreek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10046

Registration District No. 27

Primary Registration District No. 2119 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claire Bennett Baird

(a) Residence. No. Minkcreek Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 28 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Harold K Baird

14. BIRTHPLACE (city or town) (State or country) Minkcreek Id.

MOTHER

15. MAIDEN NAME Verla Bennett

16. BIRTHPLACE (city or town) (State or country) Thatcher Idaho

17. INFORMANT Verla B Baird
(Address) Minkcreek Id.

18. BURIAL, CREMATION OR REMOVAL
Place Minkcreek Id. Date Oct 2, 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Oct 3, 1936 G. W. Hales Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1936, to 9-30, 1936

I last saw him alive on 9-30, 1936; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Laryngeal Croup	9-28-36
Bronchial Pneumonia	9-29-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ?? Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. A. Fuller M. D.
(Address) Preston Idaho

OCCUPATION is very important. See instruction on back of certificate.

FORM V. S. No. 5-25 M 1-36 SEP 17 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 99
Primary Registration District No. 2177
(No. ..... St.)

State File No. 100468
Local Registrar's No. 171-B

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH
County of Fremont
City of Newdale
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Ann Havns

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow

6. DATE OF BIRTH February (Month) 19 (Day) 1864 (Year)

7. AGE 72 Yrs. 5 Mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Paradise Utah.

10. NAME OF Father John Richman

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Sarah Ann Stevens

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Spencer Haws
(Address) New

15. Filed Aug. 22 1936 Robt B Wunk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 10th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/8 1936 to 8/8 1936, that I last saw h.e. alive on 8/8 1936 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Cerebral Arteriosclerosis

..... (Duration) 4 yrs. ..... mos. ..... ds.
Contributory (Secondary) Myocarditis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R H Mitchell M. D.
9/10 1936 (Address) Mt Anthony Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Rebrew Idaho — **DATE OF BURIAL** 8/13 1936

20. UNDERTAKER A M Hanson — **ADDRESS** Mt Anthony Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100469

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 178-B

SEP 1 1936 REGISTERED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Crawley

(a) Residence. No. Teton St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Rebecca Ann Crawley

6. DATE OF BIRTH (month, day, and year) Nov. 13-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bedfordshire Eng.

FATHER
13. NAME Samuel Crawley
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Maylin
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Leo Crawley (Address) Teton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Date 8/30 1936

19. UNDERTAKER H. M. Hansen (Address) St. Anthony Idaho

20. FILED 8/28 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance are as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	
Uremia	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. M. Hansen, M. D.
(Address) St. Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Newdale

SEP 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10047

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 174-B

(No. 885)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Montgomery Andrews.

(a) Residence. No. Newdale St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Andrews.

6. DATE OF BIRTH (month, day, and year) May 3rd, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Logan, Utah
(State or country)

FATHER

13. NAME John A. Montgomery

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Annie Carvall

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Earl A. Andrews.
(Address) Newdale, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Wilford Date 9/3 1936

19. UNDERTAKER W. W. Hanson
(Address) St. Anthony, Idaho.

20. FILED 8/31, 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/4, 1936, to 8/30, 1936: I last saw her alive on 8/29, 1936: death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) R. A. Mitchell, M. D.
(Address) St. Anthony, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100471

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 5 1936 RECEIVED

188C

2. FULL NAME Herbert Haylor

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 68 yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G. Haylor

6. DATE OF BIRTH (month, day, and year) July 13 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emmett Irrigation Dist.

10. Date deceased last worked at this occupation (mo. and yr.) 9/2 1936

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Howden England

FATHER

13. NAME John Haylor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME AnnMarshall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Morris Haylor (Address) 1268 Palm Monrovia Calif

18. BURIAL, CREMATION OR REMOVAL Place Monrovia Cal Date ____, 193__

19. UNDERTAKER C D Buckmeier (Address) Emmett Idaho

20. FILED 9/7, 193 6 J H Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/2 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__ to ____, 193__
I last saw him alive on Sept 2 6, 193__; death is said to have occurred on the date stated above, at 8-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by automobile	
Skull crushed - left	
arm and left leg broken	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? Emmett, Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. public street
Manner of injury. Skull crushed- left leg
Nature of injury and left arm broken

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) C D Buckmeier XXXX
(Address) Emmett Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

SEP 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100472

Registration District No. 6
Primary Registration District No. 6 Local Registrar's No.

(No. 9 D)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Axe

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 9/9/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prairie City Oregon

FATHER

13. NAME Wm Axe

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary C. Rogers

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) John C Newman Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/11, 193 6

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED 9/11, 193 6 J K Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9. 193 6

22. I HEREBY CERTIFY, That I attended deceased from April, 193 6, to Sept 9, 193 6
I last saw h[illegible] alive on Aug 9, 193 6: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Possibly a Heart Clot	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J K Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100473

OCT 5 1936 RECEIVED

Registration District No.
Primary Registration District No. 6 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elena D Elsager 74 A

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 19 1864

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
72	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs J W Chelsvold
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 9/3, 1936

19. UNDERTAKER C O Buckmaster
(Address) Emmett Idaho

20. FILED 9/3, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Sept 1st, 1936
I last saw her alive on Aug 31, 1936; death is said to have occurred on the date stated above, at 4:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	1930
Cerebral hemorrhage	January 1936
Myocardial failure	May 1936

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C A Lawrence, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100474

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Jacob Gonzalbo De Cordova

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rene De Cordova

6. DATE OF BIRTH (month, day, and year) July 27 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 4/1/35
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Bosque Co Texas

FATHER
13. NAME Henry De Cordova
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Louise Calhoun
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Rene de Cordova (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 9/7, 1936

19. UNDERTAKER C. D. Buckmaster (Address) Emmett Idaho

20. FILED 9/5, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936, to Sept 4, 1936
I last saw h[illegible] alive on August 1, 1936; death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	Jan 1936

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193[illegible]
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. H. Cawthorn, M. D.
(Address) Emmett Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Emmett

RECEIVED OCT 5 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100475

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Niles Weston

(a) Residence. No. Emmett Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 1 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

MOTHER, FATHER

13. NAME George Weston

14. BIRTHPLACE (city or town) (State or country) Utah

15. MAIDEN NAME Florence Blood

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT George Weston (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 8/4, 1936

19. UNDERTAKER C. O. Buckner (Address) Emmett Idaho

20. FILED 8/4, 1936 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/1 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to July 31, 1936

I last saw him alive on Aug 3/36, 1936: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Mellitus	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. H. Reynolds, M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10047b

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Lee Boston

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	wht	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 19 - 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Little
16. BIRTHPLACE (city or town) (State or country) Not Known "

17. INFORMANT (Address) Lovie Hubbard

18. BURIAL, CREMATION OR REMOVAL Emmett Ida
Place Emmett Ida Date 7/31, 1936

19. UNDERTAKER C O Beatty and Son
(Address) Emmett Idaho

20. FILED 7/31, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-4-, 1936, to 7-29-, 1936
I last saw h[illegible] alive on 7-29, 1936: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation with auricular fibrillation.	1 year.
Other contributory causes of importance:	
Possible cancer of stomach.	a year or two.

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J L Reynolds M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10047

OCT 5 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ..... Local Registrar's No. 105

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William W Sanders

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6. DATE OF BIRTH (month, day, and year): 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): March, 36
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lebanon Missouri

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs Elisha Smith Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Sept 26 1936

19. UNDERTAKER (Address): C D Buckner Emmett, Ida

20. FILED Sept 26 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 193 6, to Sept 27, 193 6
I last saw him alive on Sept 22, 193 6: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenic Infection of L Lung.	
Bronchiectasis	
Other contributory causes of importance:	
Pneumonia	

Name of operation: none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J L Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100478

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

OCT 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 90)

2. FULL NAME William L. Kilby

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
66	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep herder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Culpeper Virginia

FATHER

13. NAME Jackson Kilby
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Ellen ____
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Elisha Smith

18. BURIAL, CREMATION OR REMOVAL Place Emmett, Ida Date Sept 18 1936

19. UNDERTAKER (Address) C D Buckmann

20. FILED Sept 18, 1936. J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to Sept 15, 1936
I last saw h— alive on Sept. 14, 1936: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asenitis Hypostatic Pneumonia	
Weakened Heart	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. R. Reynolds M. D.
(Address) Emmett Ida

FORM V. S. No. 5-A-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2018
File No. 100410
Registered No.

1. PLACE OF DEATH

County of Gooding
City of Wendell (St.)

If death occurs away from usual residence, give such called for under special information.

OCT 5 1936 RECEIVED

2. FULL NAME Robert Moore

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
M	W	Married (Write the word.)

6. DATE OF BIRTH: Sept. (Month) 11 (Day) 1863 (Year)

7. AGE: 73 Yrs. Mos. 14 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fort Gay West. Va.

10. NAME OF FATHER: Robert C. Moore

11. BIRTHPLACE OF FATHER (State or Country): Va.

12. MAIDEN NAME OF MOTHER: Martha Billups

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlotte F. Moore
(Address) Wendell, Ida.

15.
Filed ..... 19 .....
Local Registrar

GYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

49

16. DATE OF DEATH: Sept. (Month) 25 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1936, to Sept 25 1936
that I last saw him alive on Sept 25 1936,
and that death occurred on the date stated above, at 12 05 M.
The CAUSE OF DEATH* was as follows:
Carcinoma of urinary bladder

(Duration) 1 Yrs. 6 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. A. Pedersen M. D.
Sept 25 1936 (Address) Wendell

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Wendell Ida. DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Thompsen ADDRESS: Gooding Ida.

...as, so that it may be properly classified... Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100481

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

OCT 12 1936 RECEIVED

(No. St. Valentine Hosp) (If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Dorothy Jennette Casto

(a) Residence. No. ____ St. ____ (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Jerome Idaho

FATHER

13. NAME L H Casto

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Mabel Hinton

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT (Address) L H Casto Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Oct 5, 1936

19. UNDERTAKER (Address) J R Wiley Jerome Idaho

20. FILED Oct 12 1936 C. F. Gillis Registrar.
M. C. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Oct 4, 1936
I last saw her alive on Oct 4, 1936: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Enteritis Acute	Sept 19/36
Fecal Nutrition	Before above
Other contributory causes of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? P.E. Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Dr E A Rees, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100482

Registration District No.

1936 RECEIVED Primary Registration District No. Local Registrar's No.

(No. Wendell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Everett John Maurer (Mauser)

(a) Residence. No. R F D Wendell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 15 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): February 1921
7. AGE: Years 15 Months 7 Days 25 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wendell Ida.

FATHER
13. NAME: E. F. Maurer
14. BIRTHPLACE (city or town) (State or country): Jessica

MOTHER
15. MAIDEN NAME: Rose Rawlsons
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): E. F. Mauser Wendell

18. BURIAL, CREMATION OR REMOVAL
Place: Wendell Cemetary Date: Aug 14 1936

19. UNDERTAKER (Address): Jerome Dougherty Jerome DD Henderson

20. FILED: 8-12-1936 E. L. Dinwiddie

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1936, to Aug. 11, 1936.
I last saw him alive on Aug. 10, 1936; death is said to have occurred on the date stated above, at ... a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Appendix	
Peritonitis	
Fecal perforation	

Other contributory causes of importance:

Name of operation: Appendectomy Aug 11
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. Dinwiddie M D
(Address) Wendell Ida

FORM V. S. No. 5-A—25 M. 1-19.

OCT 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2018
Primary Registration District No. 16
File No. 100483
Registered No.

1. PLACE OF DEATH
County of Goodding
City of Wendell
(No., St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruby Estella Randall

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F M	W	Married

6. DATE OF BIRTH: Mar (Month) 6 (Day) 1901 (Year)

7. AGE: 36 Yrs. Mos. 7 ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Marion Idaho

10. NAME OF FATHER: Toval Hemmert

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Sarah Gregersson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward M Randell
(Address) Ho Eden

15. Filed Mch 15 1936 E. L. Simonton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 13 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1936 to Mar 13 1936
that I last saw her alive on Mar 13 1936
and that death occurred on the date stated above, at 6:20 P.M.
The CAUSE OF DEATH* was as follows:
Bronco pneumonia
(Duration) Yrs. mos. 4 ds.
Contributory (Secondary) Mitral stenosis
(Duration) 5 yrs. mos. ds.
(Signed) S Hopkins M. D.
19 (Address) Wendell

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls | DATE OF BURIAL: Mar 17 1936
20. UNDERTAKER: Payne Mortuary | ADDRESS: Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1936 RECEIVED

PLACE OF DEATH
County of Gooding.
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100484

Registration District No. 2-2
Primary Registration District No. 2018 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Leola Collins

(a) Residence. No. ..... St. Wendell Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Collins

6. DATE OF BIRTH (month, day, and year) September 5, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Waterloo Iowa

FATHER

13. NAME S. E. McDowall

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Nellie E. Mapp

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT ..... (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wendell Date Oct 6, 1936

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED Oct 6, 1936 E. P. Clemons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936 to Oct 3, 1936 I last saw her alive on Oct. 3, 1936: death is said to have occurred on the date stated above, at 10 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Parker, M. D.

(Address) Wendell, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100485

OCT 3 1936 RECEIVED

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 285
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leroy Daffern

(a) Residence. No. St. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME Ray Daffern
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Lucia Taylor
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife (Address) Ketchum, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding, Ida Date 9-19, 1936

19. UNDERTAKER W. E. Thompson by L. (Address) Gooding Idaho

20. FILED 9-18, 1936 J. A. Crowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1936, to 9-14-, 1936
I last saw him alive on 9-14, 1936 death is said to have occurred on the date stated above, at 2:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident - Automobile	
Skull fracture	9-12
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: 9-12-36
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? Gooding, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Auto Accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Cranmer M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AMENDED ITEM #15 4-10-97 MS

DO NOT WRITE IN THIS SPACE

State File No. 100486

PLACE OF DEATH

County of Gooding

City of Gooding

OCT 3 1936 RECEIVED

Registration District No.

Primary Registration District No. Local Registrar's No. 286

(No. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Delphine Matheus

(a) Residence. No. Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 27-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Roy Matheus

14. BIRTHPLACE (city or town) (State or country) Bailey Colo

MOTHER

VELMA FLORESSA CHRISWELL

15. MAIDEN NAME Thelma Cromwell

16. BIRTHPLACE (city or town) (State or country) Burke Idaho

17. INFORMANT (Address) Roy Matheus (Father)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 9-18, 1936

19. UNDERTAKER A. G. Thompson
(Address)

20. FILED 9-30, 1936 J. H. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1936, to 9-17, 1936

I last saw h[illegible] alive on 9-17, 1936: death is said to have occurred on the date stated above, at 1[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	9-10-36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cromwell, M. D.

(Address) Gooding

3-28-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 1936-100486
Date Filed OCT. 3, 1936

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for DONNA DELPHINE MATHEWS (Name on Original Certificate) who DIED (Was Born, Died, etc.) on SEPT. 17, 1936 (Date of Event)

in GOODING (GOODING) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#15 MOTHER'S MAIDEN NAME	THELMA CRISWELL	VELMA FLORESSA CHRISWELL

Subscribed and sworn to before me this 7th day of April, 1997

Notary Public, [signature]

Residing at POCATELLO

My commission expires 6/26/2001

(Seal)

[signature]
Signature of Applicant

976 E. 7th Lindsay Ave
Pocatello, ID 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding.
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10048

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 281

OCT 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 189)

2. FULL NAME Johnny Augustine Urriona

(a) Residence. No. ____ St. Gooding Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) March 7 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER
13. NAME John Urriona
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Mary Recuera
16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs John Urriona (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Gooding Ida Date 9-19-36 193

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 9-30 1936 J. H. Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193... I last saw h— alive on ____, 193...: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental death - severe trauma to head & internal injury. Foot caught in stirrup & dragged by horse	9-17-36

Other contributory causes of importance:

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? Accident Date of injury 9-17, 1936.
Where did injury occur? on farm, at home 7 miles west Gooding
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on farm
Manner of injury Dragged by horse.
Nature of injury Severe trauma & head & internal injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. E. Brownlee, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

OCT 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 24
Primary Registration District No.
Local Registrar's No. 288

DO NOT WRITE IN THIS SPACE
State File No. 100488

(No. 117)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H Howard

(a) Residence No. Murphy Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollym Howard

6. DATE OF BIRTH (month, day, and year) December 10, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME James Howard
14. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

MOTHER

15. MAIDEN NAME Nellie Mowbray
16. BIRTHPLACE (city or town) (State or country) Oreana Owyhee Co. Idaho

17. INFORMANT Mrs James H Howard (Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Nampa Date Sept 30, 1936

19. UNDERTAKER Abbott Sanderson (Address)

20. FILED 9-30 1936 J H Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-21 1936, to 9-28 1936
I last saw him alive on 9-28 1936: death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative pneumonia	9-25
acute appendicitis - operation	
Other contributory causes of importance:	

Name of operation appendectomy Date of 9-24
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) J H Cranmer, M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100489

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 283

RECEIVED 1936

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Manuel Robinson

(a) Residence. No. ____ Gooding St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Polly Ann Robinson
6. DATE OF BIRTH (month, day, and year): Sept 24 - 1852
7. AGE: Years 83 | Months 11 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Mongtall North Carolina

FATHER
13. NAME: William Robinson
14. BIRTHPLACE (city or town) (State or country): Don't Know

MOTHER
15. MAIDEN NAME: Sally Keach
16. BIRTHPLACE (city or town) (State or country): Don't Know

17. INFORMANT (Address): Virgil Robinson Gooding Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Gooding Ida. Date: 9-8, 1936
19. UNDERTAKER (Address): A. E. Thompson
20. FILED 9-30, 1936 J. H. Cranwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-6 1936
22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1936, to 9-6, 1936
I last saw h[illegible] alive on 9-3, 1936. death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic.	1934
Other contributory causes of importance:	
Senility	
Edema of glottis.	

Name of operation None. Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193[illegible]
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. H. Cranwell, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100496

RECEIVED 1936

Registration District No. 24

Primary Registration District No. ____ Local Registrar's No. 284

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elijah Centennial Kaper (Pope)

(a) Residence. No. ____ Hagerman St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Pope

6. DATE OF BIRTH (month, day, and year): June 8- 1876

7. AGE — Years: 60 Months: 3 Days: 4. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Station Operator

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Trenton Ill.

FATHER

13. NAME: Thomas Pope.

14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Amanda Cash

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Mrs E. C. Pope Hagerman

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Twin Falls Date 9/12, 1936

19. UNDERTAKER (Address): Evans Johnson Burial Co. E. Johnson

20. FILED 9-30, 1936 J. P. Simms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1936, to 9-9-, 1936
I last saw him alive on 9-9, 1936; death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	8-25-36
following influenza	

Other contributory causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1936
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Geo Simmons M. D.
(Address) Buhl, Ida.

SEP 28 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100491

PLACE OF DEATH
County of Idaho
City of near Kamiah

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 409

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward Monroe Campbell

(a) Residence. No. St. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Susan Ada Campbell

6. DATE OF BIRTH (month, day and year) Jan 1 1911

7. AGE	Years	Months	Days	If LESS than 1 day,
	25	6	18	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Loveland Colo

PARENTS

10. NAME OF FATHER Robt L. Campbell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri
12. MAIDEN NAME OF MOTHER Minnie Crossman
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Nebraska

14. Informant Robt Campbell
(Address)

15. Filed Sep 15, 1936 J M Verbeck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 18 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at 5-30 p m.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J M Verbeck M. D.
, 19 (Address) Kamiah Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kamiah Cemetery	July 22 1936
20. Undertaker	Address

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—This [illegible] PERMANENT RECORD

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100492

PLACE OF DEATH

County of Idaho
City of Kooskia

Registration District No.....
Primary Registration District No..... Local Registrar's No. 410

(No. 740 .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James A Reed

(a) Residence. No..... St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Dont know
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dont know
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 63 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: General work
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dont know

MOTHER FATHER
13. NAME: Dont know
14. BIRTHPLACE (city or town) (State or country): Dont know
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (city or town) (State or country): Dont know

17. INFORMANT (Address): Geo Dunaway Kooskia
18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date....., 193..
19. UNDERTAKER (Address): Geo Dunaway Kooskia
20. FILED Sept 18, 1936. J M Siebenkuhnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 8½ a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Been at work at Boyd Creek State Fish Hatchery an hour and ten minutes - became paralyzed from hips down - Died in 40 minutes	
Other **contributory causes** of importance: Brain hemorrhage	
No physician -	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) H. W. Whitworth M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

OCT 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100493

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 26
(No. U. S. G. C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rufus Virgil Remington
(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Edith Remington

6. DATE OF BIRTH (month, day, and year) July 25-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage Shops
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation 16 years

12. BIRTHPLACE (city or town) (State or country) ~~Grangeville Idaho~~ Boise

FATHER
13. NAME James J. Remington
14. BIRTHPLACE (city or town) (State or country) Willamette Valley Oregon

MOTHER
15. MAIDEN NAME Flora Castle
16. BIRTHPLACE (city or town) (State or country) Pura Ill.

17. INFORMANT (Address) Wife - Edith Remington Grangeville Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date Sept 3, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Sept 1, 1936 W. F. Orr
per J.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1936, to Sept 1, 1936
I last saw him alive on Sept 1, 1936: death is said to have occurred on the date stated above, at 9:25 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 1934
Chronic Myocarditis & Muscle Degeneration	Nov. 1934
Other contributory causes of importance: Chronic Interstitial Nephritis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wesley F. Orr M. D.
(Address) Cottonwood Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Green Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100494

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 27

RECEIVED 1936 OCT

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elinor Vida Marie Schaff

3. (a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15- 1936

7. AGE Years	Months	Days	If LESS than 1 day 23 hrs. or ..... min.
-	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Green Creek
(State or country) Idaho

FATHER

13. NAME Nicodemus Schaff

14. BIRTHPLACE (city or town) .....
(State or country) Russia

MOTHER

15. MAIDEN NAME Elizabeth Gress

16. BIRTHPLACE (city or town) .....
(State or country) N. Dakota

17. INFORMANT N. Schaff
(Address) Green Creek, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Green Creek Date Sept. 17, 1936

19. UNDERTAKER Nicodemus Schaff
(Address) Green Creek, Ida.

20. FILED Sept. 16, 1936. N. F. Orr
Registrar.
per J. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, to Sept. 16, 1936.
I last saw her alive on Sept. 16 1936.: death is said to have occurred on the date stated above, at 8:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of Foramen Ovale & clots	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical only Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harley F. Orr, M. D.
(Address) Cottonwood, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100495

Registration District No.
Primary Registration District No.
Local Registrar's No. 38

OCT 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME P. Ed Woodruff

(a) Residence. No. Red River St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura B. Woodruff.

6. DATE OF BIRTH (month, day, and year) Nov 18 - 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~R~~ Foreman for U. S. Forestry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Construction

10. Date deceased last worked at this occupation (mo. and yr.) 9/21-36

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Brainard Minn

FATHER

13. NAME William Charles Woodruff

14. BIRTHPLACE (city or town) (State or country) Johnson Vermont

MOTHER

15. MAIDEN NAME Rose E. Palmer

16. BIRTHPLACE (city or town) (State or country) Freedom Sauk Co. Wisc

17. INFORMANT Mother Mrs. Rose Campbell
(Address) Wenatchee Wn

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date 9/25, 1936

19. UNDERTAKER Noonan & Tyrrell Home
(Address) Grangeville Ida.

20. FILED 10-1, 1936 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Clearwater River near Castle Creek Idaho County	
Other contributory causes of importance:	
Unknown	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Glenn Cullen M. D.
(Address) Grangeville Ida.

Coroner of Idaho Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100496

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 39

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura B. Woodruff

(a) Residence. No. Red River St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of O. Ed. Woodruff.

6. DATE OF BIRTH (month, day, and year) Jan 23 - 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Sept-1936
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Grangeville (State or country) Ida.

FATHER
13. NAME John C. Cash
14. BIRTHPLACE (city or town) Mt. Vernon (State or country) Ind.

MOTHER
15. MAIDEN NAME Ellen Bottomley
16. BIRTHPLACE (city or town) Mt. Vernon (State or country) Ind.

17. INFORMANT Laura B. Woodruff
(Address) Grangeville Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Grangeville Date 9/25-, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 10-7-, 1936 H. C. Culpepper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned in Clearwater River near Castle Creek Idaho County Ida.	
Other contributory causes of importance: Unknown	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn Culpepper Coroner of Idaho County
(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Fenn.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100497

Registration District No. 103
Primary Registration District No. 2181 Local Registrar's No. 42

OCT 14 1936 RECEIVED

(No.) 2 miles West of Fenn.
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Joseph G. Gill 1872

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21 1843

7. AGE: Years 93 | Months 2 | Days 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME George Gill

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlie Gill
(Address) Grangeville Ida

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 9/6, 1936

19. UNDERTAKER Glenn Culp
(Address) Grangeville Ida

20. FILED Oct 1, 1936 J. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture skull.	
caused by auto	
accident	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~?..... Date of injury 9/3 1936
Where did injury occur?... County.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...Jumble...Wad.....
Manner of injury....Auto accident.....
Nature of injury..head. Involved.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Glenn Culp M. D.
(Address) Grangeville Ida

Coroner of Idaho County

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100498

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 43

OCT 14 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert J. McConnell

(a) Residence. No. Grangeville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94 T

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) 2/1/1865 10/9/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Spring 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Armand
(State or country) Ontario

FATHER

13. NAME Sam McConnell

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME X McCormick

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Mary McConnell
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date Oct 11, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Idaho

20. FILED Oct 1, 193[illegible] [illegible] Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 9, 1936.
I last saw h[illegible] alive on Oct 8, 1936: death is said to have occurred on the date stated above, at 1:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:
Generalized arteriosclerosis
Auricular fibrillation

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. W. Ludwig M. D.
(Address) Grangeville Idaho

SEP 11 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100499

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Clifford

1596

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER

13. NAME Melvin Clifford
14. BIRTHPLACE (city or town) Grant
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Elva Clifford
16. BIRTHPLACE (city or town) Melville
(State or country) Utah

17. INFORMANT Melvin Clifford
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date Aug. 25 6

19. UNDERTAKER A B Eckersell
(Address)

20. FILED Aug 27 1936 A B Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to Aug. 23, 1936
I last saw her alive on Aug 23, 1936: death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	May 1936
Other contributory causes of importance:	
Prematurity	May 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Harper Longley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Clark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 65

DO NOT WRITE IN THIS SPACE
State File No. 100500

OCT 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Enos Ormond.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie Ormond.

6. DATE OF BIRTH (month, day, and year) Jan. 26, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.

10. Date deceased last worked at this occupation (mo. and yr.) 9/36

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Logan, Utah.

FATHER

13. NAME John Ormond.

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Martha Jenkins.

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Lee Ormond
(Address) Rigby, Idaho. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 9/22, 1936

19. UNDERTAKER C. W. Eckersell
(Address) Rigby, Idaho.

20. FILED 9-22 1936 C. W. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~193~~ to Sept 3, 1936
I last saw him alive on Sept 8, 1936: death is said to have occurred on the date stated above, at 1:05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Other contributory causes of importance:	
Arteria sclerosis	

Name of operation ~~Examination~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. G. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson.
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 48

DO NOT WRITE IN THIS SPACE
State File No. 100501

OCT 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ferris Edward McNeil.

183

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (mo. and yr.) 9/36
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

FATHER

13. NAME Joseph Wm. McNeil.
14. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

MOTHER

15. MAIDEN NAME Sarah Catherine Evans.
16. BIRTHPLACE (city or town) (State or country) Spanish Fork, Utah

17. INFORMANT Joe McNeil
(Address) Rigby, Idaho, R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Shelton, Idaho Date 9/23, 1936

19. UNDERTAKER C. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 9-27, 1936 C. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1936

22. I HEREBY CERTIFY, That I attended deceased from XXXXXXXX, 193. I last saw him alive on Sept 20, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot Wound.	9/20/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-20 1936
Where did injury occur? Clark, Jefferson, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun Shot
Nature of injury Wound in right chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) C. E. Eckersell Coroner
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 69
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 100502

OCT 12 1936 RECEIVED

159C

2. FULL NAME Baby Watson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER
13. NAME Eldon Watson
14. BIRTHPLACE (city or town) Springville
(State or country) Utah

MOTHER
15. MAIDEN NAME Rada Phillips
16. BIRTHPLACE (city or town) Ammon
(State or country) Idaho

17. INFORMANT Eldon Watson
(Address) Lorenzo Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Ida. Date Sept. 22, 1936

19. UNDERTAKER None
(Address)

20. FILED 9-22-1936 A. B. Eckhardt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Sept 22, 1936
I last saw him alive on Sept. 22, 1936: death is said to have occurred on the date stated above, at 3:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to Hydrocephalus at birth	9/20/36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J. Hansen Bagley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100503

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 50

OCT 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Elbert Neale.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Luella Neale.

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (mo. and yr.) 10/27
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Victoria, Ill.

FATHER

13. NAME James Neale
14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Lydia Finch.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Kenneth Neale
(Address) Monteview, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho Date 10/3, 1936

19. UNDERTAKER A. B. Eckersell
(Address)

20. FILED 9-30, 1936 A. B. Eckersell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/29 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw deceased on ....., 193.....: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Brights Disease.

Last attending Physician died a Few days before This patient.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

Statement of Nurse.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Earl D. Jones A. B. Eckersell Registrar.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100504

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 51

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Carl Fries Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Deaver
(State or country) Wyoming

FATHER

13. NAME Carl Fries
14. BIRTHPLACE (city or town) .....
(State or country) Denmark

MOTHER

15. MAIDEN NAME Ella Richards
16. BIRTHPLACE (city or town) Garland
(State or country) Wyoming

17. INFORMANT Carl Fries
(Address) Menan

18. BURIAL, CREMATION OR REMOVAL
Place Conrad, Ida. Date Oct. 6, 1936

19. UNDERTAKER [illegible]
(Address) Big Lost

20. FILED 10-5, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from On Sept 26, 1936, to ~, 1936
I last saw h[illegible] alive on Sept 26, 1936: death is said to have occurred on the date stated above, at 2:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	Sept 26
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100505

Registration District No. 18
OCT 19 1936 RECEIVED
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

74A

2. FULL NAME William Huston Aikman

(a) Residence. No. 6½ Mi S W. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11. 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Tenn

FATHER
13. NAME James A Aikman
14. BIRTHPLACE (city or town) ____ (State or country) Tenn

MOTHER
15. MAIDEN NAME Parlee Stone
16. BIRTHPLACE (city or town) ____ (State or country) Tenn

17. INFORMANT Mrs A R Hedrick (Address) Ontario Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Oct 16 193 6

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 9/16, 193 6 O. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at 4:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) O. F. Zeller, M. D.
(Address) Jerome, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100506

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lammie Samuel Buston

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 16 - 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country)

FATHER
13. NAME Simon Buston
14. BIRTHPLACE (city or town) Grand River (State or country) Iowa

MOTHER
15. MAIDEN NAME Ethel M. Andrews
16. BIRTHPLACE (city or town) St Anthony (State or country) Idaho

17. INFORMANT Simon Buston (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date Sept 23 1936

19. UNDERTAKER D. A. Stevenson (Address) Jerome

20. FILED 9/22, 1936 C. F. Zellers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 21, 1936
I last saw h living on Sept 21, 1936: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
following surgical gangrenous appendix	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Zellers, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100507

Registration District No. 18

OCT 12 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Charles Marion Stump

(a) Residence. No. 12 Mi SE Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adella F Stump

6. DATE OF BIRTH (month, day, and year) Apr 10 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranch Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bacon Ranch

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Abraham Stump

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Edith Elizabeth Asbon

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Ralph Stump (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls, Idaho Date Sept 16 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED Oct 14 1936 C. F. Gilbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h— alive on ____, 193__; death is said to have occurred on the date stated above, at 10:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure.	
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J R Wiley (Coroner)
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Lane.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100508

OCT 12 1936 RECEIVED

Registration District No. 20
Primary Registration District No. 1011 Local Registrar's No.
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Soucy.

(a) Residence. No. Lane Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth 5 yrs. mos. ds.

105

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10 - 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Frank Soucy.
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Virginia Pelra.
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Aram Couture. (Address) Lane Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date July 20, 1936

19. UNDERTAKER J. A Boyer (Lundy) (Address) Wallace Ida.

20. FILED July 20, 1936 John Boyer Registrar.
Sept. 10-36. Woberg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to March 20, 1936.
I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma, Bronchial	Years
Other contributory causes of importance:	
myocarditis, Chronic	years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Ely Berdoe, M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Harrison

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100509

Registration District No. 126
Primary Registration District No. 2304 Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mary Jane York.

(a) Residence. No. Harrison Ida St.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Henry York.

6. DATE OF BIRTH (month, day, and year) 1861 - 1 - 26

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 8-14-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER
13. NAME Don't-Know
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Mary Burch
16. BIRTHPLACE (city or town) Sheffield
(State or country) England

17. INFORMANT H. L. York.
(Address) Harrison Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Harrison Ida. Date 8-16, 1936

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Aug 20, 1936 Ruth Connolly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-16 1936

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from Aug 16, 1936, to Aug 16, 1936
I ~~last saw her~~ alive on Aug 16, 1936: death is said to have occurred on the date stated above, at 9:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable heart failure	Aug 16, 1936
Senility	

Other contributory causes of importance:

Large meal in evening	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hamilton M. Greenwood M. D. Coroner
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100510

OCT 7 1936 RECEIVED

Registration District No. 20
Primary Registration District No. 1020 Local Registrar's No. 163

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tinka Lower

(a) Residence. No. ..... St. Hayden Lake, Ida,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Dont Knudt Lower

6. DATE OF BIRTH (month, day, and year) 1858-11-29

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Knute Wallowford
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Dont Knudt
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Will Valley

18. BURIAL, CREMATION OR REMOVAL
Place Forest CdAlene Ida Date 9-12, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) CdAlene Ida

20. FILED 9/11, 1936 F. E. Herring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-10 1936

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from February, 1936, to 9/10, 1936
I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at 5-30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs
Senility	acute 2 days
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. E. Herring, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100511

OCT 7 1936 RECEIVED

Registration District No. 3

Primary Registration District No. 10 50 Local Registrar's No. 164

(No. Erickson Home Hospital - 102 N. Garden)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gail Mullen

(a) Residence. No. Coeur d'Alene, Idaho St. 159 E
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1936-9-14

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	3½

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Ida.

FATHER

13. NAME Jas. Mullen

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Vera Harmon

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James Mullen (Address) Coeur d'Alene Ida.

18. BURIAL, CREMATION OR REMOVAL. Forest ~~Place~~. Coeur d'Alene Ida Date 9-15 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED ~~Sept 30~~, 1936 F. F. Herring, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936, to Sept. 14, 1936.

I last saw her alive on Sept 14, 1936.: death is said to have occurred on the date stated above, at 2:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malformation of Heart Valves	Congenital

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Henson M. D.

(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Husted

DO NOT WRITE IN THIS SPACE
State File No. 100512

OCT 7 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1020 Local Registrar's No. 165

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mary B Hawkins

(a) Residence. No. 1020 Lowell Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Hawkins — 1905

6. DATE OF BIRTH (month, day, and year) 8-14-1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	12	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Ed C Mohr
(Address) Coeur d'Alene

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Forest Lawn Cem. Date 9/16, 1936

19. UNDERTAKER Mowery Mortuary
(Address) Coeur d'Alene

20. FILED Sept 30, 1936 F. F. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 13, 1936
I last saw her alive on Sept 8, 1936: death is said to have occurred on the date stated above, at 1:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	Sept 8.
Other contributory causes of importance:	
Arteria Sclerosis	gradual

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible], M. D.
(Address) Coeur d'Alene, Id.

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100513

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 166

(No. .....)
(if death occurred in a hospital or institution, give its name instead of street and number)

170

2. FULL NAME Robert Harry Windle

(a) Residence. No. 317 S Stevens, Spokane, Wash St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Windle

6. DATE OF BIRTH (month, day, and year) June 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Assistant Dentist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Supply manager Hasn't worked for 2 yrs

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

FATHER

13. NAME William Windle

14. BIRTHPLACE (city or town) Don't know
(State or country)

MOTHER

15. MAIDEN NAME Georgia Metz

16. BIRTHPLACE (city or town) Don't Know
(State or country)

17. INFORMANT .....
(Address) Mrs. Marion Windle

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane, Wn. Date Sept. 10 1936

19. UNDERTAKER Hoyt + Jaeger
(Address) Spokane, Wn.

20. FILED Sept 30, 1936. J. F. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936, to Sept 9, 1936.
I last saw him alive on Sept. 5, 1936.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide by bullet wound in right temple	Probably Sept 5 1936
Man was found under small tree Sept 9, 1936	
Other **contributory causes** of importance: Arteria Sclerotica Changes in the brain	

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 5 1936
Where did injury occur? Coeur d'Alene, Kootenai, Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public place
Manner of injury Gunshot wound to head
Nature of injury Bullet wound in rt temple

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hamilton H. Greenwood Coroner M. D.
(Address) Coeur d'Alene, Co. Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Stringer

DO NOT WRITE IN THIS SPACE
State File No. 100514

Registration District No. 30
Primary Registration District No. 1052
Local Registrar's No. 169

OCT 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Raley Wilcox

(a) Residence. No. 922 Hast St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-6-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME Raley Wilcox
14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Emma Haight
16. BIRTHPLACE (city or town) Mich.
(State or country)

17. INFORMANT Mrs. Wilcox
(Address) Coeur d'Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cemetery C'd'A Date Sept. 14, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene

20. FILED Sept 30, 1936 J. J. Fanning M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Sept, 1936
I last saw h— alive on Sept 1, 1936: death is said to have occurred on the date stated above, at 11:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
with Coronary	
Thrombosis.	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harold J. Stringer, M. D.
(Address) Coeur d'Alene, Idaho.

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100515

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 168

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Barr

(a) Residence. No. 315 Milwaukee St. Coeur d'alene Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of
~~(or)~~ WIFE of Rosa Ellen Barr

6. DATE OF BIRTH (month, day, and year) 1 9 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Myrtle Creek Oregon

FATHER

13. NAME Hugh P. Barr

14. BIRTHPLACE (city or town) (State or country) Cadiz Ohio

MOTHER

15. MAIDEN NAME Harriet Nedery

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosa E. Barr
(Address)

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'alene Ida Date 9-24, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'alene Idaho

20. FILED Sept. 30, 1936. T. T. Horning, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-28 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193.., to Sept. 21, 1936.
I last saw him alive on Sept. 21, 1936; death is said to have occurred on the date stated above, at 5 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other **contributory causes** of importance:	

Name of operation none Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J. Lange, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100516

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 169

(No. Home Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1010

2. FULL NAME Edward Cyr Sr.

(a) Residence. No. 1111 Sherman Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth 5 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia B.

6. DATE OF BIRTH (month, day and year): 11-12-1862

7. AGE — Years: 73 | Months: 10 | Days: 11 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 9 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Maria, Quebec Canada

FATHER

13. NAME: Andrew Cyr

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Salima Dambroise

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Amelia B. Cyr Cda'e.

18. BURIAL, CREMATION OR REMOVAL

Place Cem'y Cda'e Date 9/25, 1936

19. UNDERTAKER (Address): Mooney Mortuary Cd'A

20. FILED Sept 30, 1936 J. J. Horning M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1936 to Sept. 23, 1936

I last saw h~~im~~ alive on Sept 22, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	Sept 16 1936

Other contributory causes of importance:

Hypertension	—

Name of operation: Physical findings Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jack Henyan M. D.

(Address) Coeur d'Alene, Idaho

OCT 7 1936 RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Athol

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100517

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 170

(No. Belmont Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John D Ford

(a) Residence No. Belmont Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Ford

6. DATE OF BIRTH (month, day, and year) aug 23 1860

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
76	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME John L Ford

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Margaret Keithly

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Mrs. Grace Ford
(Address) Belmont Ida

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date 9/27, 1936

19. UNDERTAKER Turnbull & Co
(Address) Coeur d'Alene Idaho

20. FILED 9/27/36 193. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/24 193 6

22. I HEREBY CERTIFY, That I attended deceased from May 15, 193 6, to Sept 24, 193 6

I last saw him alive on Sept 24, 193 6: death is said to have occurred on the date stated above, at 4 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	April
Static Pneumonia	
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Elgin M. Schmidt M.D.

(Address) Spirit Lake Idaho.

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100518

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 171

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E. Roche

(a) Residence. No. 514 - Lakeside St. res for 60 yrs.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of: Jos. Roche

6. DATE OF BIRTH (month, day, and year): 7-31-1856

7. AGE: Years: 80 | Months: 1 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 12-31-1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Co. Cork Ireland

FATHER

13. NAME: John Ryg.

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Powell

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): W. M. Roche 801 Border

18. BURIAL, CREMATION OR REMOVAL: Thomas Place: C'd'Alene Ida Date: 9-30, 1936

19. UNDERTAKER (Address): Casey Funeral Home C'd'Alene Ida

20. FILED Sept 30, 1936. F. J. Herring, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-27 1936

22. I HEREBY CERTIFY, That I attended deceased from July ....., 1936, to Sept. 27, 1936.

I last saw h[illegible] alive on Sept 27, 1936.: death is said to have occurred on the date stated above, at 8. P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs.

Other **contributory causes** of importance:

Fractured hip -	1 yr ago
Chronic Cystitis &	2 yrs ago
Question of Malignancy	

Name of operation None Date of.....

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lee Keeler, M. D.

(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100519

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 172

OCT 7 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emergene Hendrix Giles

(a) Residence. No. 830 - 5½ St.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. ½ mos ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. H. Giles

6. DATE OF BIRTH (month, day, and year) 1847-6-12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9-29-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Otsego N.Y.

FATHER

13. NAME Dont-Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Louis H. Penny
(Address) Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Forest Coeur d'Alene Ida Date 10-2, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Oct 2, 1936 F. F. Harney, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1936, to 9-29, 1936.

I last saw her alive on 9-29, 1936; death is said to have occurred on the date stated above, at 11:48 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Other **contributory causes** of importance:	
age	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 1936.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... F. F. Teed, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Mead Athol, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100520

OCT 7 1936 RECEIVED

Registration District No. 30

Primary Registration District No. 1150 Local Registrar's No. 174

No. ____ (If death occurred in a hospital or institution, give its name instead of street and number)

51

2. FULL NAME Helen Gertrude Douglas

(a) Residence. No. Cotton Mill St. (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) 4-17-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Athol, Idaho

FATHER

13. NAME Oliver Douglas

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Myrtle Lawrence

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Oliver Douglas (Address) Cotton, Ind

18. BURIAL, CREMATION OR REMOVAL Forest. Place Coeur d'Alene Date Sept 29 1936

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene

20. FILED ____, 193____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from [redacted] 25 26, 1936, to Sept 26, 1936

[redacted] alive on Sept 26, 193__: death is said to have occurred on the date stated above, at 1:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy the Fever	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violense) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A. John P. Hildebrand M.D.

(Address) ____

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 8 1936 RECEIVED

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100521

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 150

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Charles Carssow

(a) Residence. No. 503 Spotswood St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7, 1909

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
27	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Moscow, Idaho

MOTHER FATHER

13. NAME Otto C. Carssow

14. BIRTHPLACE (city or town) (State or country) St. Genevive, Mo.

15. MAIDEN NAME Rhoda Belle Estes

16. BIRTHPLACE (city or town) (State or country) Evening Shade Arkansas

17. INFORMANT Mrs. C. C. Carssow
(Address) Moscow, Idaho

18. BURIAL, [illegible]
Place Moscow, Idaho Date 9/3, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9/1, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Complications	
following Typhoid	
Fever	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) H.R. Short Coroner, M. D.
(Address) Moscow

OCT 8 1936 RECEIVED

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100522

Registration District No. 6 c
Primary Registration District No. 1511 Local Registrar's No. 151
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

580

2. FULL NAME James Willard Ponce

(a) Residence. No. ..... St. Troy, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora Harland Ponce

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** farmer

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Frankfort, (State or country) Ind.

MOTHER FATHER

13. NAME Charles P. Ponce

14. BIRTHPLACE (city or town) ..... (State or country) Ind.

15. MAIDEN NAME Safina Zyger

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Ralph C. Ponce
(Address) Worley, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Portland, Ore. Date 9/8, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9/4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24-1936, to 9-4-1936.
I last saw him alive on 9-3-1936; death is said to have occurred on the date stated above, at 1.00 p.m.
The **principal cause of death** and related causes of importance were, as follows:

	Date of onset
Pernicious Anemia	

Other **contributory causes** of importance:
Hypostatic Pneumonia
Senility

Name of operation none Date of ... no
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Joseph C. Wilson M. D.
(Address) Moscow, Idaho

OCT 9 1936 RECEIVED

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100523

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 15 2
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Lamp

(a) Residence. No. 714 S. Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lamp

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1871

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Kasten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Laps

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Mary Wilken, Moscow, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Cameron, Idaho Date 9/12, 1936.

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 9/11, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936., to 9/9/36, 193..
I last saw her alive on Sept. 8, 1936.: death is said to have occurred on the date stated above, at 9 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/9/36

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....
(Signed) Conny J. Klaarenbeek, M. D.
(Address) Moscow, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100524

PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 153

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Alma LeFors

(a) Residence. No. 403 E. Lewis St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sherman C. LeFors

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1897

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	38	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own home.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bertram, (State or country) Minn.

FATHER

13. NAME Chas. E. Whitford

14. BIRTHPLACE (city or town) Richland, (State or country) Wis.

MOTHER

15. MAIDEN NAME Carrie D. McLaughlin

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Sherman C. LeFors
(Address) Moscow, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place... Palouse, Wash. Date 9/18.., 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 9/16, 1936 Harry Eastwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/2/36, 193..., to 9/15/36, 193...

I last saw her alive on 9/15/36, 193...: death is said to have occurred on the date stated above, at 9:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Asthma with cardiac failure	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify....

(Signed) Conny J. Klaarn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100525

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 154

OCT 9 1936 RECEIVED

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Jesse Wilson Headrick

(a) Residence. No..... St. Fortine Montana
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarelda Headrick

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Thompsonville Ky.

FATHER
13. NAME Andrew Jackson Headrick
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Nancy Daniels
16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs. Mary A. Curtis
(Address) Fortine, Mont.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow Date 9/27, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho.

20. FILED 9/27, 1936 J. Henry Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Coronary occlusion	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short Coroner
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100526

OCT 9 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 155
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

890

2. FULL NAME Norman Phil Stewart

(a) Residence. No. ..... St. Viola, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brinsmade, N. Dakota

MOTHER FATHER

13. NAME C. W. Stewart
14. BIRTHPLACE (city or town) (State or country) Hazen, N. Dakota
15. MAIDEN NAME Vera Stanley
16. BIRTHPLACE (city or town) (State or country) Hazen, N. Dakota

17. INFORMANT C. W. Stewart
(Address) Viola, Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Viola, Idaho Date 9/30, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 9/29, 1936 Glenn Eustace
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/26/36, 193..., to 9/27/36, 193...
I last saw him alive on 9/27/36, 193...: death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic endocarditis	
Acute rheumatic myocarditis	
Other contributory causes of importance:	
Inflammatory rheumatism	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorman J. Klaas, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100527

OCT 5 1936 RECEIVED

Registration District No. 6 C
Primary Registration District No. 1011 Local Registrar's No. 15 C

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Patricia Ann Walters

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Ralph A. Walters
14. BIRTHPLACE (city or town) Garfield
(State or country) Wash.

MOTHER
15. MAIDEN NAME Mabel Frei
16. BIRTHPLACE (city or town) Bovill
(State or country) Idaho

17. INFORMANT Ralph Walters
(Address) Moscow, Idaho

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 10/1, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 10/1, 1936 Harry Erhorn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1936, to 9/30, 1936
I last saw her alive on 9/30, 1936: death is said to have occurred on the date stated above, at 8 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
(Suffocation by Crushing)	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Engman, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Bovill (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100528

OCT 5 1936 RECEIVED

Registration District No. 66
Primary Registration District No. 2148 Local Registrar's No. 2
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1882

2. FULL NAME Emil Metso

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 9/22/36
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Finland
(State or country)

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Camp Record
(Address) Bovill, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 10/2, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED OCT 5, 1936 Mrs Geo. David
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	
Log fell across head	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury....., 193....
Where did injury occur? In camp near Bovill
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Log fell across head
Nature of injury Crushed head

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify working in camp
(Signed) H.R. Short, M.D.
(Address) Moscow Coroner

OCT 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100529

PLACE OF DEATH
County of Latah
City of Kendrick

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Buscoter

(a) Residence. No. J St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept. 15, 1936
7. AGE — Years: — Months: — Days: — If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendrick (State or country) Idaho

FATHER
13. NAME Walter Buscoter
14. BIRTHPLACE (city or town) Kendrick (State or country) Ida.

MOTHER
15. MAIDEN NAME Cristine Callison
16. BIRTHPLACE (city or town) Kendrick (State or country) Idaho

17. INFORMANT Walter Buscoter (Address) Kendrick Idaho

18. BURIAL, ~~CREMATION OR~~ REMOVAL
Place American Ridge. Date 9-17 1936

19. UNDERTAKER none (Address)

20. FILED 9-17-1936 B.F. Nesbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, to Sept. 16, 1936
I last saw h[illegible] alive on Sept. 16, 1936: death is said to have occurred on the date stated above, at 10. A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis	
(Normal delivery, full term, no complications)	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) [illegible], M. D.
(Address) Kendrick

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

SEP 19 1936

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100530

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No.

(No. Potlatch Hospital) 740

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Burden

(a) Residence. No. St. Princeton, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Wheat Farm

10. Date deceased last worked at this occupation (mo. and yr.) Aug 1936

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) Sheridan
(State or country) Oregon

FATHER

13. NAME Levi Burden

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Sarah Eads

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT William Burden
(Address) Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date Sept17, 193 6

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Sept 16, 1936 D. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 15 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6:15 A M m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 10 1936

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....

(Signed) D. Jr. Thompson, M. D.

(Address) Potlatch

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100531

SEP 1 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lawrence Wilford Puckett

(a) Residence. No. St. Deary, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1917

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	18	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Potlatch Lbr. Co

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 yr.

12. BIRTHPLACE (city or town) Rogers, (State or country) Ark.

MOTHER FATHER

13. NAME A. S. Puckett

14. BIRTHPLACE (city or town) Rogers, (State or country) Ark.

15. MAIDEN NAME Eunice Wallace

16. BIRTHPLACE (city or town) Pearidge, (State or country) Ark.

17. INFORMANT A. S. Puckett
(Address) Rt. 1. Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place... Moscow, Ida. Date 9/11, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Sept 8, 1936 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936, to Sept 6, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other **contributory causes** of importance:	
Bron-pneumonia	Aug 28th

Name of operation... Spinal puncture Date of Sept 4th

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) J. W. Thompson, M. D.
(Address) Potlatch Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Near Palouse, Ward

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100532

Registration District No. 65

Primary Registration District No. 2145 Local Registrar's No. 740

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Eva Jones

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Joseph Jones

6. DATE OF BIRTH (month, day, and year) March 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Springfield Mo.

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Marjory Blood Palouse, Wash

18. BURIAL, CREMATION, OR REMOVAL Place Breeze Idaho Date Sept 6, 1936

19. UNDERTAKER H. E. Kimball (Address) Palouse, Wash.

20. FILED Sept 6th 1936 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1936, to Sept 4, 1936.
I last saw her alive on Sept 3 1936.; death is said to have occurred on the date stated above, at 9:57 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 29. 36
Other **contributory causes** of importance:	
Hypertension	
Chronic Valvular heart.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) E. K. Wolfe M. D.
(Address) Palouse, Wash.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Onoway

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100533

Registration District No. 66

Primary Registration District No. 2145 Local Registrar's No. 164

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie E. Muck

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. Muck

6. DATE OF BIRTH (month, day, and year): June 6 1867

7. AGE: Years 69 | Months 2 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): March 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Philip Evans

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Sarah Parks

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Mrs. Velma Wickware, Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Palouse, Wash. Date: Aug 26 1936

19. UNDERTAKER (Address): H. E. Kimball, Palouse, Wash.

20. FILED: Sept 1st, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 24th, 1936
I last saw her alive on Aug 24, 1936; death is said to have occurred on the date stated above, at 12 A M
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Dementia	June 1936

Other **contributory causes** of importance:

senility	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) J. C. Brown, M. D.
(Address) P.O. Potlatch

OCT 13 1936 SELECTIVE SERVICE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Forney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100534

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. ....
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neil Alexander Greppin Jr.
(a) Residence. No. Forney, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): July 16 1936
7. AGE — Years | Months: 2 | Days: 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Jackson Wyoming

MOTHER/FATHER
13. NAME: Neil Alexander Greppin
14. BIRTHPLACE (city or town) (State or country): Los Angeles California
15. MAIDEN NAME: Janice Caraway Shaffer
16. BIRTHPLACE (city or town) (State or country): South Pekin Illinois

17. INFORMANT: Roy W. Day M.D. (Address) Forney Camp F 116 Salmon Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Salmon Ida Date: 9/30, 1936
19. UNDERTAKER: Mrs Hacker (Address) Salmon Ida
20. FILED: Oct 10, 1936 Chas E. Bellomy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-26 1936
22. I HEREBY CERTIFY, That I attended deceased from 9-25-, 1936, to 9-26, 1936
I last saw him alive on 9-25, 1936.: death is said to have occurred on the date stated above, at 10.35 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Cause, due to inspiration of formula causing asphyxia.	

Other **contributory causes** of importance:

Pt had mild enteritis, with moderate abdominal distentions &	

Name of operation: None Date of:
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify.....
(Signed) Roy W. Day, M. D.
(Address) Forestry Camp F116 Salmon Company 581, C.C.C. Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Leadore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 13 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 100535

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacquelin G. Henson

(a) Residence No. Leadore Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7" 1936

7. AGE — Years: | Months: One | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: none

10. Date deceased last worked at this occupation (mo. and yr.): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Idaho Lemhi Co.

MOTHER FATHER

13. NAME: Jack Henson

14. BIRTHPLACE (city or town) (State or country): Oregon

MOTHER

15. MAIDEN NAME: Wilda Woodin

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT: Mrs. Wilda Henson
(Address): Leadore Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: Sept 20", 1936.

19. UNDERTAKER: Wm C. Doebler
(Address): Salmon Ida.

20. FILED Oct 10., 1936 Chris A. Pebbony Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
Other **contributory causes** of importance: Gastric Indigestion	

Name of operation. none Date of Sept 18

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm C Doebler Coroner
(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 10 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 100536

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Lemhi

City of Hayden Ck

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Chester Asa Conner

(a) Residence. No. Lemhi Co Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 11th 1887

7. AGE: Years 48 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockwood Wade Co Missouri

MOTHER FATHER

13. NAME William H Conner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Jane McWade

16. BIRTHPLACE (city or town) (State or country) Benton Co Indiana

17. INFORMANT (Address) C E Conner Lemhi Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Dillon Mont. Date 9/29/1936

19. UNDERTAKER (Address) Mrs C Bachelder Salmon

20. FILED Sept. ..., 193... Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan ..., 193.6, to Sept 19 ..., 193.6

I last saw h... alive on Sept 19, 193.6; death is said to have occurred on the date stated above, at 2-45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina pectoris	9/26/36

Other **contributory causes** of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas F Hanner, M. D.

(Address) Salmon

OCT 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100537

Registration District No. 4

Primary Registration District No. 6, 1, 2 Local Registrar's No.

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Jennie Kadletz

(a) Residence. No. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 53 mos. 7 ~~ds~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Kadletz

6. DATE OF BIRTH (month, day, and year) Jan 3 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Saint Louis (State or country) Missouri

FATHER

13. NAME John Brock

14. BIRTHPLACE (city or town) ..... (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) ..... (State or country) Missouri

17. INFORMANT Philip Rand (Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 9/23, 1936

19. UNDERTAKER Jno C Docker (Address) Salmon Ida

20. FILED Oct 10, 1936 Jno C Docker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 21 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 193.. to Sept 21, 1936

I last saw h.. alive on Sept 21, 1936.: death is said to have occurred on the date stated above, at 4P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Old age	

Other **contributory causes** of importance:

Cystitis	
Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. S. Wright M.D.

(Address) Salmon Ida

OCT 13 1936 E.C.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100538

Registration District No. 41
Primary Registration District No. 2-116 Local Registrar's No.
(No. 170)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Polset

(a) Residence. No. of Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: 74; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Quartz
9. Industry or business in which work was done, as, silk mill, saw mill, bank, etc.: Mines
10. Date deceased last worked at this occupation (mo. and yr.): 1930
11. Total time (years) spent in this occupation: 40 Years

12. BIRTHPLACE (city or town) (State or country): Kansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Wm C Dahlberg Salmon
18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Date: 9-25-, 1936
19. UNDERTAKER (Address): Wm C Dahlberg Salmon Ida
20. FILED OCT 10, 1936 Clif C Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 23" 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
in Right Abdomen	
Suicide Intent	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 23 1936
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In Home
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Wm C. Dahlberg Coroner
(Address) Salmon Ida

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100539

PLACE OF DEATH

County of Lemhi

City of Leadore

Registration District No. 41

Primary Registration District No. 216 Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H. H. Hays

(a) Residence. No. ..... Leadore Lda St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): August 12th, 1854

7. AGE: Years 82 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Live Stock Ranch

10. Date deceased last worked at this occupation (mo. and yr.): Sept 13 1936

11. Total time (years) spent in this occupation: 52

12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER

13. NAME: William Hays

14. BIRTHPLACE (city or town) (State or country): Ohio.

15. MAIDEN NAME: Caroline Rebecca Gates

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Bertha Hays 1572 Alice St. Oakland Calif

18. BURIAL, CREMATION OR REMOVAL

Place. Leadore Lda Date 9/19 1936

19. UNDERTAKER (Address): Jas. C. Noble Salmon Ida

20. FILED Oct 10, 1936. Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1936, to 9/15 1936

I last saw him alive on 9/15, 1936: death is said to have occurred on the date stated above, at 9:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic heart disease, Broken left thigh since fourth Dec Complications about 10 days.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, how?

(Signed) C. A. Bellone M. D.

(Address) Salmon Ida

OCT 13 1936 RECEIVED

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100540

Registration District No. 4
Primary Registration District No. 6116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oscar Good

(a) Residence. No. Shoup Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
41	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Quartz Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 9/1/36

11. Total time (years) spent in this occupation Ten Years

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Thomas E. Good

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Lena Johnson

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Maude Casey
(Address) Emma St Butte Mont

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 9/9/, 1936

19. UNDERTAKER John C. Dolan
(Address) Salmon Ida

20. FILED Oct 10, 1936. Chris C. Bellomy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12-30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
"Homicide" Gun Shot wound in left Chest in left Lung region	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) John C. Dolan Coroner
(Address) Salmon Idaho

State CAUSE OF DEATH in plain terms, so that it may be of practical use. See instruction on back of certificate.
OCCUPATION is very important.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

Registration District No. 47

Primary Registration District No.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 100541

Registered No. 116

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Lewis Co

City of Kooskia Idaho

If death occurs away from usual residence, give facts called for under special information. Kooskia Bridge

2. FULL NAME Roy Hayes

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Red

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH. June 27 1917 (Month) (Day) (Year)

7. AGE ....Yrs. 19 ....Mos. 3 ....ds. 12

IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Kooskia

10. NAME OF FATHER Artie Hayes

11. BIRTHPLACE OF FATHER (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Anna Smith

13. BIRTHPLACE OF MOTHER (State or Country) Kooskia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emick Datisman
(Address) Kamiah Idaho

15. Filed Sep 22 1936 Albert Huff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 6, 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6th 191..., to 9/6th 2am 1936., that I last saw him alive on 9/6th 4am 1936., and that death occured on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of Lung-

—(Duration) — Yrs. — mos. 2 hrs ds.

Contributory (Secondary) Accident- auto

—(Duration — yrs. ....mos. ....ds.

(Signed) H H Cooper on MD.

9/6 1936 (Address) Nezperce Ida.

*State the DISEASE CAUSING DEATH; or if death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kooskia Bridge — DATE OF BURIAL: Sep 9 1936

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

SYMS - YORK CO., PTRS. & BKRS. 24854

100541

SEP 26 1936 RECEIVED

Death of Ray Hays
Kooskia Bridge Idaho
Accident caused
Beer drinking & driving
to fast + no lights

Albert Stoff
Coroner
Nezperce Idaho

FORM V. S. No. 5-25 M. 1-16-18

SEP 26 1936 RECEIVED

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 100542

Registered No. 215

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No.

County of Lewis

City of Nezperce Idaho

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ramona Eileen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH. April 23 1934
(Month) (Day) (Year)

7. AGE: 2 Yrs. 3 Mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9. BIRTHPLACE (State or Country): Orofino, Ida.

10. NAME OF FATHER: Soen Thompson

11. BIRTHPLACE OF FATHER (State or Country): Genesee Ida.

12. MAIDEN NAME OF MOTHER: Sophia Gertje.

13. BIRTHPLACE OF MOTHER (State or Country): Russell, Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Soen Thompson

(Address) Orofino, Idaho.

15. Filed Sept 22 1936

Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 28 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1936 to July 28 1936, that I last saw her alive on July 28 1936, and that death occured on the date stated above, at 8:40 A.M.

The CAUSE OF DEATH* was as follows:

Convulsions

Other

(Duration) Yrs. mos. 25 ds.

Contributory (Secondary) Whooping Cough

(Duration) yrs. mos. 28-30 ds.

(Signed) D W Robertson M. D.

Aug 3 1936 (Address) Orofino, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State all life yrs ..... mos ..... days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery — DATE OF BURIAL: July 30 1936

20. UNDERTAKER: Albert Huff — ADDRESS: Nezperce Idaho

MARGIN RESERVED FOR BINDING

WRITE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Entries of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS are CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

YORK CO., PTRS. & BOOK. 24653

FORM V. S. No. 5-25 M. 1-16-13

SEP 26 1936 RECEIVED

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 67

Primary Registration District No.

File No. 100543

Registered No. 217

1. PLACE OF DEATH.

County of Lewis

City of Nezperce Idaho

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. Route 2

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joe Jenner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH. X (Month) X (Day) 1893 (Year)

7. AGE: 37 Yrs. X Mos. X ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bingham Idaho Co

10. NAME OF FATHER: Joe Jenner

11. BIRTHPLACE OF FATHER (State or Country): ~

12. MAIDEN NAME OF MOTHER: ~

13. BIRTHPLACE OF MOTHER (State or Country): ~

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Christenson

(Address) Nezperce Idaho

15.

Filed Sept 22 1936

Albert Hoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 21 (Month) (Day) 1936 (Year) 183

17. I HEREBY CERTIFY, That I attended deceased from Sept 21st 1936 to Sept 21st 1936, that I last saw h... alive on ~~Sept~~ Sept 21st 1936, and that death occured on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Gun shot wound of head - accidental

(Duration) — Yrs. — mos. — ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W H Capen M. D.

19..... (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Nezperce Cemetery — DATE OF BURIAL: Sept 22 1936

20. UNDERTAKER: Albert Hoff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STATE - YORK CO., PTRS. & BKBS. 24654

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

SEP 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100544

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 45

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Byrne. 161 F

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 8-1936

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or ..... min.
		10 hrs.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg
(State or country) Ida.

FATHER
13. NAME Clarence Byrne
14. BIRTHPLACE (city or town) Utah
(State or country) Ida.

MOTHER
15. MAIDEN NAME Edith Pincock.
16. BIRTHPLACE (city or town) Sugar
(State or country) Idaho

17. INFORMANT Clarence Byrne
(Address) Rexburg Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Teton Ida. Date Aug. 11, 1936

19. UNDERTAKER Wm. J. Kelly
(Address) Rexburg Idaho

20. FILED 9-1, 1936 Mich N. Clayton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1936 to 8-8, 1936
I last saw him alive on 8-8, 1936. death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Injury during birth

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. H. Chatterton M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100545

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 58

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cornell Taylor Christensen

(a) Residence. No. Rexburg St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Son Oswald Christensen

6. DATE OF BIRTH (month, day, and year): Oct. 30, 1910

7. AGE: Years: 25 | Months: 10 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 2 years

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Preston, Idaho

FATHER

13. NAME: Oswald Christensen

14. BIRTHPLACE (city or town) (State or country): Manti, Utah

MOTHER

15. MAIDEN NAME: Nettie Levina Taylor

16. BIRTHPLACE (city or town) (State or country): Salem, Utah

17. INFORMANT (Address): Oswald Christensen Rexburg

18. BURIAL, CREMATION OR REMOVAL: Rexburg Date 9/19, 1936

19. UNDERTAKER (Address): C. Russel Tolmann Rexburg, Idaho.

20. FILED 9-22, 1936. Mrs. Reporting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-17 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Sept. 17, 1936.

I last saw him alive on Sept. 16, 1936: death is said to have occurred on the date stated above, at 2 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1934
Other **contributory causes** of importance:	

Name of operation: none Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? N Date of injury, 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury. .....

Nature of injury. .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Abigail Call M. D.

(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

...1936 RECEIVED

PLACE OF DEATH

County of Madison

City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100546

Registration District No. 100

Primary Registration District No. 2128 Local Registrar's No. 59

(No.) 965

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilford Rennion

(a) Residence. No. St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Florence [illegible] Rennion

6. DATE OF BIRTH (month, day, and year) May 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer Janitor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylorsville Utah

FATHER

13. NAME Samuel Rennion

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Rhoda Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Florence B. Rennion Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 9/16, 1936

19. UNDERTAKER Russell Adams
(Address) Rexburg, Idaho

20. FILED 9-14, 1936. Mrs. H. E. Janney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19..., 1934, to 9-13..., 1936

I last saw h[illegible] alive on 9.11., 1936.: death is said to have occurred on the date stated above, at 5:38 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	1934

Other **contributory causes** of importance:

Nephritis	Jan 1936

Name of operation None Date of

What test confirmed diagnosis? Symptoms & Laboratory tests Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lorin A. Rich, M. D.
9/15/36 (Address) Rexburg Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100547

PLACE OF DEATH
County of Madison
City of Rexburg

Registration District No. 100
Primary Registration District No. 2118
Local Registrar's No. 60

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harvey Stoddard Walters Jr

(a) Residence. No. 630 S 1st East St. Rexburg (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER
13. NAME Harvey Stoddard Walters
14. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER
15. MAIDEN NAME Merian Boehringer
16. BIRTHPLACE (city or town) (State or country) Fulton Idaho

17. INFORMENT (Address) Father Rexburg Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rexburg Idaho Date 9/22, 1936

19. UNDERTAKER Flahm & Co (Address) Rexburg Idaho

20. FILED 10-1, 1936 Mrs. H. Heyrend Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1936, to 9-22, 1936.
I last saw h/~~m~~ alive on 9-21, 1936.: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Malnutrition prenatal	
Strangulated & wraped umbellical cord	
Other contributory causes of importance:	
Nibiction of heart	1

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
9/22/36 (Signed) Louis A Rees, M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100548

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 61
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Peter Swendsen

(a) Residence. No. Rexburg, Idaho St. .....
(Usual place of abode) Rexburg Ida.
(If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Daisy Black Swendsen

6. DATE OF BIRTH (month, day, and year) Nov. 21-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Worker.
10. Date deceased last worked at this occupation (mo. and yr.) Sept 28-1936
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Richmond. Utah.

FATHER
13. NAME Lewis P. Swendsen
14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER
15. MAIDEN NAME Mariah Gibbs.
16. BIRTHPLACE (city or town) (State or country) Whales Eng.

17. INFORMANT (Address) Mrs. C. P. Swendsen Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Idaho Date Oct 1- 1936

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 10-6, 1936 Mrs. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193.....
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Stumbling into Circular Saw Which was in Motion, Completely severing head	
Other contributory causes of importance: Accident happened while Sawing Wood at the Self Help Wood Lot In Rexburg, Idaho.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck Above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify .....

(Signed) Vern J. Keller Coroner.
(Address) Rexburg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100549

Registration District No. 100
Primary Registration District No. 2178 Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

73

2. FULL NAME Albert Hendricks

(a) Residence. No. Rexburg, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Watson

6. DATE OF BIRTH (month, day, and year): Dec. 15, 1868

7. AGE: Years 67 | Months 9 | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retail Business.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Gasoline, Oil, Cabins
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 12 yrs. leased

12. BIRTHPLACE (city or town) (State or country): Logan, Utah

FATHER
13. NAME: Josiah Hendricks
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Sarah Potts
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Albert Hendricks Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 10/6, 1936

19. UNDERTAKER (Address): Russell H. Lamm Rexburg, Idaho.

20. FILED 10-6, 1936. Mrs. M. Erquina Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 1 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Oct. 1, 1936, to ....., 193.... ~~Was dead when~~ I first saw him death is said to have occurred on the date stated above, at 1 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sp 28-36.
Other **contributory causes** of importance: Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. H. Beck Jr. M. D.
(Address) Rexburg, Ida.

OCT 7 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100550

County of Jerome

City of Rupert

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 54

(No. 1 St.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosa Girard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 7 1892

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	44	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). (State or country) France

MOTHER FATHER

13. NAME Blanchard

14. BIRTHPLACE (city or town). (State or country) France

MOTHER

15. MAIDEN NAME Flori Blanchard

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Joseph Girard

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Sept. 10 1936

19. UNDERTAKER W. A. Goodyear
(Address) Rupert, Ida.

20. FILED 9-15-, 1936. E. D. Elsmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1936, to Sept 7, 1936.
I last saw her alive on Sept 7, 1936; death is said to have occurred on the date stated above, at 5:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	8-20-36

Other **contributory causes** of importance:

none	

Name of operation none Date of .....
What test confirmed diagnosis Widal Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease, or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Swagger M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

E

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100551

PLACE OF DEATH
County of Minidoka
City of Rupert

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 55

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph A Simpson

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	56	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Simpson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Francis Bell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Elizabeth Simpson Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pomeroy Date Oct 2, 1936

19. UNDERTAKER (Address) W A Woodmansee

20. FILED 10-2, 1936. E. B. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936 to Sept 30, 1936
I last saw him alive on Sept 30 1936: death is said to have occurred on the date stated above, at 7:00 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	9-18-36
Other **contributory causes** of importance: Chronic Valvular disease and Arteriosclerosis	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. B. Elmore, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100552

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernice May Maier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 5/26/36
7. AGE — Years: | Months: | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: baby
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rupert Idaho

MOTHER/FATHER

13. NAME: Albert Maier
14. BIRTHPLACE (city or town) (State or country): Shelby So. Dakota
15. MAIDEN NAME: Verna Marie Hemen
16. BIRTHPLACE (city or town) (State or country): Long Lake Washington
17. INFORMANT (Address): Albert Maier

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Cem. Date: 5/29, 1936

19. UNDERTAKER (Address): W. A. Goodman

20. FILED: 6/2, 193.6. O. H. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 5/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 193.6., to 5/28, 1936.
I last saw her alive on 5/27, 193.6.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blue baby - failure of the foramen Ovale to close	

Other **contributory causes** of importance:

Name of operation: None Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. H. Elmore M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100553

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James E Thorslensen

(a) Residence. No. Rupert St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Thorslensen

6. DATE OF BIRTH (month, day, and year) July 11 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Jens E Thorslensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs Mary E Thorslensen (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Rupert Date 9/25, 1936

19. UNDERTAKER Rupert Funeral Service (Address)

20. FILED 10/3, 1936 Ed Blanco Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to Sept 22, 1936

I last saw h alive on Sept 22, 1936; death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	1935
Cerebral Hemorrhage	9-21-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E E Sampson, M. D.

(Address) Rupert Idaho

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100554

PLACE OF DEATH

County of Bingham

City of Hoeyburn

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 58

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Charles Oliver Workman

(a) Residence. No. Hoeyburn Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign-birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widdr

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar 13th 1853

7. AGE — Years: 83 | Months: 4 | Days: 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 58

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER

13. NAME: Oliver Workman

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Abigale Brown

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Mrs Chris Nelson Hoeyburn

18. BURIAL, CREMATION OR REMOVAL
Place: Parkdale Date: 9-13, 1936

19. UNDERTAKER (Address): Geo P. Thompson

20. FILED: 10 | 3, 1936 E. K. Ehmke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Sept 9, 1936

I last saw him alive on Sept 8, 1936; death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100555

Registration District No. 1609

Primary Registration District No. 96

Local Registrar's No. 675

SEP 12 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's White's Hospital

2. FULL NAME Robert Gee

(a) Residence. No. ..... St. Moscow, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Gee

6. DATE OF BIRTH (month, day, and year): Sept. 6, 1888

7. AGE — Years: 47 | Months: 11 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Restauranter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: of own business

10. Date deceased last worked at this occupation (mo. and yr.): 8/30/36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Wellsboro, Pa.

MOTHER FATHER

13. NAME: George Gee

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Carrie Gillet

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Robert Gee, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Moscow, Idaho Date: 9/4, 1936

19. UNDERTAKER (Address): H. R. Short, Moscow, Idaho

20. FILED Sept 14, 1936 M. S. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug/30, 1936, to Sept/2nd, 1936

I last saw him alive on Sept/2nd 1936.: death is said to have occurred on the date stated above, at 10:12 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar left lower	Aug 29-36
Other **contributory causes** of importance:	

Name of operation: none Date of:

What test confirmed diagnosis?: Cardinal Symptoms Was there an autopsy?: no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..no. If so specify.....

(Signed) E. L. Wehrle, M. D.

(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100556

Registration District No. 1609

Primary Registration District No. 96 Local Registrar's No. 676

OCT 12 1936 REGISTERED

1. (If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph Hospital

2. FULL NAME Eliza J Whisler

(a) Residence. No. Portland, Oregon St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel A Whisler

6. DATE OF BIRTH (month, day, and year): Nov 16 1855

7. AGE: Years 80 | Months 9 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dupont Ind.

FATHER

13. NAME: William M Babbs

14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER

15. MAIDEN NAME: Pesmetra Hensley

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT (Address): Samuel A Whisler Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place: Portland Ore Date: 9/3, 1936

19. UNDERTAKER (Address): H R Merchant Clarkston, Washington

20. FILED: Oct. 2, 1936. M. N. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 193.6, to 9/3, 193.6

I last saw her alive on 9/3, 193.6; death is said to have occurred on the date stated above, at 11.30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	9/1/36
Cerebral Lemorrhage	9/1/36
Other **contributory causes** of importance:	
Chronic Nephritis	Unknown

Name of operation: None Date of:

What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: Date of injury.., 193.
Where did injury occur?: Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?: No If so, specify:

(Signed) H R Merchant, M. D.
(Address) Lewiston Idaho

Scott

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100557

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 677

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

2. FULL NAME Louis R. Dahlqren

(a) Residence. No. ... St. Deary, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina Dahlqren

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1856

7. AGE — Years: 79 — Months: 9 — Days: 13 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER/FATHER
13. NAME Not on record
14. BIRTHPLACE (city or town) (State or country) Not on record
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Al. Dahlqren
(Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Deary, Idaho ... Date Sept. 8 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 2., 1936. M. McCaskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Sept. 5, 1936.
I last saw him alive on Sept 5, 1936.: death is said to have occurred on the date stated above, at 9 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Other **contributory causes** of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr White

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100558

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 678

OCT 12 1936 RECEIVED

(No.) White's Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sky Prichard

(a) Residence. No. 1850 Carson Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. (b) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Sieloff Prichard

6. DATE OF BIRTH (month, day, and year) August 15, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Owner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Service Station

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME William W. Prichard

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. Sky Prichard (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Sept 7, 1936

19. UNDERTAKER Brower Ware Co. (Address) Lewiston, Ida.

20. FILED Sept 15, 1936 M. M. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Sept 5, 1936

I last saw him alive on Sept 5, 1936; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial insufficiency	about 2 yrs ago.
Hyperthyroidism Carcinoma of liver	about Jan 1st 36
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Stackslager

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100559

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 699

SEP 1 1936 RECEIVED

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Mae Mosher

(a) Residence. No. Lewiston Orchards St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Aug. 5, 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Naples
(State or country) Idaho

MOTHER FATHER

13. NAME J. W. Mosher

14. BIRTHPLACE (city or town) Rockford
(State or country) Iowa

15. MAIDEN NAME Ona Cummings

16. BIRTHPLACE (city or town) Troy
(State or country) Idaho

17. INFORMANT J. W. Mosher
(Address) Lewiston Orchards, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Sept. 9, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho.

20. FILED Sept 15 1936 M. M. Caskey
Registrar
M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 193.6, to Sept. 8, 193.6.

I last saw her alive on Sept 8, 193.6: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid fever	Aug 26-36

Other **contributory causes** of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) L. L. Stackslager M. D.

(Address) Lewiston, Idaho

Dr W. O. Clark

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston Orchards

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100560

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 680

OCT 12 1936 RECEIVED

1. (No.) 11 Orchards
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Axdell Watson

(a) Residence. No. St. Orchards
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of C. G. Watson

6. DATE OF BIRTH (month, day, and year) Mar. 31, 1905

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
31	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vancouver
(State or country) B.C. Canada

FATHER

13. NAME John Atkinson

14. BIRTHPLACE (city or town)
(State or country) Not on record

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) Not on record
(State or country)

17. INFORMANT C. G. Watson
(Address) Elk City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date Sept. 9, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 2, 1936. M. M. Caskey
Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Sept 8, 1936.
I last saw her alive on Sept, 1936: death is said to have occurred on the date stated above, at 7P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) No Clark, M. D.
(Address) Lewiston, Idaho

Harvey

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100562

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 682
No. St. Joseph's Hospital / East Lewiston Orchards
(If death occurred in a hospital or institution, give its name instead of street and number)

OCT 12 1936 RECEIVED

1184

2. FULL NAME Annie Elliott

(a) Residence. No. East Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Elliott

6. DATE OF BIRTH (month, day, and year) May 29 1870

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Staunton
(State or country) Illinois

MOTHER/FATHER
13. NAME Alexander Gray
14. BIRTHPLACE (city or town) Greenridge
(State or country) Missouri
15. MAIDEN NAME Sarah McLeary
16. BIRTHPLACE (city or town)
(State or country) Not on record

17. INFORMANT Elliott Bros.
(Address) East Lewiston, Orchards, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pendleton, Ore. Date Sept. 22 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct 2, 1936 M. W. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1936, to Sept. 19, 1936
I last saw her alive on Sept. 19, 1936: death is said to have occurred on the date stated above, at 9:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other **contributory causes** of importance:

Toxemia	

Name of operation Laparotomy & release of obstruction Date of 9/16/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Paul G. Hunsaker M. D.
(Address) Lewiston, Ida.

INSTRUCTIONS.—PRINT PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

OCT 1? 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100563

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 683

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Inf. Son of R. E. Kelley

(a) Residence. No. East Lewiston St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 10 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho.

FATHER

13. NAME R. E. Kelley

14. BIRTHPLACE (city or town) Lakeview
(State or country) Ore.

MOTHER

15. MAIDEN NAME Evelon Hopkins

16. BIRTHPLACE (city or town) Milton
(State or country) Ore.

17. INFORMANT R. E. Kelley
(Address) East Lewiston

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 9/22/36 193..

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Oct 2, 1936 M. McCaskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 22, 1936
I last saw h[illegible] alive on Sept 22, 1936: death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth at 8 mos. Pregnancy	

Other contributory causes of importance:

c	

Name of operation c Date of s

What test confirmed diagnosis? c Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? c Date of injury c, 193..
Where did injury occur? c
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. c
Manner of injury c
Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify c

(Signed) Daniel C. Ramsay M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Clark

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100564

Registration District No. 1009

OCT 12 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 684

(No. St. Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Smith

(a) Residence. No. 6 St. Lapwai Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): May 28, 1936
7. AGE — Years: — Months: 3 Days: 27 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lapwai Idaho

FATHER
13. NAME: Bill Smith
14. BIRTHPLACE (city or town) (State or country): Lapwai Idaho

MOTHER
15. MAIDEN NAME: Iva Lott
16. BIRTHPLACE (city or town) (State or country): Lapwai Idaho

17. INFORMANT (Address): Mr. Bill Smith: Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Sept. 26 1936

19. UNDERTAKER (Address): Brower Wann Co. Lewiston Idaho

20. FILED Oct 9, 1936 C. M. Mackey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936, to Sept 25, 1936.
I last saw him alive on Sept 15 1936. death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gleo-Colitis	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. O. Clark M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100565

Registration District No. 1009

Primary Registration District No. 9 Local Registrar's No. 685

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albertus Mizer Sanford

189

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Sparger

6. DATE OF BIRTH (month, day and year) January 23, 1907

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	29	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farm Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Life

11. Total time (years) spent in this occupation Sept. 25, 1936

12. BIRTHPLACE (city or town) (State or country) Nezperce Idaho

MOTHER FATHER

13. NAME J.L. Sanford

14. BIRTHPLACE (city or town) (State or country) South Dakota

15. MAIDEN NAME Bammie Mizer

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT (Address) J.L. Sanford Asotin, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston Date Sept 28 1936

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED Sept 30 1936 M. McCaskey M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Sept 25, 1936.
I last saw h.~~im~~ alive on Sept 25, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fracture of right side of head	Sept 25-36
Badly Crushed	
Crushed by horse falling	" "
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis? Physical Findings Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide Accident Date of injury Sept 25 1936
Where did injury occur? at Recreation Park Lewiston
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** Public Place (Rodeo)
Manner of injury Kick by horse
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E.E. White, M. D.
(Address) Lewiston Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100566

OCT 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 686

(No. 416 - 12th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hedley D. Millard

(a) Residence. No. 416 - 12th St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary G. Millard

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
66	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retailed Power sales

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newaygo (State or country) Michigan

MOTHER FATHER

13. NAME William Merriman

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Robert Millard (Address) Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Newaygo, Mich. Date Sept. 29th 1936

19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED 10/12, 1936. M. M. Cakey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1936, to Sept 26th, 1936.
I last saw him alive on Sept 26 1936; death is said to have occurred on the date stated above, at 12:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Complete	Sept 24/36

Other **contributory causes** of importance:

Tumor Growth	for months
in abdomen	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Examination

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. C. Carpenter, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

OCT 12 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100567

Registration District No.
Primary Registration District No. Local Registrar's No. 687

(No. St Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Augustus Dunham

(a) Residence. No. Fry Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not-on-record

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stage driver

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem (State or country) Oregon

FATHER

13. NAME Samuel Dunham

14. BIRTHPLACE (city or town) Pike (State or country) Missouri

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Hollis Dunham (Address) Culdesac, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Sept. 29 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston, Idaho

20. FILED....., 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 193[illegible], to Sept. 27, 1936.
I last saw him alive on Sept. 26, 1936: death is said to have occurred on the date stated above, at 8:45 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic coma	Sept 25/36
Other **contributory causes** of importance:	
Cardio Vascular	1930
Renal Disease	

Name of operation... None Date of...
What test confirmed diagnosis? Laboratory tests Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. L. Carrasco, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100568

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 31

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Henry Woonsook Jr.
(a) Residence. No. Washakie Utah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1002

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washakie Utah

FATHER
13. NAME Henry Woonsook
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Rhoda Moemberg
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Bishop Joseph Parry Washakie Utah

18. BURIAL, CREMATION OR REMOVAL
Place Washakie Utah Date Aug 25 1936

19. UNDERTAKER (Address) Henry Woonsook & Washakie Utah

20. FILED Sept 27 1936 M. J. Herms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1936, to Aug 24, 1936.
I last saw him alive on Aug 24, 1936: death is said to have occurred on the date stated above, at 7:- P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	6 days
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(Signed) C. W. Parker M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Samaria

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 100570
Local Registrar's No. 33

OCT 12 1936 RECEIVED

131

2. FULL NAME Mary Ann Daniels Price

(a) Residence. No. ..... Samaria (Usual place of abode) Idaho St. .....
Length of residence in city or town where death occurred. 67 yrs. ... mos. ... ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William D Price

6. DATE OF BIRTH (month, day, and year): Dec 22 1869

7. AGE: Years 75 | Months 8 | Days 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): Aug 1936
11. Total time (years) spent in this occupation: Adult Life

12. BIRTHPLACE (city or town) (State or country): Glamorganshire Wales

FATHER
13. NAME: John Daniels
14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER
15. MAIDEN NAME: Mary Thomas
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Beth Price (Address) Samaria Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place Samaria Idaho Date Sept 5 193 6

19. UNDERTAKER: J. Guy Kanan (Address) Malad Idaho

20. FILED Sept 30, 1936. M. J. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): September 1 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 193 6, to Sept 1, 193 6.
I last saw h... alive on Sept 1, 193 6 death is said to have occurred on the date stated above, at 11:00 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Bright's disease	?

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....
(Signed) O. K. Malan M. D.
(Address) Malad Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Gwenford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 100571
Local Registrar's No. 34

OCT 12 1936 RECEIVED

1312

2. FULL NAME Mary Reese Morris

(a) Residence. No. ..... Gwenford Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elias Morris

6. DATE OF BIRTH (month, day, and year): April 6 1875

7. AGE — Years: 61 | Months: 5 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): Mar. 1936
11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (city or town) (State or country): Samaria Idaho

MOTHER / FATHER

13. NAME: Samuel Reese
14. BIRTHPLACE (city or town) (State or country): Wales
15. MAIDEN NAME: Mary Ann Morse
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Elias Morris Gwenford Idaho

18. BURIAL, CREMATION OR REMOVAL — Place: Samaria Idaho Date: Sept. 11 193. 6 Burial

19. UNDERTAKER (Address): J. Sey Kenan Malad Idaho

20. FILED Sept. 30, 1936. M. J. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Sept 9, 1936
I last saw h[illegible] alive on 9/8/36, 193..., death is said to have occurred on the date stated above, at 1:15 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5
Uremia	
Other contributory causes of importance: Chronic Bright's	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) [illegible] M.D.
(Address) Malad Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100572

OCT 12 1936 RECEIVED

Registration District No. 26
Primary Registration District No. 2069
Local Registrar's No. 35

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emeline Eliza Waldron Thomas

(a) Residence. No. Malad Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Rolands Thomas

6. DATE OF BIRTH (month, day, and year) October 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home
10. Date deceased last worked at this occupation (mo. and yr.) March 1933
11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) Oregon Springs (State or country) Idaho

FATHER
13. NAME Benjamin Waldron
14. BIRTHPLACE (city or town) ..... (State or country) England

MOTHER
15. MAIDEN NAME Emeline Savage
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ... C. E. Thomas (Address) Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Pleasantview Ida. Date Sept. 28, 193 6

19. UNDERTAKER J. Berry Evans (Address) Malad Idaho

20. FILED Sept. 30, 1936 M. J. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 25 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.6., to Sept. 25, 193.6
I last saw h[illegible] alive on Sept. 20 193.6 death is said to have occurred on the date stated above, at 11:45PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arthritis Chronic generalized	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) D. W. Mahan M. D.
(Address) Malad Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100575

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 57

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) 164

2. FULL NAME Lydia Falk

(a) Residence. No. 130 - North Ave St. Priest River, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Falk
6. DATE OF BIRTH (month, day, and year): Nov. 9, 1861
7. AGE — Years: 74 Months: 10 Days: 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hagsäter Sweden

FATHER
13. NAME: Hellden
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Aaron Anderson Kellogg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Priest River Ida. Date: Sept 9, 1936

19. UNDERTAKER (Address): Lawrence G. Mason Sandpoint, Idaho

20. FILED Sept. 16 1936. Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h.. alive on Sept. 4, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility	

Other **contributory causes** of importance:

Name of operation: none Date of.....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Glenn McAffee M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kvadner

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100576

Registration District No. 123
Primary Registration District No. 2201 Local Registrar's No. 58

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Obbe Veentjer

(a) Residence. No. Kvadner Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Veentjer

6. DATE OF BIRTH (month, day, and year) Nov. 12 - 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Obbe Veentjer

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Dont Knoth

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) Mrs. O. Veentjer Kvadner Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Sept. 7, 1936

19. UNDERTAKER (Address) R.L. Stout Kellogg Idaho

20. FILED Sept. 16 1936 Mrs. Helen Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1936, to 9-5, 1936.
I last saw him alive on 9-5, 1936. death is said to have occurred on the date stated above, at 7:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Other contributory causes of importance:	
Hypertension, mild	2 mos.

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold T. Anderson M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100577

Registration District No. 123

OCT 12 1936 RECEIVED

Primary Registration District No. 3201 Local Registrar's No. 60

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelaide Adams

(a) Residence. No. Wardner Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Marion Fancher

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Elizabeth Evans

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date Sept 29 1936

19. UNDERTAKER P. L. Stout
(Address) Kellogg Idaho

20. FILED 10/10, 1936 Rhys Allen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1936, to Sept 26, 1936
I last saw her alive on Sept 20, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Carcinoma of breasts and axilla	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. C. Lindsay, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone.

City of Kellogg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100578

Registration District No. 123

Primary Registration District No. 3201

Local Registrar's No. 61

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addis Lance

1012

(a) Residence. No. Kellogg St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lane County
(State or country) Oregon

FATHER

13. NAME Lance

14. BIRTHPLACE (city or town) Washington
(State or country) Columbia Co

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) Dalton Co
(State or country) Ill

17. INFORMANT Roy Lance
(Address) Kellogg Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Farmington Cem. Date Oct. 8, 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho

20. FILED 10/10, 1936 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1936 to Oct 6th, 1936.

I last saw ~~him~~ alive on Oct 5th, 1936: death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. L. Lindsay, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Teton

City of Driggs

OCT 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100579

Registration District No. 77

Primary Registration District No. 3176

Local Registrar's No. 6

(No. 73)

(If death occurred in a hospital or institution, give its name instead of street and number)

FULL NAME John Hofer

(a) Residence No. Driggs St. Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosette Aeschbacher Hofer

6. DATE OF BIRTH (month, day and year): Jan. 28-1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grosshochstetten Switzerland

MOTHER FATHER

13. NAME: No information

14. BIRTHPLACE (city or town) (State or country): Unavailable Don't know

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT (Address): L. Duersch Driggs Route #1 Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Logan Utah Date 9/16, 1936

19. UNDERTAKER (Address): W. M. Hanson St. Anthony Idaho

20. FILED 9-20-, 1936. Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to Sept. 13, 1936.

I last saw him alive on Sept. 12, 1936.: death is said to have occurred on the date stated above, at 8.23 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myelitis	8/24/36
Pulmonary Edema	9/12/36

Other contributory causes of importance:

Arteriosclerosis	One year ago

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Ruel Cesner, M. D.

(Address) Driggs Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Teton
City of Teton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100580

OCT 3 1936 RECEIVED

Registration District No. 47
Primary Registration District No. 9176
Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James William Sinnister

(a) Residence. No. Teton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 23, 1866 not known 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coleville Utah

FATHER

13. NAME John William Sinnister

14. BIRTHPLACE (city or town) (State or country) Eng

MOTHER

15. MAIDEN NAME Elizabeth Brieley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Thomas Boyd
(Address) Teton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Teton Date Sept 20 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 9-20, 1936 Allie M. Green
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1936, to 9/16, 1936
I last saw him alive on 9/16, 1936: death is said to have occurred on the date stated above, at 4:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/15/36

Other contributory causes of importance:

Senile Arterio-sclerosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. E. Rasmussen, M. D.
(Address) Teton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100581

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 208

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Baby~~ Sallee

(a) Residence. No. 519 ½ 5th ave. east St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, ### (State or country) Idaho

FATHER
13. NAME Clay Sallee
14. BIRTHPLACE (city or town) Vernon Co., (State or country) Missouri

MOTHER
15. MAIDEN NAME Anna Bates
16. BIRTHPLACE (city or town) Oakley, (State or country) Idaho

17. INFORMANT Clay Sallee
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ ##########
Place Twin Falls Cem. Date 9/24/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED ..., 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/24/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/24/, 1936, to 9/24/, 1936
I last saw him alive on 9/24/, 1936: death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6 mos & 3 wks	9-21-36
Other contributory causes of importance: Rupture of amniotic sac - Cause unknown	9-21-36

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 1936
Where did injury occur? ... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John E. Slaughter, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100582

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 210

(No. Twin Falls County Farm
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula Elaine Allen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Allen

6. DATE OF BIRTH (month, day, and year) March 25 – 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Oregon City Ore.

MOTHER FATHER

13. NAME M. D. L. Barstow

14. BIRTHPLACE (city or town) (State or country) Oregon City Ore

15. MAIDEN Margaretta Jean Daly

16. BIRTHPLACE (city or town) (State or country) Tualatin Ore

17. INFORMANT M. D. L. Barstow (Address) Buhl, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl Date 9/25 1936

19. UNDERTAKER Evans & Johnson (Address) Buhl Ida

20. FILED 9-25-, 1936 J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to present, 193...
I last saw h[illegible] alive on Aug 15, 1936.: death is said to have occurred on the date stated above, at 2:2.. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10 yrs.
Other **contributory causes** of importance:	

Name of operation none Date of.....
What test confirmed diagnosis? ~~none~~ Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury none

24. Was disease or injury in any way related to occupation deceased? no If so, specify.....
(Signed) M. A. Drake, M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 211

DO NOT WRITE IN THIS SPACE
State File No. 100583

OCT 1936 RECEIVED

(No. 1) (If death occurred in a hospital or institution, give its name instead of street and number) Western Langenas

2. FULL NAME Timothy Aragon

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 24/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Arthur Aragon
14. BIRTHPLACE (city or town) Cal
(State or country)

MOTHER
15. MAIDEN NAME Marie ~~Campbell~~
16. BIRTHPLACE (city or town) Della Fay
(State or country) Idaho

17. INFORMANT Mrs Aragon
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Sept 28 1936

19. UNDERTAKER Frye & Drake
(Address) Twin Falls

20. FILED Oct 6, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Sept 26, 1936
I last saw him alive on Sept 25, 1936: death is said to have occurred on the date stated above, at 10 00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	
Gastro Enteritis	Sept 14

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100584

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 212

(No. 119 9th Ave. E.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans N. Hansen

(a) Residence. No. 119 9th Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mary Hansen

6. DATE OF BIRTH (month, day, and year) December 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Peter Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMANT Mrs. Mary Hansen
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 9/26, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932, to Sept. 23, 1936.

I last saw him alive on Sept. 23, 1936: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Before 12/30/32.
Myocarditis, 3 plus	Before 12/30/32.
Rheumatic infection	
Generalized.	5/4/36

Other contributory causes of importance:

Coronary occulsion	9/23/36.

Name of operation None Date of None.

What test confirmed diagnosis? Was there an autopsy? No.
Laboratory-Electrocardiograph.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193...

Where did injury occur? None.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None.

Manner of injury None.

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify No.

(Signed) Duncan L. Stevens M. D.

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100585

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 813

(No. 113 Addison Ave.)
(If death occurred in a hospital or institution, give the name instead of street and number)

2. FULL NAME Jewel Muriel Stewart

(a) Residence. No. City Twin Falls State
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of May 4 / 1935

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	4		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME J. P. Stewart
14. BIRTHPLACE (city or town) Ida
(State or country)

MOTHER
15. MAIDEN NAME Nora Black
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Nora Stewart
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date Oct 12 1936

19. UNDERTAKER Twin Funeral Home
(Address)

20. FILED Oct 12, 1936 J. C. Purcell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to Sept 26, 1936
I last saw h[illegible] alive on Sept 26, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-enteritis	Sept 25 36
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo. A. Valley, M. D.
(Address) 130 Main Ave. E. Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100586

OCT 12 1936

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 214

(No. 146 Jackson St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Barbara June Brackenbury

(a) Residence. No. 146 Jackson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----------
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

FATHER

13. NAME Ben Brackenbury
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Violet Whitaker
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Ben Brackenbury
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Idaho Date 9/28, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-29-, 1936 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 20, 1936
I last saw her alive on Sept 20, 1936.: death is said to have occurred on the date stated above, at 11:00P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	9-14-36
Diarrhoea.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Hansen

OCT 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100587

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 215

(No. Hansen, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Guy L. Cowan

(a) Residence. No. Hansen, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) October 19, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hansen, (State or country) Idaho

FATHER

13. NAME Guy L. Cowan, Sr.

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Grace F. White

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. Grace Cowan (Address) Hansen, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Ida, Ida. Date 9/30, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 9-30, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Sept 26, 1936

I last saw him alive on Sept 26, 1936.: death is said to have occurred on the date stated above, at 11:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	
Diabetic Coma	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. Floyd Storm, M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

OCT 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100588

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 216

100

(No. 223 Addison Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Zilkey

(a) Residence. No. 223 Addison Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florentina Zilkey

6. DATE OF BIRTH (month, day, and year) February 18, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee
(State or country) Wisconsin

FATHER

13. NAME Frederick Zilkey

14. BIRTHPLACE (city or town)
(State or country) No Inf.

MOTHER

15. MAIDEN NAME Carry Bloome

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Chas. Zilkey
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida. Date 10/1, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-2-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1936, to Sept 27, 1936
I last saw him alive on Sept 27, 1936: death is said to have occurred on the date stated above, at 12:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	Sept 26

Other contributory causes of importance:

Weak heart	
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Floyd Hamm, M.D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
OCT [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100589

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 218
(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Mrs. Myrtle Iva Henry Kirkpatrick,

(a) Residence. No. St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Kirkpatrick, Deceased

6. DATE OF BIRTH (month, day, and year) Dec., 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paradise
(State or country) Kansas

FATHER
13. NAME Cyrus Henry
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Jennie Robbins
16. BIRTHPLACE (city or town) (State or country) Indianna

17. INFORMANT (Address) Mrs. J. R. Hawkins, San Francisco, Calif.

18. BURIAL, CREMATION, REMOVAL
Place Twin Falls Cem. Date ..... 193...

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho

20. FILED 10-1-, 193[illegible] [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1936, to 9-29, 1936
I last saw her alive on 9-29, 1936: death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Gall Bladder	8/15/36
First Symptoms	
Other contributory causes of importance: Chronic Cholecystitis	1918

Name of operation Exploratory Date of 9/28/36
What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Kimberly, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100590

OCT 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 219
(No.) Twin Falls Co.Gen.Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Dutson Melorin

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 28, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER
13. NAME Benjamin J.Dutson
14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER
15. MAIDEN NAME Edna Mae Danner
16. BIRTHPLACE (city or town) (State or country) Streeter, Texas

17. INFORMANT B.J.Dutson
(Address) Twin Falls Idaho

18. BURIAL, CREMATION, REMOVAL
Place Twin Falls, Cem Date 9/28/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 10-2- 1936 J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept.28, 1936 to Sept.28, 1936
I last saw him alive on Sept.28 1936 : death is said to have occurred on the date stated above, at 2:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	Sept 28 1936
Other contributory causes of importance:	
Prematurity.	

Name of operation None Date of
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W.T. Carr, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100591

Registration District No. 208739

Primary Registration District No. 2087 Local Registrar's No. 39

(No.) 84
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara May Payne

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 8 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 5 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country) Neb.

FATHER

13. NAME P. O. Payne

14. BIRTHPLACE (city or town) Swanton
(State or country) Neb.

MOTHER

15. MAIDEN NAME Velda Zahrung

16. BIRTHPLACE (city or town)
(State or country) Neb

17. INFORMANT P. O. Payne
(Address) Buhl

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Beatrice Neb Date 9/10 193 6

19. UNDERTAKER Evans & Johnson
(Address) Buhl — L. L. Johnson

20. FILED Sept 10 193 6 A. T. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 193 6, to Sept 9, 193 6.
I last saw her alive on 9/9, 193 6. death is said to have occurred on the date stated above, at 5 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Status thymicolymphaticus	9/9/36

Other **contributory causes** of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury
Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Parkinson, M. D.
(Address) Buhl, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100592

OCT 1 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 194

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Twin Falls General Hospital)

2. FULL NAME Emma J. Brake Douglas

(a) Residence. No. ____ St. ____
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

10/10.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of O. R. Douglas

6. DATE OF BIRTH (month, day, and year) April 13 1904

7. AGE — Years: 42 | Months: 3 | Days: 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Spring Dale Ut.
(State or country)

FATHER
13. NAME Squire Brooks
14. BIRTHPLACE (city or town) ____
(State or country) England

MOTHER
15. MAIDEN NAME Elizebeth Parker
16. BIRTHPLACE (city or town) ____
(State or country) England

17. INFORMANT O. R. Douglas
(Address) Hazelton Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 8-15 1936

19. UNDERTAKER L. S. Rayner
(Address) Burley Ida

20. FILED 9/16 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1936 to 8-13 1936
I last saw her alive on 8-13 1936; death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
Myocarditis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) L. Hopkins, M. D.
(Address) Hazelton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100593

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 195

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter W. Rector

(a) Residence. No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha Rector

6. DATE OF BIRTH (month, day, and year) July 1, 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walla Walla
(State or country) Washington

FATHER

13. NAME Frank A. Rector

14. BIRTHPLACE (city or town)
(State or country) Oregon

MOTHER

15. MAIDEN NAME Jenine Day

16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Mrs. Martha Rector
(Address) Eden, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 9/8, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-8, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936, to 9-3, 1936
I last saw ~~was~~ alive on 9-3, 1936: death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dysentery polio-encephalitis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100594

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 196

(No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Mack

(a) Residence. No. 122 2nd St. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Mack

6. DATE OF BIRTH (month, day, and year) Febuary 6, 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Recreation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mangum
(State or country) Oklahoma

FATHER

13. NAME Dee O. Wilmoth

14. BIRTHPLACE (city or town)
(State or country) Texas

MOTHER

15. MAIDEN NAME Nanca Buckmaster

16. BIRTHPLACE (city or town)
(State or country) Iowa

17. INFORMANT Dee O. Wilmoth
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 9/8, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-8, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/5 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Sept 5, 1936
I last saw h[illegible] alive on Sept 5, 1936: death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia (Streptococcal)	1935
Other contributory causes of importance: Bronchial Pneumonia (Streptococcus pneumoniae)	1933

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls, Ida

RECEIVED

PLACE OF DEATH

County of Twin Falls

City of Filer

R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100595

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 197

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice Edgar Butler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 24 - 1913

7. AGE: Years 23 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pittsburg Kan.

FATHER

13. NAME: M. E. Butler
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Mabel Dobson
16. BIRTHPLACE (city or town) (State or country): Kansas

17. INFORMANT (Address): M. E. Butler Filer

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Buhl, Ida. Date 9/9 1936

19. UNDERTAKER (Address): Evans & Johnson Buhl Evans & Johnson

20. FILED Sept 9, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1936 to 9-7-1936
I last saw him alive on 9-6-1936; death is said to have occurred on the date stated above, at 2 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	.....
(b) Bronchopneumonia	.....
(c)	.....
(d)	.....
(e)	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100596

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 199
(No. 110)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Allen Salladay

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 14, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho

FATHER
13. NAME Luther E. Salladay
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Belva Pierson
16. BIRTHPLACE (city or town) (State or country) Albion, Idaho

17. INFORMANT L. E. Salladay
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 9/8/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 9-9-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/6/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1936, to Sept. 6, 1936
I last saw him alive on Sept. 6, 1936: death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Sept 6-36
Acute Dilatation of Heart	Sept 6-36

Other contributory causes of importance:
"Flu"

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles R. Scott, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100597

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 202

SEP 15 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sino Volpi

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown
6. DATE OF BIRTH (month, day, and year):
7. AGE: 66 years; Months: —; Days: —; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sammichele

FATHER
13. NAME: Enrico Volpi
14. BIRTHPLACE (city or town) (State or country): Sammichele

MOTHER
15. MAIDEN NAME: Cerato Eddolino
16. BIRTHPLACE (city or town) (State or country): Sammichele

17. INFORMANT (Address): Mariorenza Volpi

18. BURIAL, CREMATION, OR REMOVAL
Place: Twin Falls Date: Sept. 16 1936

19. UNDERTAKER (Address): Frost Drake Twin Falls

20. FILED 9-18-, 1936 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen Alive, 193..., to ....., 193...
I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at about 6 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Aorta following Coronary thrombosis	
Other contributory causes of importance: Arterio-sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard L. Stewart, M. D.
(Address) Twin Falls, Ida.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100598

OCT 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 285

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Jane Barlow

(a) Residence. No. 1228 8th ave.east St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
(a) WIFE of James R.Barlow

6. DATE OF BIRTH (month, day, and year) July 4,1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion, Ohio
(State or country)

FATHER
13. NAME ---------- Fletcher
14. BIRTHPLACE (city or town) Marion,
(State or country) Ohio

MOTHER
15. MAIDEN NAME Jane Wilkins
16. BIRTHPLACE (city or town) Marion,
(State or country) Ohio

17. INFORMANT Mrs.L.H.Kauffman
(Address) Twin Falls,Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Twin Falls Cem. Date 9/19/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls,Idaho

20. FILED 9-14- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17/ 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to Sept.17, 1936
I last saw her alive on Sept.17, 1936: death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Senility	
Myocardial Chronic	
Other contributory causes of importance:	
Age.	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Twin Falls,Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100599

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 204

OCT 12 193[illegible]

(No. 520 No. Main)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miriam R. Reagan

(a) Residence. No. 520 No. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Reagan

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Joe
(State or country) Minnesota

FATHER

13. NAME Alfonzo Mineman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town) Osage
(State or country) Iowa

17. INFORMANT Daniel Reagan
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Osage, Iowa Date 9/18, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-17-, 1936. J.R. Buckley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936, to Sept 17, 1936
I last saw he alive on Sept 17, 1936: death is said to have occurred on the date stated above, at 11:00A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with Metastasis.	1931

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) George C. Kelly M. D.
(Address) Twin Falls Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of each cause must be stated. DEFINITE AND SPECIFIC STATEMENT OF CAUSE OF DEATH is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100600

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 205

OCT 12 1936 RECEIVED

(No. 512 4th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Larsen Christiansen

(a) Residence. No. Berger, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bothilde Christiansen

6. DATE OF BIRTH (month, day, and year) March 18, 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	5	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stade
(State or country) Denmark

FATHER
13. NAME Christian Christiansen
14. BIRTHPLACE (city or town)
(State or country) Denmark

MOTHER
15. MAIDEN NAME No Inf.
16. BIRTHPLACE (city or town)
(State or country) Denmark

17. INFORMANT Mrs. Lillie Stone
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 9/21, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-23-, 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936, to Sept 17, 1936
I last saw him alive on Sept 16, 1936: death is said to have occurred on the date stated above, at 5:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	9-14-36
Other contributory causes of importance: Cystitis -	
Old age.	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

DEPART... BURI... CE... DEATH

Registrar

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 100601

Local Registrar's No. 206

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor C. Wray

(a) Residence. No. Perrine Hotel St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Marriedd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Wray

6. DATE OF BIRTH (month, day, and year) March 27, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Windsor (State or country) Missouri

FATHER

13. NAME Peter R. Wray

14. BIRTHPLACE (city or town) (State or country) No Inf.

MOTHER

15. MAIDEN NAME Elizabeth Calvert

16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMANT Mrs. Lucille Wray (Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida Date 9/20, 193 6

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 9-23, 193 6 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/17 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 193 6, to 9-17, 193 6

I last saw him alive on 9-17, 193 6; death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of first & second cervical vertebrae with cord injury	9-17-36
Other contributory causes of importance: Auto accident Thrown from car	9-17-36

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 9-17, 193 6

Where did injury occur near Murtaugh Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Car turned over

Nature of injury Dislocation of neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John R. Laughlin, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

OCT 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100602

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 207

(No. 312 Van Buren St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME G.L. Tomlinson

(a) Residence. No. 312 Van Buren St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary McCarty Tomlinson

6. DATE OF BIRTH (month, day, and year) May 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME C. Tomlinson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Elizabeth McDaniels

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. G.L. Tomlinson
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 9/22, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-23-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 20, 1936
I last saw h alive on Sept 20, 1936: death is said to have occurred on the date stated above, at 12:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 months ago
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles L. Scott M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100603

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

OCT 12 1936 RECEIVED (No. if any)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Francis Hulet

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hulet

6. DATE OF BIRTH (month, day, and year) Feb. 5 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67 X	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S. Springville (State or country) Utah

FATHER

13. NAME Orin Hulet

14. BIRTHPLACE (city or town) Pennsilvania (State or country)

MOTHER

15. MAIDEN NAME Mary Holt

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mary Hulet (Address) Cambridge Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge Cemetery Date Sept 27 1936

19. UNDERTAKER Jim Hendelson (Address) Cambridge Ida.

20. FILED 11-9-36 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/7/35, 193.., to 8/26, 1936

I last saw him alive on 8/26, 1936.; death is said to have occurred on the date stated above, at 5 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	3 yrs
Primary Anemia as sole factor with	
Other **contributory causes** of importance:	
Heart and Lungs	1 yr

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury.., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alvin D. Thurston M.D., M. D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Midvale

SEP 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100604

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John A Tinsley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) ~~WIFE of~~ Anna Wiggins

6. DATE OF BIRTH (month, day, and year) April 18. 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** farm

10. Date deceased last worked at this occupation (mo. and yr.) 1916

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Edgar Springs Mo

MOTHER FATHER

13. NAME James John Tinsley

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Julia Mc Cloud

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Anna Tinsley Midvale Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Date Sept 2 1936

19. UNDERTAKER (Address) J. A Anderson Cambridge Ida

20. FILED 9-11-36 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-9- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-2-36 193..., to 9-8-36 193...

I last saw him alive on 9-8-36 193...: death is said to have occurred on the date stated above, at 8 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Inoperable Carcinoma	
Ejaculs - gall ducts	
Liver Metastases	

Other **contributory causes** of importance:

Bronchitis - Marasmus	
Senility	

Name of operation None Date of 0

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. C. McCammon, M. D.
(Address) Cambridge Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT ¢ 1936 RECEIVED

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010

DO NOT WRITE IN THIS SPACE
State File No. 100606

Local Registrar's No. 11

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Boyd Shumway

(a) Residence. No. 512 E Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 26 – 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	13	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME H. E. Shumway
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Bennet
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT H. E. Shumway
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Midvale Idaho Date 9-7-, 1936

19. UNDERTAKER L. L. Northam
(Address) Weiser Idaho

20. FILED Oct 8, 1936 Emma A. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 – 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936 to Sept 5, 1936.
I last saw him alive on Sept 5, 1936.: death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Aug 18, 1936
Other contributory causes of importance:	
Malnutrition	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ross Coates, M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 6 1936 RECEIVED

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100607

Registration District No. 86
Primary Registration District No. 1610
Local Registrar's No. 12

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Adelia Andrews Graham

(a) Residence. No. 307 E Galloway St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick Graham

6. DATE OF BIRTH (month, day, and year) Apr 16 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER
13. NAME Van Rensselaer Andrews
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME Sarah Dean
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Wallace Graham (Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida, Date 9-9-, 1936

19. UNDERTAKER L. C. Northrop (Address) Weiser, Idaho

20. FILED Oct 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to Sept. 7, 1936
I last saw h[er] alive on Sept. 6, 1936: death is said to have occurred on the date stated above, at 3:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 23
Hypertension	?
Generalized atherosclerosis	?
Other contributory causes of importance:	
Myocardial degeneration	?
Chronic nephritis	?

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193...
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) C. Curtis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

OCT 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100608

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 13

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Raymond Brodshaw

(a) Residence. No. 206 W Main St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mossie Brodshaw

6. DATE OF BIRTH (month, day, and year) Sept 15 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So Dakota

FATHER
13. NAME R.M. Brodshaw
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Elza B. Mayses.
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Della Fairbaing Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 9-9- 1936

19. UNDERTAKER L.C. Northam
(Address) Weiser Idaho

20. FILED Oct 8 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 7- 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by shooting self in left Breast with shot gun	
No Inquest	
Other contributory causes of importance:	
Crippled and getting helpless	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L.C. Northam M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100609

OCT 9 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 1010 Local Registrar's No. 14
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

124

2. FULL NAME James Cyrus Anderson
(a) Residence. No. Big Intermountain Institute St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Aldrea Anderson

6. DATE OF BIRTH (month, day, and year) Nov 22 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME James Anderson
14. BIRTHPLACE (city or town) (State or country) Indeana

MOTHER
15. MAIDEN NAME Mary Ann Brown
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Aldrea Anderson (Address) Weiser Idaho
18. BURIAL, CREMATION OR REMOVAL Place Payette Ida. Date 10-5-, 1936
19. UNDERTAKER L. C. Northam (Address) Weiser Idaho
20. FILED Oct 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 7th 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1936, to Oct 7, 1936
I last saw h~~im~~ alive on Oct 2, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute catarrhal jaundice	Sept. 13
Paralytic Ileus	Sept 29
Other contributory causes of importance: Acute myocardial failure	Oct. 1,

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. C. Curtis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100610

OCT 8 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 15
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Price Thornton 90
(a) Residence. No. Fall District RFD #1 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary C. Thornton

6. DATE OF BIRTH (month, day, and year) June 21 — 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME Wm Thornton
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Mary Scott
16. BIRTHPLACE (city or town) (State or country) Mount Knott

17. INFORMANT (Address) L. C. Ledington Weiser Idaho
18. BURIAL, CREMATION OR REMOVAL Place Mann Creek Date 9-18-, 1936
19. UNDERTAKER (Address) L. C. Northaven Weiser Idaho
20. FILED Oct 8, 1936. Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15th 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed had heart trouble was told by M.D. to be very careful over exertion day before	
Other contributory causes of importance:	
No Inquest	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... Common
(Signed) L. C. Northaven, M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Cascade

SEP 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100611

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 5

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME William Orville Grant

(a) Residence. No. ____ St. Emmett, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheep herder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Grand Island (State or country) Nebr

MOTHER FATHER

13. NAME L E Grant

14. BIRTHPLACE (city or town) Alda (State or country) Nebr

MOTHER

15. MAIDEN NAME Della Moore

16. BIRTHPLACE (city or town) York (State or country) Nebr

17. INFORMANT L E Grant. (Address) Emmett

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Date Aug 20, 1936

19. UNDERTAKER C D Buckingham (Address) Emmett

20. FILED Aug 30, 1936. Clarence Leahy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental rifle wound	
Acute bending stup.	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 8/11, 1936
Where did injury occur? Cascade Idaho (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Ly Quarters
Manner of injury Accidental discharge rifle
Nature of injury Wound in head

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Rifle discharge against
(Signed) Robert L Walsh, M. D.
(Address) Valley County Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100612

100612

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 224

OCT 15 1936 RECEIVED

1. (No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John C. Jansrud

(a) Residence No. 205 E. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 3, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Record of Family

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) The Northwestern Mutual Life Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Oct 9, 1936

19. UNDERTAKER J. R. Wiley
(Address) Jerome, Idaho

20. FILED Oct 9, 1936 J. O. Lundquist
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936, to October 6, 1936
I last saw him alive on Oct 6, 1936: death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis general acute from Appendicitis acuta Gangrenitis, perforating	Sept 30-36
Other contributory causes of importance: None	

Name of operation Appendectomy + Drainage Date of 9-30-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Charles B. Seymer, M. D.
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

100613

PLACE OF DEATH
County of Latah
City of Potlatch

OCT 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100613

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George M. Jacobson

(a) Residence. No. St. Near Palouse Wash,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan, 19 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1936

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Madison
(State or country) S.D.

FATHER

13. NAME Martin Jacobson

14. BIRTHPLACE (city or town) Fillmore Co.
(State or country) Minnesota

MOTHER

15. MAIDEN NAME Annie Marie Dale

16. BIRTHPLACE (city or town) Fillmore Co.
(State or country) Minnesota

17. INFORMANT Martin Jacobson
(Address) Palouse Wash,

18. BURIAL, CREMATION OR REMOVAL
Place Palouse Wash Date Oct. 11, 1936

19. UNDERTAKER H.E. Kimball
(Address) Palouse Wash,

20. FILED Oct 9th, 1936 W.J.W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 7 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1936, to Oct 7th, 1936
I last saw him alive on Oct. 7th, 1936; death is said to have occurred on the date stated above, at 11.40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	Oct 4th
Following injury	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Oct 4 1936
Where did injury occur? Latah County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto robbed accident
Nature of injury Hemorrhage as from Train

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) F.C. Gibson, M. D.
(Address) Potlatch

OCT 20 1936 RECEIVED

10-06-4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100614

PLACE OF DEATH

County of Custer

City of Challis Idaho.

Registration District No. 108

Primary Registration District No. 2186 Local Registrar's No. 223

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inez Erma Redmond

(a) Residence. No. Challis St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Arthur Redmond

6. DATE OF BIRTH (month, day, and year): May 14 - 1914

7. AGE: Years: 22 Months: 5 Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Minnesota

FATHER

13. NAME: Charles Robison

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Arthur Redmond

18. BURIAL, CREMATION OR REMOVAL

Place Challis Idaho Date Oct. 10., 1936

19. UNDERTAKER (Address): W. C. Stubblefield Challis Ida

20. FILED Oct. 10., 1936 Elma M. Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25., 1936., to Oct 8., 1936

I last saw her alive on Oct. 8., 1936. 11 am death is said to have occurred on the date stated above, at 6 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis - edema	
of Lungs	
Pneumonia Lobar -	March
1936	

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No. Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury. —

Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) C. A. Hartley, M. D.

(Address) Challis Idaho

10615

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

OCT 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100615

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 327

(No. St. Alphonsus) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Rodney Jensen

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Eva F. Jensen

6. DATE OF BIRTH (month, day, and year): Aug 18 — 1895

7. AGE: Years 41 | Months 1 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: clerk
10. Date deceased last worked at this occupation (mo. and yr.): 10/7/36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Huntington Utah

FATHER
13. NAME: Charles F. Jensen
14. BIRTHPLACE (city or town) (State or country): Ephraim Utah

MOTHER
15. MAIDEN NAME: Eugeline Larson
16. BIRTHPLACE (city or town) (State or country): Ephraim Utah

17. INFORMANT (Address): Eva F. Jensen Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Emmett Ida Date: 10/11, 1936

19. UNDERTAKER: O. O. Buckmann
(Address): Emmett Idaho

20. FILED 10-13, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Oct 9, 1936
I last saw h[illegible] alive on Oct 7, 1936, death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto Mobile accident	
Fracture Cervical Vertebra (6)	
Other contributory causes of importance:	
Crushed Chest Cage	

Name of operation: Laparotomy Date of:
What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred A. Tebbs M. D.
(Address)

1006-6

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100616

OCT 23 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 122

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert A. Hall

(a) Residence. No. Route #1 St. Pingree, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 27, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arkansas
(State or country)

FATHER

13. NAME Thomas A. Hall
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER

15. MAIDEN NAME Molly Eubanks
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date 10/20/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 10-20, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 18 193 6

22. I HEREBY CERTIFY, That I attended deceased from September 25, 193 6, to October 18, 193 6
I last saw h im alive on October 18, 193 6 : death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, middle and upper, right	10-15-36
Other contributory causes of importance:	
Cystitis, chronic, severe	Unknown
Nephritis, chronic, severe	Unknown
Paralysis, lower extremities	1922

Name of operation none Date of ---
What test confirmed diagnosis? Clinical findings & Laboratory tests Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, to specify
(Signed) R. E. Baker, M. D.
(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100617

OCT 24 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 282

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Hardin,

(a) Residence. No. Kimberly, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma May Hardin

6. DATE OF BIRTH (month, day, and year) Feb 13, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orchardist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Springfield Illinois

FATHER
13. NAME Robert T. Hardin,
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Mary C. Star,
16. BIRTHPLACE (city or town) (State or country) Illinois.

17. INFORMANT (Address) J. R. Hardin, Twin Falls, Idaho. Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 10-5 193 6

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho

20. FILED 10-6 193 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 193 6 to Oct., 2, 193 6
last saw him alive on Oct., 1, 193 6: death is said to have occurred on the date stated above, at 11:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sept 20-1936.	9/20/36
Other contributory causes of importance:	
Cystic Tumor	8/-/35-

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) J. M. Davis, M. D.
(Address) Kimberly, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100618

100618

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 346

OCT 27 1936 RECEIVED

1. (No.) Idaho State Soldier's Home
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Walter Rowland

(a) Residence. No. Boise Ada Co.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 22 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Me.

FATHER

13. NAME Samuel Rowland

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Jas. W. Rowland Jr. Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Date 10/30, 193..

19. UNDERTAKER (Address) E. V. Eckles Caldwell Idaho

20. FILED 10-22, 193.. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 193.. to Oct 18, 193..
I last saw him alive on Oct 15, 193.., death is said to have occurred on the date stated above, at 5-30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Allington, M. D.
(Address) .....

100619

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 35

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 100619

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Ann Rice

(a) Residence. No. Glenns Ferry, St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of Sargent A. Rice

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 9-27-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grass Creek, Utah

FATHER

13. NAME Jacob J. Janes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Harrison

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Sargent A. Rice

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
Place Hyrum, Utah Date 10-30, 1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mt. Home, Idaho

20. FILED Oct 30, 1936 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-27-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1936, to Oct 27, 1936

I last saw her alive on Oct 27, 1936: death is said to have occurred on the date stated above, at 3:33 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pneumonia~~	
Epilepsy	1917
~~Bronchopneumonia~~ Bronchopneumonia	10-24-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W. Davis, M.D.

(Address) Glenns Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100620

NOV 2 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. #2

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Donaldson

(a) Residence. No. Wallace Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Beulah Donaldson
6. DATE OF BIRTH (month, day and year): June 21 1916.
7. AGE: Years: 20 | Months: 3 | Days: 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead Mining.
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Joplin Mo.

FATHER
13. NAME: John Donaldson
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Nora Lyon
16. BIRTHPLACE (city or town) (State or country): Joplin Mo.

17. INFORMANT (Address): Beulah Donaldson Wallace Ida
18. BURIAL, CREMATION OR REMOVAL: Place: Joplin Mo Date: Oct 8, 1936
19. UNDERTAKER (Address): J.A. Boyer (Words) Wallace Ida. John Boyer
20. FILED: Oct 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..
I last saw h..... alive on Oct 6, 1936; death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed to death in Morning Mine	Oct 6
when ore bin collapsed	
accidental death	
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury, 1936
Where did injury occur? Morning Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry Mine
Manner of injury Falling Ore
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify. Mining Ore
Signed Robert Lee M.D.
(Address) Wallace Ida.

100621

PLACE OF DEATH
County of Power
City of Am. Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

DO NOT WRITE IN THIS SPACE
State File No. 100621

OCT 14 1936 RECEIVED

Registration District No. 2072 Local Registrar's No. 80

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Webster Abbott

(a) Residence. No. Schley Memorial Hospital
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma L. Abbott

6. DATE OF BIRTH (month, day, and year) Aug. 12 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mail Carrier

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yankton S. D.

FATHER

13. NAME John M. Abbott

14. BIRTHPLACE (city or town) (State or country) S. D.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Paul M. Abbott

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls Ida Date 9-14, 1936

19. UNDERTAKER Am. Funeral Home
(Address) Am. Falls, Idaho

20. FILED 10-9, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936, to 10-8-, 1936
I last saw him alive on 10-7, 1936: death is said to have occurred on the date stated above, at 7:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other **contributory causes** of importance:	
Acute Nephritis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. A. Fogan, M. D.
(Address) Am. Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Am. Falls, Ida
Oct. 14 - 1936.

OCT 15 1936 RECEIVED

Bureau of Vital Statistics
Mrs. Pearl Dillingham Reg.
Boise, Ida.

Dear Mrs Dillingham:-

Our undertaker, Mr. Davis called me last evening and said they had made a mistake in the age of Daniel Webster Abbott, my certificate No 80 which I mailed with my last report, they reported his age as 56 it should be - 8-12-1871 making him 65 years old.

I also reported one too many deaths, I included the death certificate for the Still Born Birth Certificate, it was not signed by the Dr. he is off on a vacation so I will have to send it later.

Sincerely,
Gertrude Thornhill
Reg. Dist # 25.

100622

NOV 4 1936 RECEIVED

PLACE OF DEATH
County of Cayuse
City of Caysute

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100622

Registration District No. 4
Primary Registration District No. 1008.
Local Registrar's No. 64.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Chas S. Berg.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Sarah Berg.

6. DATE OF BIRTH (month, day, and year) May 31-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sioux City, Iowa.
(State or country)

FATHER
13. NAME Thomas Berg.
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Mary Jane Allen.
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Eva Burgl
(Address) 203-7th ave N. Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho. Date Oct 10, 1936

19. UNDERTAKER Glenn C Saunders
(Address) Payette Idaho.

20. FILED 10/19/36 1936 J C Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1936, to 10 9, 1936
I last saw him alive on 10-8, 1936; death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	9-27
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-27 1936
Where did injury occur? Payette
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Auto Accident
Nature of injury Skull Fracture Fracture Fibula

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Glenn C Saunders, M. D.
(Address) Payette

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine.
City of Hailey

NO. 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

100623

DO NOT WRITE IN THIS SPACE
State File No. 100623

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 46

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claude DeRoy Riggins

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Bell McCoy

6. DATE OF BIRTH (month, day, and year) Nov 12-1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) Oct 24 1936
11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Hailey Ida.

FATHER
13. NAME Thomas Riggins
14. BIRTHPLACE (city or town) (State or country) Milan - Italy

MOTHER
15. MAIDEN NAME Rosa Bell
16. BIRTHPLACE (city or town) (State or country) Gallsburg Ill.

17. INFORMANT Mrs Rosa Riggins (Address) Hailey - Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Plot Date Oct 28 1936

19. UNDERTAKER G. Harris (Address) Hailey - Ida.

20. FILED 10-30 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1936, to 10/25, 1936
I last saw h.im alive on 10/25, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis & renal hemorrhage from Bruce fracture - table	14 hrs.

Other contributory causes of importance: Fractured leg & chest

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/24 1936
Where did injury occur? Hailey, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place Street
Manner of injury Auto accident
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. W. [illegible], M. D.
(Address) _____

100624

PLACE OF DEATH
County of Gem
City of Emmett

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100624

Registration District No. E
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bonnie May Fowler

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred F. Fowler

6. DATE OF BIRTH (month, day, and year) Dec 7 - 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 8/1/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER FATHER
13. NAME Cornelius R. Adcock
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Kate Goodwin
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Fred F. Fowler
(Address) Emmett Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida. Date 10/23, 1936
19. UNDERTAKER O. D. Buckmaster
(Address) Emmett Idaho
20. FILED 10/23, 1936 J. N. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20 1936
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Oct. 20, 1936
I last saw h[er] alive on Oct. 20, 1936: death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis with obstruction Common duct and biliary cirrhosis	7/10/36
	8/27/36

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. H. Hamer, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 1936 RECEIVED

100625

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100625

PLACE OF DEATH

County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nadene Nevada Dunton

(a) Residence. No. Salmon Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
2	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Tennessee
(State or country) Tennessee

FATHER

13. NAME Emit H Dunton

14. BIRTHPLACE (city or town) Mc Cook
(State or country) Neb.

MOTHER

15. MAIDEN NAME Lina Emma Hull

16. BIRTHPLACE (city or town) Wellfleet
(State or country) Neb

17. INFORMANT C. H. Dunton
(Address) Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Idaho Date ....., 1936

19. UNDERTAKER W. C. Doubler
(Address) Salmon Idaho

20. FILED ....., 193. Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Wm. C. Doubler M. D.
(Address) Salmon Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 3 1936 RECEIVED

100626

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100626

PLACE OF DEATH

County of Shoshone

City of Kellogg

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victoria McKinnon

(a) Residence. No..... Division St. Kellogg

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1859

7. AGE — Years: 77 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) St Joseph
(State or country) Missouri

FATHER

13. NAME Wm Womack

14. BIRTHPLACE (city or town):
(State or country) Missouri

MOTHER

15. MAIDEN NAME Martha Rector

16. BIRTHPLACE (city or town):
(State or country) Missouri

17. INFORMANT Armand McKinnon
(Address) Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Idaho Date Oct 11, 1936

19. UNDERTAKER M. E. Thornhill
(Address) Kellogg Idaho

20. FILED Nov. 7, 1936 Mrs. Ellen M. Brude
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1936, to ....., 193....

I last saw h.. alive on 10/8, 1936.: death is said to have occurred on the date stated above, at 9.0.. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Senesa	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Lindsay M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

100627

DO NOT WRITE IN THIS SPACE
State File No. 100627

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 45

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ira R. Chaney

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia A. McFall

6. DATE OF BIRTH (month, day, and year) Jan 3-1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Oct 23-1936
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) St Joseph (State or country) Mo.

FATHER
13. NAME Francis Chaney
14. BIRTHPLACE (city or town) St Joseph (State or country) Mo.

MOTHER
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) Maysville (State or country) Oklahoma

17. INFORMANT Anna M. Chaney (Address) 924 Park St. Boise Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bellevue Date Oct 16, 1936

19. UNDERTAKER L. Harris (Address) Hailey Idaho

20. FILED 10-30, 1936 P. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936, to 10-14, 1936.
I last saw h( ) alive on 10-14, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-10-36
Pleurisy	10-1-36

Other contributory causes of importance:

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. W. Lizer M. D.
(Address) Hailey, Idaho

10628

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100628

Registration District No. 24
Primary Registration District No. 2161 Local Registrar's No. 816

1. (No.) Enroute from Virginia to Pocatello, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wesley Robbins

(a) Residence. No. Dorius Apts. St. Salt Lake City, Utah.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Edna Hertell

6. DATE OF BIRTH (month, day, and year): May 5, 1896.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mutual Ins. Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Logan, Utah.

FATHER

13. NAME: David Robbins

14. BIRTHPLACE (city or town) (State or country): Utah.

MOTHER

15. MAIDEN NAME: Selma Farrell

16. BIRTHPLACE (city or town) (State or country): Logan, Utah.

17. INFORMANT: L. W. Hyde
(Address) Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place: Salt Lake City, Ut. Date: on arrival

19. UNDERTAKER: Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 27, 1936. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest & face	
automobile accident	10/26/36.
(accidental)	

Other contributory causes of importance:

Name of operation: no Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury: 10/26/36
Where did injury occur? Virginia, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. State Highway
Manner of injury: Automobile accident
Nature of injury: Crushed chest & face.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur M. Ross Coroner, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10677

DO NOT WRITE IN THIS SPACE
State File No. 100629

NOV 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 814

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Mapum Daly

(a) Residence. No. ... St. Salt Lake City, Utah
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, and year) Aug. 23, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake (State or country) Utah

FATHER
13. NAME John J. Daly
14. BIRTHPLACE (city or town) Morris (State or country) Ill.

MOTHER
15. MAIDEN NAME Eliz. Mary Benson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Albert Daly (Address) Salt Lake, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake Utah Date Oct. 29, 1936

19. UNDERTAKER Lawrence Funeral Home (Address) Pocatello, Idaho

20. FILED 10-29, 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1936, to 10/29, 1936
I last saw h[illegible] alive on 10-29, 1936: death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest -	
auto accident on Public highway between Arco & Virginia Idaho-	
Other contributory causes of importance:	

Name of operation nu Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/26 1936.
Where did injury occur? highway between Virginia & Arco (Specify city or town, county, and state) Bannock Co. Ida
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Auto left road & turned over
Nature of injury Crushed Chest -

24. Was disease or injury in any way related to occupation of deceased? nu If so, specify

(Signed) ... M. D.
(Address) Pocatello Idaho

NOV 3 1936 RECEIVED

100630

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100630

PLACE OF DEATH

County of Bonner

City of Priest River

Registration District No. 85

Primary Registration District No. 8185

Local Registrar's No. 21-36

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christ Steinhofel

(a) Residence. No. ..... St. Chicago, Ill.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Steinhofel

6. DATE OF BIRTH (month, day, and year) Feb 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Watchman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Silk Mill

10. Date deceased last worked at this occupation (mo. and yr.) Mar. 1936

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME John Steinhofel

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Mrs. Louise Steinhofel (Address) Chicago, Ill.

18. BURIAL, CREMATION OR REMOVAL

Place Chicago, Ill. Date Oct. 15, 1936

19. UNDERTAKER L. L. Moon (Address) Bonners Ferry, Idaho

20. FILED Oct 14, 1936 Ben C. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend but made post mortem visit Oct. 14 1936 to ....., 193... I last saw h.. alive on ....., 193...: death is said to have occurred on the date stated above, at 1...a..m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	Jan. 1 - 1936
Other **contributory causes** of importance:	

Name of operation .... none ..... Date of .....

What test confirmed diagnosis? .... none .... Was there an autopsy? .. no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leslie J. Stauffer, M. D.

(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PRIEST RIVER IDA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Rexburg

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100631

Registration District No. 100
Primary Registration District No. 2128 Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rosetta Gunderson.

(a) Residence. No. ..... St. Menan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Edward Casper Gunderson.

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 10/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

FATHER
13. NAME Joseph H. Stay.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Mary Cornelia Woodbury
16. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah

17. INFORMANT Edward C. Gunderson
(Address) Lorenzo, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 11/1, 1936

19. UNDERTAKER C. J. Eckersell
(Address) Rigby, Idaho.

20. FILED 11-6, 1936 Mae E. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Oct 29, 1936
I last saw h-er alive on Oct 28, 1936: death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/26/36
Carbuncle on neck	10/5/36
Other contributory causes of importance:	
Chronic bronchitis	1930 (?)

Name of operation incision of carb. Date of 10/23/36
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) J. Harper Smiley, M. D.
(Address) Rigby, Idaho.

100632

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100632

Registration District No. 18

Primary Registration District No. 2186 Local Registrar's No. 224

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Orrin Clark

(a) Residence. No. ..... Challis ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 1st 1861

7. AGE: Years 75 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Live Stock

10. Date deceased last worked at this occupation (mo. and yr.) 2 .....

11. Total time (years) spent in this occupation 35 —

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Orrin Clark

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah E. Gibson

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs. Rose Clark
(Address) Challis

18. BURIAL, CREMATION OR REMOVAL
Place Challis Ida Date Oct 25 1936

19. UNDERTAKER John E. Jacobs
(Address) Salmon Ida

20. FILED Oct. 24., 1936. Edna McKenney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23" 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/17 ....., 1936., to 10/23 ....., 1936.
I last saw him alive on 10/20 ....., 1936.; death is said to have occurred on the date stated above, at 7.55 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Arterio Sclerosis	

Name of operation none Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. none
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify .....

(Signed) C. E. Hartley, M. D.
(Address) Challis, Ida.

...DING INK—THIS IS A PERMANENT RECORD. Every item of ...dy supplied. AGE should be stated EXACTLY. PHYSICIANS should ...H in plain terms, so that it may be properly classified. Exact statement of important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

100633

PLACE OF DEATH
County of Gem.
City of Emmett.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100633

NOV 14 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. Truman Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rozella, B. Frazier.

(a) Residence. No. Banks, Idaho. St. Banks, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert. R. Frazier.

6. DATE OF BIRTH (month, day, and year) December. 3. 1885.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50.	11.	1.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Bellevue, Idaho.
(State or country)

FATHER
13. NAME Perry. J. Fairchild.
14. BIRTHPLACE (city or town) Mt Pleasant
(State or country) Iowa.

MOTHER
15. MAIDEN NAME Mary Ann Barton.
16. BIRTHPLACE (city or town) Iowa.
(State or country)

17. INFORMANT Robert. R. Frazier.
(Address) Banks, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Nov. 7. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 11-14, 193 6 P. K. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1936, to 11-4, 1936.
I last saw him alive on 10-3, 1936: death is said to have occurred on the date stated above, at 2:40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Sight. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-30 1936
Where did injury occur? Gem Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Automobile Collision
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) R. O. Summers M. D.
(Address) Emmett

100634

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ~~Shoshone~~ Kootenai

City of ~~Wallace~~ Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100634

Registration District No.

Primary Registration District No. Local Registrar's No. ~~55~~ 191

(No. Lakeside Hospital Coeur d'Alene Ida)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roscoe Howard Spencer

(a) Residence. No. Cataldo St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Dolly B. Spencer

6. DATE OF BIRTH (month, day, and year): Nov 17th 1889

7. AGE — Years: 46 | Months: 11 | Days: 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Silver-Lead mines
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Joplin Mo.

FATHER

13. NAME: John B. Spencer
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Maggie Copple
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Dolly B. Spencer Cataldo Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Wallace Id Date: 10/14, 1936

19. UNDERTAKER (Address): Bruce E. Marshall Wallace Ida

20. FILED Nov. 9, 1936. F. F. Fleming, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10—9 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Oct 9, 1936.

I last saw him alive on Oct 9, 1936; death is said to have occurred on the date stated above, at 7.9 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Possible Pulmonary Tuberculosis)	

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? X-ray refused Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Howard Stuyes, M. D.

(Address) Cda Ida

NOV 12 1936 RECEIVED

100636

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Copeland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100636

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No. 1468

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilbo Aronen

(a) Residence. No. .... St. Virginia Minn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 21 — Months: .... — Days: .... — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U.S. Forest Service

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Leander Aronen

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Elmer Sanders
(Address): Virginia Minn

18. BURIAL, CREMATION OR REMOVAL
Place: Virginia Minnesota Date: .... 193..

19. UNDERTAKER: R. H. Clemmuch
(Address): Bonners Ferry Ida

20. FILED 8/22, 1936 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (~~month, day, and year~~) 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death	
struck by falling Rock -	
crushing injury to skull	
+ brain	

Other **contributory causes** of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1936

Where did injury occur? Parker Creek
(Specify city or town, county, and State)
Boundary Co. Idaho.

Specify whether injury occurred in **industry**, in **home**, or in **public place.** U.S. Forest Reserve

Manner of injury Struck by falling Rock

Nature of injury Comminuted skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ....

(Signed) R. H. Bonnell M. D.
(Coroner)

(Address) Bonners Ferry Idaho

100637

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100637

Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 225

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME Mr. Wm. Schwarting

(a) Residence. No. ..... St. .....
(Usual place of abode) Challis, Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 6 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Schwarting
6. DATE OF BIRTH (month, day, and year): July 22 1881
7. AGE: Years 55 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labourer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Oct. 3
11. Total time (years) spent in this occupation: 1 yr.

12. BIRTHPLACE (city or town) (State or country): Epira Iowa

FATHER
13. NAME: Wm. Schwarting
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Anna Dutler
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Milton Dreckmyer Challis, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Challis, Idaho Date: Oct. 29, 1936

19. UNDERTAKER (Address): Wm. C. Daebler Salmon, Idaho

20. FILED: Oct. ....., 1936. Edna Noe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1936, to Oct. 24, 1936.
I last saw him alive on Oct. 24, 1936.: death is said to have occurred on the date stated above, at 4 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyemia	

Other **contributory causes** of importance:
Am. ms. Licked arm from Collision on Thurs

Name of operation: Amputation of Date of:
Was test confirmed diagnosis?: Was there an autopsy?:

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: Date of injury: 193.
Where did injury occur?: (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?: If so, specify:
(Signed) C. L. Hartley, M. D.
(Address) Challis Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100638

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 344

NOV 6 1936 RECEIVED

(No. 1613 Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter Madison Barker

(a) Residence. No. King Hill - Ada St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 4-20 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	29.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mountain Home
(State or country) Ida -

FATHER
13. NAME Luke Barker.
14. BIRTHPLACE (city or town) Arkansas
(State or country)

MOTHER
15. MAIDEN NAME Lillie Clark -
16. BIRTHPLACE (city or town) Ida -
(State or country)

17. INFORMENT Lillie Barker
(Address) King Hill Ida -

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Mtn Home - Date 10-19 1936

19. UNDERTAKER Rosche Funeral Home
(Address)

20. FILED 10-22 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1936, to 10-19, 1936.
I last saw ~~him~~ alive on 10-19, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound Lower Abdomen perforating ascending Colon, Peritonitis + Toxemia	
Process of 1st Lumbar	
Other contributory causes of importance:	
Peritonitis	

Name of operation Lap. Suturing Gut Date of 10-18-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accidental Date of injury 10-18 1936
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred A. Illingworth, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson.
City of Menan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100633 (100639)

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 56

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Youngstrom

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Louisa Youngstrom.

6. DATE OF BIRTH (month, day, and year) March 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 5/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lynn, Utah.

FATHER
13. NAME John Youngstrom.
14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER
15. MAIDEN NAME Botilda Martin.
16. BIRTHPLACE (city or town) (State or country) Sweden.

17. INFORMANT Louisa Youngstrom
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 11/9, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 11-9, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Nov. 5, 1936
I last saw her alive on Nov 5, 1936: death is said to have occurred on the date stated above, at 12:40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	July 1936
Bacteria Infection	1934
Other contributory causes of importance:	
Fracture ulcer	1932

Name of operation Prostate resect, Date of May 1936
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) J. Harper Bradley, M. D.
(Address) Rigby, Idaho

NOV 1 1936 RECEIVED

100640

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Porthill

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100640

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bert S. Wood

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos ... ds How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Wood

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 10-36

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Eyota (State or country) Minn

MOTHER FATHER

13. NAME Milton R. Wood

14. BIRTHPLACE (city or town) ..... (State or country) Pa.

15. MAIDEN NAME Lucinda M. Smith

16. BIRTHPLACE (city or town) ..... (State or country) Pa.

17. INFORMANT Mrs. Catherine Wood (Address) Porthill, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Porthill, Ida. Date 10-28, 1936

19. UNDERTAKER H.R. Crouch (Address) Bonners Ferry, Ida.

20. FILED Oct. 26 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death	
Myocardial failure	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. R. Crouch, M. D.
(Address) Bonners Ferry, Idaho

100641

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100641

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 74

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Case

(a) Residence. No. 7th Ave. North St.
(Usual place of abode)
Length of residence in city or town where death occurred. / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of not known.

6. DATE OF BIRTH (month, day, and year) April 7 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not known
(State or country)

FATHER
13. NAME not known.
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME not known.
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Chester Summer
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wash. Date Nov 10 193 6

19. UNDERTAKER Glenn C. Faucher
(Address) Payette Idaho.

20. FILED 11/10/36, 193 J. D. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 193 6, to Nov. 7, 193 6
I last saw him alive on Oct. 7, 193 6: death is said to have occurred on the date stated above, at 7: P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Bronchial Pneumonia	
with acute Heart failure	
Other contributory causes of importance:	
[redacted]	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? [redacted]
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury [redacted]
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. A. Parkinson, M. D.
(Address) Payette Ida

E. D. PARKINSON, M. D.
First Security Bank Building
PAYETTE, IDAHO

MAY 2[illegible]

May 25, 1937

Department of Vital Statistics
State House
Boise, Idaho

Dear Sirs:

I attended a man, Mr. W. T. Case, of Payette, on November 7, 1936. In filling out the death certificate I made an error due to an accident victim I cared for by a name that was similar at the same time. Both patients died.

A man from the Bureau of Investigation of the United States Government presented himself at my office some time later and the matter was straightened up, with information that he would attend to the recording in the Boise office. It has now been brought to my attention that this was never done and a request made that I correct the error. This will certify that I attended Mr. W. T. Case at his abode on November 7, 1936, and that he died at his home that evening, the case of death being bronchopneumonia with acute heart failure.

Very truly yours,

E D Parkinson

Dr. E. D. Parkinson

100641

EDP:b

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of BOISE

Simonton Eastman Bldg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100642

100642 ✓

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 360

(No. St Lukes Hospital Boise)

(If death occurred in a hospital or institution, give its name instead of street and number)

604

2. FULL NAME MINNIE L HEIKES

(a) Residence. No. MERIDIAN IDAHO St.

(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W-A-Heikes

6. DATE OF BIRTH (month, day, and year) 7-27-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	1	16 ~~17~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) MATOUR CO-
(State or country) PENN--

FATHER

13. NAME SAMUEL D KNULE-

14. BIRTHPLACE (city or town) MATOUR-CO
(State or country) PENN

MOTHER

15. MAIDEN NAME AGNES B HALFPENNY-

16. BIRTHPLACE (city or town) MATOUR-CO-
(State or country) PENN

17. INFORMANT W-A-HEIKES
(Address) MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place MERIDIAN CEM- Date NOV 9, 1936

19. UNDERTAKER N-S-MATHER
(Address) MERIDIAN IDAHO

20. FILED 11-9, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936, to Nov 7, 1936

I last saw her alive on Nov 7, 1936; death is said to have occurred on the date stated above, at 7-43 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Adenoma	1920
Thyroid	1935
Hypotension	"
Hydrocardosis	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 10-16-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W D Simonton, M. D.

(Address) BOISE IDAHO

100643 Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100643

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 701

NOV 18 1936 RECEIVED

(No. 2227 - 8th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan L. White

(a) Residence. No. 2227 - 8th Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William White

6. DATE OF BIRTH (month, day, and year): Aug 6, 1849

7. AGE: Years 87 | Months 2 | Days 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sandusky Ohio

MOTHER/FATHER
13. NAME: Henry Trevits
14. BIRTHPLACE (city or town) (State or country): Pennsylvania
15. MAIDEN NAME: Jemima Dow
16. BIRTHPLACE (city or town) (State or country): New Hampshire

17. INFORMANT: Willis White
(Address): Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Clarkston, Wn. Date: Oct 18 1936

19. UNDERTAKER: Brower Wann Co.
(Address): Lewiston, Idaho

20. FILED: Nov 10, 1936 M W Caskey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Oct 16 1936
I last saw her alive on Oct 15, 1936 death is said to have occurred on the date stated above, at 11:40 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Carcinoma of arm.	

Name of operation: — Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?
(Signed) Willis White, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of [illegible] NOV [illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100644

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 116

(No. Two Miles west of Boise,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hyrum Peter Scofield

(a) Residence. No. Two miles west of Boise St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 21, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country)

FATHER

13. NAME Joseph Hyrum Scofield

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Anna C. Nelson

16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Clare Scofield Sprunt
(Address) Salt Lake City

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Oct. 5, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-[illegible], 1936 K. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936 to Oct. 3, 1936

I last saw him alive on Oct 3, 1936: death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset?
Myocarditis, Chr	1930 ?
with	
Cerebral Hemorrhage	1935

Other contributory causes of importance:

Arteriosclerosis	?
Senile Dementia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bruce A. Burbidge, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100645

NOV 6 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 117
(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. A. Tennelle

(a) Residence. No. St. Ada County Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, and year) 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. J. A. Tennelle Boise Ida

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery Place Ada Co. Plot Boise Date 10-7, 1936

19. UNDERTAKER Schreiber & McBaum (Address) Boise Ida

20. FILED 10-6, 1936 R. Shirley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1934, to 10-4, 1936
I last saw him alive on 10-3, 1936: death is said to have occurred on the date stated above, at 12:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Greenaway M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100646

Registration District No. 8

Primary Registration District No. 2004 Local Register's No. 120

(No. Ada County Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME John Murphy

(a) Residence. No. 16 ½ E Grove St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not obtainable

6. DATE OF BIRTH (month, day, and year) March 24-1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) A. Schreiber Boise, Ida

18. BURIAL, CREMATION OR REMOVAL St. John's Cem.

Place Boise Date 10-19, 1936

19. UNDERTAKER (Address) Schreiber & Williams Boise Ida

20. FILED 10-16 1936 R. Eckert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to 11-10, 1936. I last saw h[illegible] alive on 10-10, 1936: death is said to have occurred on the date stated above, at 4 P.M. m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, left breast	1934
Other contributory causes of importance:	
Cachexia	
Silicosis	10 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Silicosis

(Signed) M. A. Shaw M. D.

(Address) 405 Eastman Bldg Boise Ida.

Calloway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100647

NOV 6 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 121

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edmund Rathbone

(a) Residence. No. 329 S. 17th Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April, 23, 1856

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
80	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER

13. NAME Cornelius Rathbone

14. BIRTHPLACE (city or town)
(State or country) Illinoise

MOTHER

15. MAIDEN NAME Abigail Fordyce

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mrs Kate Lange
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL 31
Place Morris Hill Date Oct. 29, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-19, 1936 C. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19/1936

22. I HEREBY CERTIFY, That I attended deceased from 7-9-, 1936, to 10-9-, 1936

I last saw him alive on 10-18-, 1936: death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No autopsy
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Calloway, M. D.
(Address) Boise

M-36-4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100648

NOV 6 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 123

(No. State & Vine Streets)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Angie Huffaker

(a) Residence. No. State & Vine St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/12/85

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME George Clyburn

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Kattie Allen

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Cleo Huffaker, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/21/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 10-20 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/18/36 193

22. I HEREBY CERTIFY, That I attended deceased from Oct., 193[illegible], to Oct 18, 1936

I last saw her alive on Oct 16, 1936; death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Stomach	1935
Sec Metastasis -	1936
Other contributory causes of importance:	
Secondary Anemia	June 1936
Myocardial Failure	July 1936

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Simonton, M. D.

(Address) Boise, Ida

Simonton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100649

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 125

(No. Second and Garden Avenue)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Charles Schnell

(a) Residence. No. Second & Garden Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

197

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura B. Schnell

6. DATE OF BIRTH (month, day, and year) Nov. 29 1872

7. AGE Years	Months	Days	If LESS than 1 day 19 hrs. or ____ min.
63	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At first, a farmer. Carpenter, as a contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 22, 1936

11. Total time (years) spent in this occupation About 30 yrs.

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER

13. NAME Louis J.W. Schnell

14. BIRTHPLACE (city or town) (State or country) St. Louis, Mo

MOTHER

15. MAIDEN NAME Emma Zoeller

16. BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

17. INFORMANT Katharyn Schnell Eddy
(Address) 2nd & Garden Ave, Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-26, 1936

19. UNDERTAKER Schreiber McCann
(Address) Boise Ida

20. FILED 10-27, 1936 W. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__ to ____, 193__
I last saw him alive on Oct. 22, 1936 death is said to have occurred on the date stated above at about 7 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound In Body (Homicide)	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ____, 193__
Where did injury occur? At Home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gunshot Wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100650

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 126

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clay Kearns

69

(a) Residence. No. Route # 5, Boise, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Maude Kearns

6. DATE OF BIRTH (month, day, and year) March, 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) La Grande (State or country) Oregon

FATHER

13. NAME Jack Kearns

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Eliza Newman

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Maude Kearns (Address) Route # 5, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 10/30/1936

19. UNDERTAKER Summers Funeral Home (Address) Boise, Idaho

20. FILED 10-27-1936 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25/1936

22. I HEREBY CERTIFY, That I attended deceased from April, 193 5, to Oct 25-, 193 6

Last saw h.im alive on Oct 25, 193 6: death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	10-24-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100651

NOV 6 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 127

(No. Idaho State Penitentiary)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold A. Kirkpatrick

(a) Residence. No. Idaho State Penitentiary St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Kirkpatrick

6. DATE OF BIRTH (month, day, and year) Nov. 21st. 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fulton
(State or country) Kentuckey

FATHER

13. NAME Alfred B. Kirkpatrick

14. BIRTHPLACE (city or town) No Record
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Idaho Penitentiary Records
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Penitentiary Cemetery Date 10/31, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 10-31, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 193..., to Oct 29, 1936
I last saw him alive on Oct 29, 193...; death is said to have occurred on the date stated above, at 9A m. Oct 30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	

Other contributory causes of importance:

Pulmonary Tuberculosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Wahl, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 6 1936 RECEIVED

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100652

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 317

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William A. Cooper

(a) Residence. No. Route 2 St. Meridian

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

65 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora

6. DATE OF BIRTH (month, day, and year) 2/24/1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	71	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Sam Cooper

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Symanthia L. Chaney

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Eura Cooper. Meridain

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/3/36, 193...

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 10-3, 193... R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/1/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Oct 1, 1936.

I last saw him alive on 10-1, 1936; death is said to have occurred on the date stated above, at 6/30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia	Probably 1 year ago.
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Blood exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) 500 Eastman Bldg.

Smith

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100653

PLACE OF DEATH
County of Ada
City of Boise

NOV 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 318
(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Clyde Nethkin

(a) Residence. No. Day Creek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 9 1936

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Ida

MOTHER FATHER
13. NAME Clarence Nethkin
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Jenney Belle Dove
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Clarence Nethkin
18. BURIAL, CREMATION OR REMOVAL Place St. Johns Date 10-3-1936
19. UNDERTAKER Schreiber & Mc Cann (Address) Boise Ida
20. FILED 10-2, 1936 R. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1936, to 10-2, 1936
I last saw h[illegible] alive on 10-1-, 1936; death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhoea.	9-29-36
Other contributory causes of importance: Prematurity	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) F. M. Pfaffenbarger, M. D.
(Address) Eastman Bldg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Ignore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 6 1936 RECEIVED

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100654

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 319
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Stanley Gage

(a) Residence. No. 621 So. 16th. St
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 15 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Neb.

FATHER
13. NAME Charles Gage
14. BIRTHPLACE (city or town) (State or country) Barnard Missouri

MOTHER
15. MAIDEN NAME Lulu Lynch
16. BIRTHPLACE (city or town) (State or country) Macon Neb.

17. INFORMANT (Address) Charles Gage Boise Idaho

18. ~~BURIAL, CREMATION~~ REMOVAL
Place Franklin Neb Date 10/5, 193[illegible]

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 10-5, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936, to Oct. 4, 1936.
I last saw him alive on Oct 4, 1936, death is said to have occurred on the date stated above, at 2:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Aug 25-36
Bronchopneumonia	
Pneumococcic & Streptococcic	Sept 15-36

Other contributory causes of importance:

Name of operation Lumbar Punc Date of 10-1-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. L. Sumpton, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100655

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 320

(No. 2117-N-15th street)

(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Amanda Elizabeth Ewry

(a) Residence. No. 2117-N-15th-Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18. 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marlontown
(State or country) Indiana

FATHER

13. NAME George Spears

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Sedam

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT Marion Thompson
(Address) 1516. N. 27th. St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/6/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-6, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Oct 3, 1936

I last saw h[illegible] alive on Oct [illegible] 1936: death is said to have occurred on the date stated above, at 6:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	[illegible] 1936
Hypocreatitis - Chronic	

Other contributory causes of importance:

Generalized Atherosclerosis with Hypertension	19?

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bruce Budge, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100657

Registration District No. 2
Primary Registration District No. 1904
Local Registrar's No. 322

(No. St. Luke's)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther Clara Adamson

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glenn Adamson

6. DATE OF BIRTH (month, day, and year) April 14 - 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Oden Bowen
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Myrtle De Graw
16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT James Bowen (Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/4, 193 6

19. UNDERTAKER C O Buckingham (Address) Emmett Idaho

20. FILED 10-6, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9/26/36, 193..., to 10/1/36, 193...
I last saw her alive on 10/1/36, 193...: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal uremia	9/27/36
Pregnancy	

Other contributory causes of importance:

Name of operation — no Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard M Chalgren M. D.
(Address) 911 Eastman B. Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100658

OCT 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1604
Local Registrar's No. 323
(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant daughter Mr & Mrs Glenn Adamson 1610
(a) Residence. No. Emmett St Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/1/36 1/2 a.m. Newborn

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	0		55

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Glenn Adamson
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Esther C. Bowen
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT James B Owen
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/4, 1936

19. UNDERTAKER C W Buckmaster
(Address) Emmett Idaho

20. FILED 10-6, 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/1/36 a.m., 193..., to 10/1/36 P.M., 193...
I last saw her alive on 10/1/36, 193...: death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10/1/36

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Howard M Clelland, M. D.
(Address) 411 Eastman Bldg Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100659

NOV 0 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 324
(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Blair Sullivan

(a) Residence. No. 1718 Warm Springs Ave.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	0	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME Arthur J. Sullivan
14. BIRTHPLACE (city or town) Gem.
(State or country)

MOTHER
15. MAIDEN NAME Rose Frances Malone
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Arthur J. Sullivan
(Address)
18. BURIAL, CREMATION OR REMOVAL
Place St Johns Date 10-8, 1936
19. UNDERTAKER Schreiber & McLean
(Address) Boise, Idaho
20. FILED 10-7, 1936 R. Shank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5-1936
22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1936, to 10-5-, 1936
I last saw h alive on 5 am 10-5-, 1936: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	10-4-36
Other contributory causes of importance:	
Brain injury & hemorrhage Insta same.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-4-1936
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury Car went over grade
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. B. Shaw M. D.
(Address) 415 Eastman Bldg

Dr. Shaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100660

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 325

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John William Shriver

1882

(a) Residence. No. 1203 River Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) J. H. Proffitt, Olathe, Colo.

18. BURIAL, CREMATION OR REMOVAL
Place Montrose, Colo. Date 10/11/ 1936

19. UNDERTAKER (Address) Summers Funeral Home Boise, Idaho

20. FILED 10-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1936, to October 8, 1936

I last saw him alive on Oct 8, 1936: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury of chest and head. 1-R 5 fractured ribs. Basal skull fracture.	Oct 6. 1936.
Other contributory causes of importance: Broncho-pneumonia	Oct 7, 1936

Name of operation none Date of

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 6 1936.

Where did injury occur? Boise, Ada County, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Cave in of ditch bank

Nature of injury Crushing injury of chest.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occurred while laying Pipe.

(Signed) O. S. Swinnerton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100661

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 328

(No. 1807 Euclid Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Charles Sumner Coffin

(a) Residence. No. 1807 Euclid Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis
(State or country) Indiana

FATHER

13. NAME William G. Coffin

14. BIRTHPLACE (city or town)
(State or country) Nantucket, Island

MOTHER

15. MAIDEN NAME Semirih Hunt

16. BIRTHPLACE (city or town)
(State or country) Nantucket, Island

17. INFORMANT Miss Jean Coffin
(Address) 1807 Euclid St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/12/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho.

20. FILED 10-13, 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 36, 1936 to Oct 10 36, 1936

I last saw him alive on Oct 9 36, 1936; death is said to have occurred on the date stated above, at 12 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension and Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

NOV 4 1936 STATE BD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100662

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 329

(No. 1810 Brumback)

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Albert Alford Stanfield

(a) Residence. No. Route 4 St. Boise

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/27/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Jess H. Stanfield

14. BIRTHPLACE (city or town) Kansas
(State or country)

MOTHER

15. MAIDEN NAME Helen Isger

16. BIRTHPLACE (city or town) Colo.
(State or country)

17. INFORMANT J. H. Stanfield
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/8/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 10-13, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6/36 193

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1936, to 10-6-, 1936

I last saw h~~e~~ alive on 10-6, 1936: death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhoea.	9-30-36

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? ~~N~~ Was there an autopsy? ~~N~~.

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~~N~~ If so, specify

(Signed) F. M. Haraseue, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100663

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 330

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John David Ralls

(a) Residence. No. Route #1 Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Charles Ray

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Eva Ralls

16. BIRTHPLACE (city or town) Carey
(State or country) Idaho

17. INFORMANT Mrs. Mable Ralls
(Address) Route # 1 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date Octo. 12 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-13, 1936 K. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 36, 1936, to Oct 10, 1936
I last saw him alive on Oct. 10, 1936: death is said to have occurred on the date stated above, at 2.33 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	10-7-36.
Other contributory causes of importance: Malnutrition	August '36

Name of operation none Date of
What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harmon Jessup M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

NOV 8 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100664

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 331

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James M. Cole

(a) Residence. No. 30th & State Street. R.# I. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Goldie Cole

6. DATE OF BIRTH (month, day, and year): April.3.1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chimney sweep
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clear Lake, Iowa

FATHER
13. NAME: Francise Cole
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Goldie Cole, R.# I Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10/13/ 1936

19. UNDERTAKER (Address): Summers Funeral Home, Boise, Idaho

20. FILED 10-13, 1936. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1936, to 10-10-, 1936
I last saw him alive on 10-10, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, bilateral	10-7-36
Other contributory causes of importance:	
Asthma	15 yrs

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? Possibly. If so, specify Pneumonia Lobar - Pleurisy
(Signed) M. B. Shaw M.D.
(Address) 405 Eastman Bldg. Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Budge

DO NOT WRITE IN THIS SPACE
State File No. 100665

NOV 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 332

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Ellen Brink

(a) Residence. No. Cys Aout Camp St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stanley
(State or country) North Dakota

FATHER

13. NAME Frank W. Brink
14. BIRTHPLACE (city or town) Minnesota
(State or country)

MOTHER

15. MAIDEN NAME Effie E. Good
16. BIRTHPLACE (city or town) North Dakota
(State or country)

17. INFORMANT Frank W. Brink
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ~~Morris Hill~~ Cloverdale Date 10/14/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Oct 11, 1936.
I last saw h.. alive on Oct 11, 1936: death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined —	
Apparent Pneumonia	Oct 7/36
Diabetes	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce Budge, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100666

OCT 14 1936 RECEIVED

Registration District No. 2004
Primary Registration District No. ____ Local Registrar's No. 333
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maude Ann Benson

(a) Residence. No. Warren St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde Benson

6. DATE OF BIRTH (month, day, and year) June 29-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shawnee Okla.

FATHER
13. NAME Eugene Moser
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Clyde Benson Homedale Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Oct 7, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Ida.

20. FILED 10-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/27/36, 193..., to 10/4/36, 193...
I last saw her alive on 10/4/36, 193...: death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Lungs.	May 1936
Other contributory causes of importance: Carcinoma Left Breast	May 1936

Name of operation Left Mastectomy Date of 7/29/36
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James H. Elmore, M. D.
(Address) 105 N. 8th Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100667

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 334

(No. 202 Broad Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delos W. Matteson

(a) Residence. No. 202 Broad Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora A.

6. DATE OF BIRTH (month, day, and year) 3/27/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Veterinary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Otego N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ralph D. Matteson (Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 10/16/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 10-14 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/14/36 193

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 193 0, to 10-14-, 193 6

I last saw h/m alive on Oct 11, 193: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Paralysis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Calloway, M. D.

(Address) Boise Idaho

Calloway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100668

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 335

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Irene Honey

(a) Residence. No. 622½ South 13 street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

FATHER

13. NAME Vincent M Honey

14. BIRTHPLACE (city or town) Challis
(State or country) Idaho

MOTHER

15. MAIDEN NAME Iva Bennett

16. BIRTHPLACE (city or town) Medvale
(State or country) Idaho

17. INFORMANT Vincent M. Honey
(Address) 622½ South 13 street

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date 10/16/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-16 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1936 to Oct. 15, 1936
I last saw her alive on Oct. 15, 1936 death is said to have occurred on the date stated above, at 9 35 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Entero-Colitis	Oct 9 36
(Seasonal in this region)	
Other contributory causes of importance:	
Pulmonary edema	Oct. 15 36
following a Convulsion	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Norman Delmane M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100669

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 336

(No. 413 Grove Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie C. Wood

(a) Residence. No. 413 Grove Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fremont Wood

6. DATE OF BIRTH (month, day, and year) Sept. 2. 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salem
(State or country) Oregon

FATHER

13. NAME La Fayette Cartee

14. BIRTHPLACE (city or town) Syracuse
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) Ceres
(State or country) New York

17. INFORMANT Fremont Wood
(Address) 413 Grove Street

18. BURIAL, CREMATION OR REMOVAL
Place Pioneer Date 10/16/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-16, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to 10-13, 1936

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 7 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis ?	

Other contributory causes of importance:

Senility	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. B. Beach, M. D.

(Address) A. B. Beach

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100670

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 337

(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Randolph L. McCalla

(a) Residence. No. 1416 East St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Mary McCalla

6. DATE OF BIRTH (month, day, and year): MARCH 10 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: and Surgeon
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, United States

FATHER
13. NAME: L. P. McCalla
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME: Mrs Belle C. McConnell
16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT (Address): Isaac Hawley 213 Idaho St Boise Idaho

18. BURIAL, CREMATION OR REMOVAL: St. Johns
Place: Boise Date: 10-14, 1936

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 10-16, 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9/36, 193..., to 10/10, 193.6
I last saw h— alive on 10/10, 193.6; death is said to have occurred on the date stated above, at 4:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10/8/36.
Cerebral Edema	10/8/36.
Other contributory causes of importance: Pulmonary Edema	10/10/36.

Name of operation: Lumbar Puncture Date of: 10/9/36.
What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 193....
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Emmett E. Lauber M. D.
(Address) Boise, Idaho

1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100671

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 338

(No. St. Alphonsus Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Reed Johnson

(a) Residence. No. ..... St. Atlanta Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 46			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mtn. City Tenn.

FATHER
13. NAME Dixon Johnson
14. BIRTHPLACE (city or town) (State or country) Mtn. City Tenn.

MOTHER
15. MAIDEN NAME Cynthia Callaway
16. BIRTHPLACE (city or town) (State or country) No. Carolina

17. INFORMANT Blaine Johnson
(Address) Goshen Utah

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10-19, 1936

19. UNDERTAKER Schreiber & McCune
(Address) Boise Idaho

20. FILED 10-19, 1936 N. S. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 193..., to 10/17, 1936
I last saw h[illegible] alive on 10/17, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Amputations of Legs due to Gangrene	
Embolism	
Shock	
Other contributory causes of importance:	
Chronic Nephritis	
Degenerations	

Name of operation Amputations Date of 10/9/36
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Peterson M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr Nelson

DO NOT WRITE IN THIS SPACE

State File No. 100672

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 339

(No. 1618 North 27th street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Jean Bancroft

50

(a) Residence. No. 214 N. 19th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Nelson Elbert Bancroft

14. BIRTHPLACE (city or town) Palisade
(State or country) Colorado

MOTHER

15. MAIDEN NAME Bulah Gourley

16. BIRTHPLACE (city or town) Boerne
(State or country) Texas

17. INFORMANT Nelson Elbert Bancroft
(Address) 214 N. 19th Street, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10/19/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-19, 193[illegible] N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH 10/18/36

21. DATE OF DEATH (month, day and year) 10/18/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to Oct 18, 1936.

I last saw h[illegible] alive on Oct 18, 1936: death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia -	Oct 2-1936
Other contributory causes of importance:	
Overweight	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Gerald T. Nokes M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
NO[illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100673

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 340

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Beutler

(a) Residence. No. [illegible] St. Emmett Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1610

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 17th 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME George Beutler
14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER
15. MAIDEN NAME Lorna Lucille Lyman
16. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

17. INFORMANT George W. Beutler
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 10/19 193[illegible]

19. UNDERTAKER C.D. Bucknum
(Address) Emmett Idaho

20. FILED 10-20 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1936, to Oct 18 1936
I last saw him alive on Oct 18 1936: death is said to have occurred on the date stated above, at 1 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	

Other contributory causes of importance:

Hydramnios	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

a J Coons

DO NOT WRITE IN THIS SPACE
State File No. 100674

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 341

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Brown Connor

(a) Residence. No. Spokane, Washington St. 2522 W. Boone St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Feamle	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Phillip G. Connor
14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER
15. MAIDEN NAME Lillian R. Brown
16. BIRTHPLACE (city or town)
(State or country) Oregon

17. INFORMANT Phillip G. Connor
(Address) Spokane, Washington

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 10/19/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-20, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19/1936

22. I HEREBY CERTIFY, That I attended deceased from Premature ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
not viable	

Other contributory causes of importance:

Coma, Uremia	
gestation	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. J. Coons, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100675

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 342

(No. 915)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Neil R. Acker.

(a) Residence. No. 1507 State Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 14. 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sweden.
(State or country)

FATHER

13. NAME Rasmus Acker.
14. BIRTHPLACE (city or town) Sweden.
(State or country)

MOTHER

15. MAIDEN NAME Elna Person.
16. BIRTHPLACE (city or town) Sweden.
(State or country)

17. INFORMANT Miss. Peryl Acker.
(Address) 1507. State Street.

18. BURIAL, CREMATION OR REMOVAL
Clearwater Memorial Park Oct. 22 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 10-21, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3 —, 1936, to Oct 20, 1936
I last saw him alive on Oct 14, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	April 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Summers, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100676

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 343

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

114

2. FULL NAME Richard Moserip Alley

(a) Residence. No. Glenns Ferry, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male.	White.	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-8-1934

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	2	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenns Ferry Idaho.

FATHER

13. NAME Roy Alley.

14. BIRTHPLACE (city or town) (State or country) Salem Oregon

MOTHER

15. MAIDEN NAME Naomi Moserip

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMENT (Address) Roy Alley. Glenns Ferry, Ida

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Glenns Ferry Ida. Date 10-20 1936

19. UNDERTAKER (Address) Zacher Funeral Home. Mountain Home, Idaho

20. FILED 10-22, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-17-36, 1936 to 10-20, 1936

I last saw him alive on 10-20, 1936 death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute, toxic Colitis.	
Meningismus	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Coates, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada.

City of Boise

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100677

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 345

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

133

2. FULL NAME Melvin Sager

(a) Residence. No. ..... St. Burley, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ray, Ida.

FATHER

13. NAME Harry Sager

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Reimann

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Harry Sager Burley Ida

18. BURIAL, CREMATION OR REMOVAL

Place Burley, Ida Date 10-22, 1936.

19. UNDERTAKER (Address) Payne Mortuary Burley Ida

20. FILED 10-22 1936 R. Shadle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/21 1936

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1936, to October 21, 1936

I last saw him alive on August 21 1936: death is said to have occurred on the date stated above, at 6 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Median Bar at neck of bladder	
Cicumsa; Chronic	
Other contributory causes of importance:	

Name of operation Excision of Bar Date of 9/5/36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Jayne, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1-1-15

DO NOT WRITE IN THIS SPACE
State File No. 100678

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 347

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Rowland

(a) Residence. No. 2100 N. 14th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/20/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	--	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER
13. NAME J. C. Rowland
14. BIRTHPLACE (city or town) Gerald, Mo.
(State or country)

MOTHER
15. MAIDEN NAME Neoma A. Pfeiffer
16. BIRTHPLACE (city or town) Caldwell, Idaho
(State or country)

17. INFORMANT J. C. Rowland, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/24/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 10-26 193 6 R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23/36

22. I HEREBY CERTIFY, That I attended deceased from birth, 193..., to Death 10-23, 1936.
I last saw h~~im~~ alive on 10-23, 1936: death is said to have occurred on the date stated above, at 12:05P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurely about 6½ mos gestation	
Other contributory causes of importance: Selenus Neonatorum	10-22-36

Name of operation None Date of
What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. F. West, M. D.
(Address) Boise Idaho

West.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING Hamilton

PLACE OF DEATH

County of Ada

City of Boise

NOV 5 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100679

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 348

(No. 811 Eastman)

(If death occurred in a hospital or institution, give its name instead of street and number)

78a

2. FULL NAME Mattie Edith Hackett

(a) Residence. No. 811 Eastman St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 2 1873

7. AGE: Years 63 | Months 5 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blue Springs Neb

FATHER

13. NAME: Collins D. Stoddard

14. BIRTHPLACE (city or town) (State or country): Copenhagen N Y

MOTHER

15. MAIDEN NAME: Catherine Dunn

16. BIRTHPLACE (city or town) (State or country): Dubuque Iowa

17. INFORMANT (Address): Elsa Hazel Burk Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 10-28 1936

19. UNDERTAKER (Address): Schreiber McCann Boise Idaho

20. FILED 10-26 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to 10-25, 1936

I last saw her alive on 10-25, 1936: death is said to have occurred on the date stated above, at 8 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis -	
Myocarditis -	for years less
Hypertension -	for years less
Rescites -	Aug. 1936

Other contributory causes of importance:

Angina Pectoris	Aug. 1936
Edema due to Chron Nephritis interstitial	for years less

Name of operation ..... Date of .....

What test confirmed diagnosis? Let Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Hamilton, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Kaelsen

PLACE OF DEATH

County of Ada

City of Boise

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100680

Registration District No. 2004
Primary Registration District No. 1004
Local Registrar's No. 349

(No. St Lukes)

(If death occurred in a hospital or institution, give its name instead of street and number) 57

2. FULL NAME Ernest Wilcome Sharon

(a) Residence. No. ____ St. Meridian Rt 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gallatin Mont

FATHER

13. NAME Charles J Sharon

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mat D Blanville

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT (Address) Reuben C Sharp Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 10-29 1936

19. UNDERTAKER Schreiber McCann
(Address) Boise Idaho

20. FILED 10-26 1936 R C Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to Oct 25, 1936

I last saw him alive on Oct 25, 1936; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Acute Myocarditis	Sept 36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Coulson, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100681

Registration District No. 2
Primary Registration District No. 1001 Local Registrar's No. 350

(No. 2301 Regan Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paris Martin Sr.

(a) Residence. No. 2301 Regan St. Boise, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. 30 years (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Winifred Martin

6. DATE OF BIRTH (month, day, and year) June, 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Frank Taylor Martin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Winifred Martin
(Address) 2301 Regan St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/28/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-27 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Oct 25, 1936
I last saw him alive on Oct 25, 1936: death is said to have occurred on the date stated above, at 10 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 25 36.
C Syphilus	

Other contributory causes of importance:

XX

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ronald T. Yokum M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100682

NOV 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 351

(No. St. Lukes)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph M Smith

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M Smith

6. DATE OF BIRTH (month, day, and year) Aug 9 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 9/10/36
11. Total time (years) spent in this occupation Coal Co.

12. BIRTHPLACE (city or town) (State or country) Mo

MOTHER FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph E Smith
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/24, 193 6

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED 10/22, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/11/36, 193..., to 10/22/, 193 6
I last saw h[illegible] alive on 10/21, 193 6: death is said to have occurred on the date stated above, at 2 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Little finger Lt. hand	Sept. 1936
Blood Poisoning	
Other contributory causes of importance:	
Senility	

Name of operation Amputation Date of 10/22/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? Emmett Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Crush Finger

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Amos Stewart M. D.
(Address) 105 N 8th Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100683

Registration District No. 2

Primary Registration District No. 1024

Local Registrar's No. 352

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Nelson Smith

(a) Residence. No. Mountain Home Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Della Smith

6. DATE OF BIRTH (month, day, and year) 6-24-1886.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10-20-36. 11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME Virgil Smith.

14. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER

15. MAIDEN NAME Cook

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Della Smith (Address) Mtn. Home. Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Mtn. Home. Ida. Date 10-26, 1936

19. UNDERTAKER Zaiser Funeral Home. (Address) Mtn. Home. Ida.

20. FILED NOV 6, 1936 K. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1936, to 10/26, 1936

I last saw him alive on 10/25, 1936: death is said to have occurred on the date stated above, at 6:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis Cerebral Hemorrhage	
Other contributory causes of importance: Abdominal adhesions	

Name of operation Relief of adhesions Date of 10/24/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature] M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100684

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 253

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

165

2. FULL NAME Eugene A. Gray

(a) Residence. No. 1814 N. 14th. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, and year) 3/8/1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Phillip h. Gray

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Ellen Grow

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT (Address) Mrs. H. B. Grice, Boise

18. BURIAL, CREMATION OR REMOVAL

Place Meridian Date 10-30-1936

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 10-30, 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27/36

22. I HEREBY CERTIFY, That I attended deceased from 10/27/36, 193..., to 10/27/36, 193...

I last saw him alive on 10/27/36, 193...: death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Mitral Valve of heart	10-27-36
Other contributory causes of importance:	
Acute oedema of the Lungs	10-27-36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Accident Date of injury 10-27, 1936.

Where did injury occur? Boise (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Took poison

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) McBratney, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ADA

City of MERIDIAN

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100685

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 15

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GEORGE H LEININGER

(a) Residence. No. ..... St. .....

(Usual place of abode) MERIDIAN IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of Sara Leininger
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 2 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct 10

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) .....
(State or country) Mercer Co Ohio

FATHER

13. NAME Samuel Leininger

14. BIRTHPLACE (city or town) Mercer Co Ohio
(State or country)

MOTHER

15. MAIDEN NAME Mary A Burk

16. BIRTHPLACE (city or town) Mercer Co Ohio
(State or country)

17. INFORMANT Samuel Leininger
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem-- Date Oct 20, 1936

19. UNDERTAKER W S Mateer W-S-Mateer
(Address) Meridian Idaho

20. FILED Oct 19, 1936 W H Peer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 17, 1936

I last saw him alive on Oct 17, 1936: death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct 10, 1936
Myocarditis	Oct 12, 1936
Edema cerebri	Oct 16, 1936
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C E Jewell, M. D.

(Address) Meridian Idah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Meridian Idaho

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100686

Registration District No. 11

Primary Registration District No. 2003

Local Registrar's No. 14

1000

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ARLENA-Florence -STEPHENSON

(a) Residence. No. ..... St. .....

(Usual place of abode) 2 1/2 Miles east of Meridian (If president give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stephenson

6. DATE OF BIRTH (month, day, and year) Feb 19 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct 14 36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lebnon (State or country) Missouri

FATHER

13. NAME ANDREW DRUEN

14. BIRTHPLACE (city or town) Kentucky (State or country)

MOTHER

15. MAIDEN NAME CELIA CROUCH

16. BIRTHPLACE (city or town) Tenisee (State or country)

17. INFORMANT T-J-Stephenson

(Address) R-2 Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Meridian Date Oct 26, 1936

19. UNDERTAKER W-S-Mateer

(Address) Meridian Ida

20. FILED Oct 24, 1936 W N Peer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Oct. 23, 1936

I last saw her alive on Oct. 23, 1936; death is said to have occurred on the date stated above, at 11:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct. 19
Bronchial Pneumonia	Oct 21
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L E Lowell, M. D.

(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Nampa-Rt 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100687

NOV 1, 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 163

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Otten

(a) Residence. No. Route 5 - Nampa Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Otten

6. DATE OF BIRTH (month, day, and year) 8-1-79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nebr - (State or country)

FATHER

13. NAME Herman Otten

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Leona Otten (Address) Rt 5 - Nampa -

18. BURIAL, CREMATION OR REMOVAL. Place Kohlerlawn Cem Date Oct. 18, 1936

19. UNDERTAKER F. F. Robinson (Address) Nampa Idaho

20. FILED Nov 2, 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1936, to 10-15, 1936.

I last saw h~~e~~ alive on 10-15, 1936; death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-13-36

Other contributory causes of importance:

Arterio Sclerosis 2 Years
Coronary

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Rudkin M. D.

(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100688

NOV 10 1936 RECEIVED

Registration District No. 124
Primary Registration District No. 2202
Local Registrar's No. 239

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Idell Hawk

57

(a) Residence. No. Kuna, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. M. Hawk

6. DATE OF BIRTH (month, day, and year) 7-18-62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER
13. NAME Arron Corey
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT H. M. Hawk
(Address) Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kuna Ida. Date 9-12-, 1936

19. UNDERTAKER F. P. Robinson
(Address) Nampa Idaho

20. FILED 9-15-, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Sept 11, 1936
I last saw her alive on Sept 8, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos. E. Mangum, M. D.
(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100689

PLACE OF DEATH
County of Bannock
City of Oxford
Registration District No. 8 3
Primary Registration District No. 2160
Local Registrar's No. 21

OCT 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lewis James Petty

(a) Residence. No. Oxford Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose petty

6. DATE OF BIRTH (month, day, and year) Jann 11 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE of late

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

FATHER

13. NAME Robert C Petty

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Margaret J Wells

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Lewis Petty
(Address) Swan Lake Id.

18. BURIAL, CREMATION OR REMOVAL Sept I 36
Place Oxford Id. Date Aug ..., 193 6

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Oct. 12, 193 6 Mary E. Goffin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 29 193 36

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Aug 29, 1936.

I last saw him alive on Aug 24, 193 6.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1924
Arteriosclerotic kidney	

Other **contributory causes** of importance:

Uremia	August 20 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) C. A. Cowles M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Grace

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 216

Local Registrar's No. 36

DO NOT WRITE IN THIS SPACE

State File No. 100690

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Alma O. Simonson

(a) Residence. No. Grace, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband Of Sarah Hutchison

6. DATE OF BIRTH (month, day, and year): May 17, 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham City, Utah.

FATHER

13. NAME: Nels Simonson

14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER

15. MAIDEN NAME: Anna Rasmussen

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMENT (Address): Mrs. Alma O. Simonson, Grace, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place: Grace, Idaho. Date: Oct. , 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Nov 1, 1936. Mrs. G. J. Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h ...alive on ....., 193...: death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blow on head caused by car accident in unknown manner Skull fracture	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 4 1936

Where did injury occur? Near Grace Idaho (Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Skull fracture

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) Athey W Hall Coroner M.D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello, Ida

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 79

DO NOT WRITE IN THIS SPACE

State File No. 100691

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph William Kitching

(a) Residence. No. American Falls, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 0 yrs. / 7 mos. 18 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7th 1926.

7. AGE: Years 10 | Months 1 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** in School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am Falls, Ida

FATHER

13. NAME Walter W. Kitching

14. BIRTHPLACE (city or town) (State or country) Grandview Ida.

MOTHER

15. MAIDEN NAME Alice Anna Jiek

16. BIRTHPLACE (city or town) (State or country) Minn

17. INFORMANT (Address) J. C. Kitching Am Falls,

18. BURIAL, CREMATION OR REMOVAL Place. American Falls, Date. 10/8/36, 193..

19. UNDERTAKER (Address) American Falls, Idaho

20. FILED....., 193... J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/5/36

22. I HEREBY CERTIFY, That I attended deceased from Oct 2..., 1936.., to Oct 5..., 1936..
I last saw him alive on Oct 6..., 1936.: death is said to have occurred on the date stated above, at 9:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	Oct 1-36
Other **contributory causes** of importance:	
Chronic Mastoiditis	Dec 1935

Name of operation Injection of Carotid Date of Oct 2-3-4
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193..
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. H. Driggs M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello
1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100692

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 798
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

1882

2. FULL NAME Charles Morris Bell

(a) Residence. No. 435 North 8th Ave. St. Pocatello, Idaho.
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Edith Edwards

6. DATE OF BIRTH (month, day, and year): Sept. 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Saw-Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Operator

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Whitney, Idaho.

FATHER

13. NAME: Charles M. Bell

14. BIRTHPLACE (city or town) (State or country): San Bernardino, California.

MOTHER

15. MAIDEN NAME: Jane Panting

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMENT (Address): Mrs. Charles M. Bell, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho Date: Oct. 9, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 7, 1936. J. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 5, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 10-5-, 1936, to 10-5-, 1936

I last saw h alive on 10-5-, 1936: death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest — Truck load of logs tipped over on him — Cantoon Road, So-West of Pocatello 2½	

Other contributory causes of importance:

Name of operation: no Date of:

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) J. H. Toomey, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100693

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 4 1936 RECEIVED

Registration District No. 24
Primary Registration District No. 2161
Local Registrar's No. 800

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Merlin Dean Lindsay

(a) Residence. No. 640 North Arthur Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School & Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier, Idaho.

FATHER

13. NAME Edwin D. Lindsay

14. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

MOTHER

15. MAIDEN NAME Lottie VanOrman

16. BIRTHPLACE (city or town) (State or country) Bennington, Idaho.

17. INFORMENT (Address) Edwin D. Lindsay, Pocatello. Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Bennington. Idaho Date Oct. 9, 1936.

19. UNDERTAKER (Address) Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 8, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Oct. 7, 1936
I last saw h alive on Oct 7, 1936 death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Anemia Secondary	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. C. Ray, M. D.
(Address) Pocatello. Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100694

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 21
Primary Registration District No. 2161
Local Registrar's No. 801

NOV 1936 RECEIVED

No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bobby Ford Sharpe

(a) Residence. No. Apt. #7, Gate City Cabin Camp, St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 0 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Venice Carter

6. DATE OF BIRTH (month, day, and year): Dec. 2, 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or min.
	19	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Skaggs Store

10. Date deceased last worked at this occupation (month and year): Oct. 1936.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier, Idaho.

FATHER

13. NAME: T. G. Sharpe

14. BIRTHPLACE (city or town) (State or country): Axtell, Kansas.

MOTHER

15. MAIDEN NAME: Nellie Myers

16. BIRTHPLACE (city or town) (State or country): Seneca, Kansas.

17. INFORMENT (Address): T. G. Sharpe, Montpelier, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho Date: Oct. 12, 1936

19. UNDERTAKER (Address): F. M. Williams, Montpelier, Idaho.

20. FILED: Oct. 12, 1936. D O'Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental asphyxiation by cooking gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur J. Hall (Coroner) M. D.

(Address) Pocatello, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100695

Registration District No. 28
Primary Registration District No. 2461
Local Registrar's No. 802

(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Connell

(a) Residence. No. 1124 North Hayes Ave. Pocatello, St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Elizabeth Rocheleau

6. DATE OF BIRTH (month, day, and year): June 19, 1891.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper-Hanger

10. Date deceased last worked at this occupation (month and year): Oct. 1936.

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Alabama.

FATHER

13. NAME: John T. Connell

14. BIRTHPLACE (city or town) (State or country): New York.

MOTHER

15. MAIDEN NAME: Martha Hargrove

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMENT (Address): Mrs. Frank Connell, Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pocatello, Idaho. Date: Oct. 14, 1936

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED Oct. 12, 1936. D C May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 16, 1936

I last saw h alive on Sept 16, 1936: death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. S. Muller, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100696

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
Local Registrar's No. 823

OCT 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.) Saint Anthony's Hospital

2. FULL NAME Vincent Larsen

(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Vincent B. Larsen

14. BIRTHPLACE (city or town) (State or country) Paradice, Utah.

MOTHER

15. MAIDEN NAME Florence Cressall

16. BIRTHPLACE (city or town) (State or country) Logan, Utah.

17. INFORMENT (Address) Vincent B. Larsen Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Logan, Utah. Date Oct. 13, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 13, 1936. J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 6-2, 1936, to Oct 12, 1936
I last saw h[illegible] alive on Oct 12, 1936; death is said to have occurred on the date stated above, at 4.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6½ mos)	
Other contributory causes of importance:	
Placenta previa ex mother	Oct 12 1936

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Dustin M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100697
State File No.

Registration District No. 28
Primary Registration District No. 761 Local Registrar's No. 804

(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Eileen Hamm

(a) Residence. No. 709 N. Grant St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, and year) June 16, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kalispell Mont.

FATHER

13. NAME Merritt Jones
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT David Hamm (Address) 709 N. Grant

18. BURIAL, CREMATION OR REMOVAL Place Kalispell, Mont. Date Oct. 14, 1936

19. UNDERTAKER Dawnard's Funeral Home (Address) Pocatello Idaho

20. FILED 10-7, 1936 D. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Oct 12, 1936
I last saw her alive on Oct 14, 1936: death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septicemia	
Streptococcic	
Other contributory causes of importance:	
Incomplete abortion	

Name of operation Curettage Date of Sept 28/36
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Lacy, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100698

NOV 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2164 Local Registrar's No. 805

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Carl Hill

(a) Residence. No. 815 North Lincoln Ave. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.
(State or country)

FATHER

13. NAME Carl E. Hill

14. BIRTHPLACE (city or town) Tetonia, Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Ella Chittenden

16. BIRTHPLACE (city or town) Canada.
(State or country)

17. INFORMANT Carl E. Hill
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Oct. 20., 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Oct. 19, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct 17, 1936
I last saw h[illegible] alive on Oct 17 1936; death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infectious diarrhea	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100699

Registration District No. 98
Primary Registration District No. 2164 Local Registrar's No. 806
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Other Jeanette Marler

(a) Residence. No. 912 West Young St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Thomas A. Marler

6. DATE OF BIRTH (month, day, and year): June 21, 1904.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
32	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Teton, Idaho.

FATHER
13. NAME: James J. McKinley
14. BIRTHPLACE (city or town) (State or country): Scotland.

MOTHER
15. MAIDEN NAME: Sarah Willie
16. BIRTHPLACE (city or town) (State or country): Mendon, Utah.

17. INFORMANT (Address): Thomas A. Marler, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Oct. 23, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Oct. 21, 1936. D Kay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1936, to Oct 21, 1936.
I last saw her alive on Oct 21, 1936: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1920
Operation for gall stone	Oct 13
Cholecystectomy	1936

Other contributory causes of importance:

Shock & illness	Oct 14
following operation	1936

Name of operation Cholecystectomy Date of Oct 14
What test confirmed diagnosis? C & O Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Brothers, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100700

Registration District No. 28
Primary Registration District No. 2167 Local Registrar's No. 807

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Wilcox

(a) Residence. No. North of City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ermina Hiatt

6. DATE OF BIRTH (month, day, and year) November 30, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamberg
(State or country) Iowa

FATHER
13. NAME Samuel A. Wilcox
14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER
15. MAIDEN NAME Martha Bolton
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Mrs. Clifford Cook
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier, Idaho Date Oct. 25, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho

20. FILED Oct. 24, 1936. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Oct. 22, 1936
I last saw h[illegible] alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	

Other contributory causes of importance:

Senility	

Name of operation None Date of None
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100701
State File No.

Registration District No. 21
Primary Registration District No. 2164
Local Registrar's No. 808
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecil John Parker

(a) Residence. No. 734 E. Halliday St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth

6. DATE OF BIRTH (month, day, and year) June 23, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. L. Wdw. Co.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) Galveston
(State or country) Texas

FATHER
13. NAME John H. Parker
14. BIRTHPLACE (city or town)
(State or country) U. S.

MOTHER
15. MAIDEN NAME Henriette R. Fuller
16. BIRTHPLACE (city or town) Manitoba
(State or country) Canada

17. INFORMANT Mrs. Cecil J. Parker
(Address) 734 E. Halliday

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Oct. 1936

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Ida

20. FILED 10-29 1936 D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 1934, to Oct 25, 1936
I last saw h[illegible] alive on Oct 24 1936: death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 25
Other contributory causes of importance:	
Hypertension	1934

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) R. P. Howard, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello
NO [illegible] 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100702

Registration District No. 28
Primary Registration District No. 2/6/ Local Registrar's No. 809
(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred R. Weideman
(a) Residence. No. S. Fifth St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

135

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. T. Brown
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Oct., 28, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 10-27, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1936, to 10-26, 1936
I last saw him alive on 10/24, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatitis & Stones in urinary bladder	
Other contributory causes of importance:	

Name of operation Prostatectomy Date of 10/23/36
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100703

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 811
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etsuzi Andow. 1(a)

(a) Residence. No. Ft Hall St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	Japanese	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 20. 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls. Idaho.

FATHER

13. NAME J. K. Andow

14. BIRTHPLACE (city or town) (State or country) Japan unknown

MOTHER

15. MAIDEN NAME Kozami Andow

16. BIRTHPLACE (city or town) (State or country) Japan unknown

17. INFORMANT (Address) Echo Andow Fort Hall

18. BURIAL ~~CREMATION OR REMOVAL~~ Place Mt. View Cemet. Date Oct. 28, 1936

19. UNDERTAKER (Address) McHan Funeral Home Pocatello Idaho

20. FILED 10-26 1936 D Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 26, 1936

I last saw him alive on Oct 26, 1936: death is said to have occurred on the date stated above, at 12:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pneumonia	Oct 1-1936
Other contributory causes of importance:	
Streptococcus infection of Pneumonia	about Oct 21-1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Newton, M. D.

(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100704

Registration District No. 28

Primary Registration District No. 2164 Local Registrar's No. 842

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Blanche Dewey

(a) Residence. No. Downey Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 22, 1917.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At - School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

FATHER

13. NAME Arley Dewey

14. BIRTHPLACE (city or town) (State or country) Downey, Idaho.

MOTHER

15. MAIDEN NAME Vera Coffin

16. BIRTHPLACE (city or town) (State or country) Smithfield, Utah.

17. INFORMANT (Address) Arley Dewey Downey, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Idaho Date Oct. 30, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Oct. 29, 1936. D Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 27, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Oct - 27 - 1936.

I last saw her alive on Oct - 27 - 1936; death is said to have occurred on the date stated above, at 2 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance: probable militus	

Name of operation clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. J. Partington, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

NO. 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100705
State File No.

Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 813

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

#9

2. FULL NAME Samuel Patrick Bloom

(a) Residence. No. Tyhee, N. of Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Minnie Laura

6. DATE OF BIRTH (month, day, and year) Oct. 12 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) Marietta (State or country) Ohio

FATHER
13. NAME Edward C. Bloom
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Eliz. Neuhart
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. S. P. Bloom (Address) N. of Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Oct. 1936

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello, Idaho

20. FILED 10-29-1936 D C [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Oct. 27, 1936
I last saw him alive on Oct. 7, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1929
Other contributory causes of importance:	
Anemia, secondary, due to above	1929
carcinomatosis, generalized, abdominal wall	1929

Name of operation None Date of
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? N.a. Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) B. C. Eisenberg, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

NOV 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100706

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 816

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Kate Lane

(a) Residence. No. 305 S. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H.

6. DATE OF BIRTH (month, day, and year) Aug. 3, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshalltown Iowa

FATHER

13. NAME John R. Hartman

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Katherine —

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Wm Homer Lane
(Address) 305 S. Arthur

18. BURIAL, CREMATION OR REMOVAL
Place Mount Mariah Date Nov. 3, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 11-2, 1936 D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936, to Oct 31, 1936.
I last saw her alive on Oct 16, 1936: death is said to have occurred on the date stated above, at 10:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	Doubtful
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Newton, M. D.
(Address) Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100707

OCT 1 1936 RECEIVED

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph E Pross

(a) Residence. No. Joseph E. Pross, St. Atlantic Iowa

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Not Known.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Not Known

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known.

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct. 1 1936

19. UNDERTAKER (Address) Montpelier Idaho

20. FILED Oct. 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193... to ..., 193...

I last saw him alive on ..., 193... Death is said to have occurred on the date stated above, at ... M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Found dead beside Railroad track at Thurston, Idaho	
Probably fell off train while asleep when freight train was riding on bad brakes for	

Other **contributory causes** of importance:

Shelling, skull fractured either by falling into car ahead or by railroad ties sometime between 6 P.M. and 7 A.M. Sept 30-

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify) ...

(Signed) ... M.D.

(Address) Montpelier Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

DO NOT WRITE IN THIS SPACE

State File No. 100708

JUL 6 1936 RECEIVED

Registration District No. 2136

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Owen H. Bagley

(a) Residence. No. St. Montpelier Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 15 1934

7. AGE: Years 1 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

FATHER

13. NAME: Owen E. Bagley

14. BIRTHPLACE (city or town) (State or country): Montpelier Idaho

MOTHER

15. MAIDEN NAME: Helen Jensocher

16. BIRTHPLACE (city or town) (State or country): Geneva Idaho

17. INFORMANT (Address): Owen E. Bagley Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL Place: Montpelier Idaho Date: Apr. 1st 1936

19. UNDERTAKER (Address): L. W. Gillespie Montpelier Idaho

20. FILED Apr. 1st 1936 N. H. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to March 30, 1936

I last saw him alive on March 30, 1936: death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other **contributory causes** of importance:

(Pregnancy Factor)	
La Grippe	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. J. Dutton, M. D.

(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100709

NOV 1936 REGISTERED

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 15
(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Athay

(a) Residence. No. ____ St. Paris Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Price

6. DATE OF BIRTH (month, day, and year) June 25 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME James Athay
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ellen Thorns
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Ellis Peterson
(Address) Paris Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paris Idaho Date Sept 28 1936

19. UNDERTAKER F. D. Williams
(Address) Montpelier Idaho

20. FILED Oct 5, 1936 Mrs. Beulah Hess
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to Sept 26, 1936
I last saw him alive on Sept 25, 1936: death is said to have occurred on the date stated above, at 12.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Other contributory causes of importance: Acute Bronchites	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C O Evans, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100710

PLACE OF DEATH
County of Bear Lake
City of Paris
NOV 4 1936

Registration District No. 53
Primary Registration District No. ....
Local Registrar's No. 16

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

159C

2. FULL NAME Russell Jr. Beck

(a) Residence. No. ....
(Usual place of abode) Paris, Idaho St. ....
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 30 1936

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
		X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Paris Idaho

FATHER

13. NAME Russell F. Beck

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Ann Althea Nebeker

16. BIRTHPLACE (city or town) (State or country) Preston Wyoming

17. INFORMENT (Address) C O Sievers Paris Idaho

18. BURIAL, CREMATION, OR REMOVAL Place .... Date Oct 31st 1936

19. UNDERTAKER (Address) H. A. Austin Bishop Paris, Idaho

20. FILED Nov. 4, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Oct 30, 1936
I last saw him alive on Oct 30, 1936 death is said to have occurred on the date stated above, at 8-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:

Name of operation Cervical Date of 10-30-36
What test confirmed diagnosis? Inside Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ...., 193 .
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ....

(Signed) C O Sievers, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100711

PLACE OF DEATH

County of Benewah

City of Near Tensed

Registration District No. 21

Primary Registration District No. ____ Local Registrar's No. 13

NOV 1936 REGISTERED

(No.) At Home

(If death occurred in a hospital or institution, give its name instead of street and number.)

74a

2. FULL NAME John A. Gunn

(a) Residence. No. Near Tensed, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Julia Ellen Gunn

6. DATE OF BIRTH (month, day, and year) July 6, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or min.
	85	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank etc House

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 60 Yrs

12. BIRTHPLACE (city or town) (State or country) Murrayville Ill

FATHER

13. NAME A. J. Gunn

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Mary E. Simms

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs. C. M. Ryle Tekoa, Washington.

18. BURIAL, CREMATION, OR REMOVAL Place Tekoa, Wash. Date Oct/28/ 1936

19. UNDERTAKER (Address) Kimball Funeral Home Tekoa, Washington

20. FILED Oct/26/, 1936 John Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct/25/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Oct 25, 1936

I last saw him alive on Oct 24, 1936: death is said to have occurred on the date stated above, at 11:18 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical as there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193.

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Nelson, M. D.

(Address) Tekoa, Wash.

NOV 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 100712

178C

2. FULL NAME Edward Kirkpatrick

(a) Residence. No. ..... St. Seattle Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 3 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woods

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Blister Rust

10. Date deceased last worked at this occupation (mo. and yr.) 10/3/36

11. Total time (years) spent in this occupation 3 Mo.

12. BIRTHPLACE (city or town) (State or country) Pittsburg Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Blister Rust Records Clarkia Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place St. Maries Ida Date 10/13, 1936

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED Nov. 9 1936 Walter Robery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....?...., 193...., to .....?....., 193....
I last saw him alive on ...?....., 193...: death is said to have occurred on the date stated above, at 9.00 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed head; Broken left leg; Broken Pelvis	
Accidently killed when he fell under the wheels of a truck on which he had been riding	
Other contributory causes of importance:	

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 193? 10/4 36
Where did injury occur? Alder Creek, Benewah Co.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Place
Manner of injury Crushed under truck
Nature of injury Crushing injuries

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. S. Stapish - Coroner
(Address) St. Maries Idaho

NOV 13 1936 RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100713

PLACE OF DEATH

County of Benewah
City of St. Maries

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 19
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Myrna Effie Goodin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) October 9, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. and min.
	0	0	0	1 hrs. 18 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

FATHER

13. NAME Earl F. Goodin

14. BIRTHPLACE (city or town) .....
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Myrtle Goodwin

16. BIRTHPLACE (city or town) Lincoln
(State or country) Neb.

17. INFORMANT Earl F. Goodin
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 10/10, 193 6

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Nov. 9, 193 6 Walter Rokeby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 193 6, to 10-9, 193 6
I last saw her alive on 10-9, 193 6; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10/8/36 to 10/9/36
Due to prolonged severe labor	

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? No accident
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. A. Robins M. D.
(Address) St. Maries, Ida.

NOV 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100714

PLACE OF DEATH

County of Benewah

City of St. Maries

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Sebina Ann Day

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Day

6. DATE OF BIRTH (month, day, and year)
Feb. 1, 1847

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
89	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Grundy (State or country) Ky.

FATHER

13. NAME Jonas H. Williams

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Edith Logsdon

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Peter J. McAlinden
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL Woodlawn
Place St. Maries Date 10/14, 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED Nov. 9, 1936 Walter Peters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7th 193 6., to Oct. 12 193 6.

I last saw her alive on Oct. 12 193 6.; death is said to have occurred on the date stated above, at 10:40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Senility	

Other **contributory causes** of importance:

Fracture of Neck of Left Femur	Sept 7 1936
Fracture of Left Humerus	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home

Manner of injury Falling into Stove

Nature of injury Fracture of Femur Neck

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. H. Peters M. D.

(Address) St. Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100715

PLACE OF DEATH

County of Benewah
City of St. Maries
Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 21
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Wesley Derry

(a) Residence. No. 0 St. Enaids Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Derry

6. DATE OF BIRTH (month, day, and year) Feb. 25 - 1909

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
27	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging

10. Date deceased last worked at this occupation (mo. and yr.) 10-17-36

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Tekoa Wash.

FATHER

13. NAME James F. Derry

14. BIRTHPLACE (city or town) (State or country) Shenandoah Iowa

MOTHER

15. MAIDEN NAME Cora Miller

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT (Address) Mrs. Cora Derry Enaids Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Burial
Place St. Maries Idaho Date 10-20.., 1936
STAPISH FUNERAL HOME

19. UNDERTAKER (Address) ST. MARIES, IDAHO

20. FILED Nov. 9, 1936 Walter L. Rebeg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 193.6., to 10/18, 193.6.
I last saw him alive on 10/17, 193.6.; death is said to have occurred on the date stated above, at 6 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1.	
Traumatic shock	10/17/36
Other **contributory causes** of importance:	
Fractured pelvis	10/17/36

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 10/17, 193.6
Where did injury occur? Benewah County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Industry
Manner of injury Crushed by log
Nature of injury Fractured pelvis

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Temporary
(Signed) H. Cornwall, M. D.
(Address) St. Maries

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Shelley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100716

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 154

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gay Morris

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day 6 hrs. or ..... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Shelley, Idaho

FATHER
13. NAME Harold George Morris
14. BIRTHPLACE (city or town) (State or country) Woodville Idaho

MOTHER
15. MAIDEN NAME Berlin Thornton
16. BIRTHPLACE (city or town) (State or country) Iona Idaho.

17. INFORMANT (Address) Harold Morris

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida Date 10-1-36 193..

19. UNDERTAKER L.M. Nalder
(Address) Shelley, Idaho

20. FILED Oct 2, 1936 Mrs Wallis E Tatlow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936, to 10-1-, 1936
I last saw him alive on Oct 1, 1936: death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 1936

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100717

Registration District No. 131
Primary Registration District No. 1007
Local Registrar's No. 455

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hans Leonard Tollefson

(a) Residence. No. 48 So. Fisher St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 20 mos. Hs. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna H. Tollefson

6. DATE OF BIRTH (month, day, and year): July 8 1870

7. AGE: Years 66 | Months 2 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Water regulator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Utah Light & Power
10. Date deceased last worked at this occupation (mo. and yr.): Aug 1936
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER
13. NAME: Tollef (Not Known)
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Mrs. Blanche Tolmie, Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Shelley Ida. Date: Oct. 4, 1936

19. UNDERTAKER: John C. Sandberg
(Address): Blackfoot Idaho

20. FILED Oct 5, 1936 W. M. Dalton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Oct 1, 1936
I last saw him alive on Sept 30, 1936; death is said to have occurred on the date stated above, at 3:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1, 1936
Other contributory causes of importance:	
Arteriosclerosis	Years

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Beck M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

NOV 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100718

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 156

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

88a

2. FULL NAME BERTHA ANN BELL

(a) Residence. No. ..... St. RUPERT, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
~~MALE~~ Female	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas S. Bell

6. DATE OF BIRTH (month, day, and year) December 19th, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ---------- (State or country) Arkansas

FATHER
13. NAME no data
14. BIRTHPLACE (city or town) ---------- (State or country) Indiana

MOTHER
15. MAIDEN NAME James Morran
16. BIRTHPLACE (city or town) ---------- (State or country) Indiana

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Idaho Date Oct-2 1936

19. UNDERTAKER Chas Goodman (Address) Rupert Idaho

20. FILED Oct. 2, 1936 Mrs Wade E Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from SEPT 25th, 1936, to Oct. 1st, 1936
I last saw her alive on Oct. 1st, 1936; death is said to have occurred on the date stated above, at 9:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE ENDOCARDITIS	No data.
	Present
	Sept 25
	1936

Other contributory causes of importance:

Name of operation None Date of -----
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 193....
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of Blackfoot, Idaho.

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100719

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 157

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W.D.Butler

(a) Residence. No. ..... St. Boise, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): 1845?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91?	-----	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no data

10. Date deceased last worked at this occupation (mo. and yr.): 1890

11. Total time (years) spent in this occupation: no data

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: No data

14. BIRTHPLACE (city or town) (State or country): No data

MOTHER

15. MAIDEN NAME: No data

16. BIRTHPLACE (city or town) (State or country): No data

17. INFORMANT (Address): Records of State Hosp. South, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place State Hosp. Cem. Date Oct. 5, 1936

19. UNDERTAKER (Address): E.W.Stanger

20. FILED Oct 5, 1936 Mrs Nelson Stanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to Oct. 4, 1936

I last saw him alive on Oct. 4, 1936: death is said to have occurred on the date stated above, at 11-15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and	
Chronic Myocarditis	Present
	in 1931

Other contributory causes of importance:

Other changes due to age.	

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193....

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify: none

(Signed) Olive L. Lown, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100720

Registration District No. 121

Primary Registration District No. 1007

Local Registrar's No. 138

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora A. Pelkey

(a) Residence. No. Cor. of Sexton and Ash (Usual place of abode) Blackfoot, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Pelkey

6. DATE OF BIRTH (month, day, and year) January 3, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) June-1936

11. Total time (years) spent in this occupation 16 years

12. BIRTHPLACE (city or town) (State or country) Hennefer, Utah

FATHER

13. NAME John H. Bond

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) do not know

17. INFORMANT C. S. Pelkey (Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Blackfoot, Idal Date Oct. 9, 193 6.

19. UNDERTAKER E. D. Peck (Address) Blackfoot, Idaho

20. FILED Oct. 8, 193 6 Mrs. Valentine Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 193 6 to Oct. 6, 193 6

I last saw her alive on Oct. 1, 193 6: death is said to have occurred on the date stated above, at 3: A. m.

Probably

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	1933
Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ✓ Date of injury ..... 193...

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) J. O. Humphreys M.D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Basalt

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100721

1936 REGISTERED

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 159

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Marie Johnson

(a) Residence. No. Basalt St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fm.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Danial C. Johnson

6. DATE OF BIRTH (month, day, and year) Dec. 1 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alpine City Utah

FATHER

13. NAME Thomas Prestone

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Fall

16. BIRTHPLACE (city or town) (State or country) So. Wales

17. INFORMANT (Address) Howard E Johnson

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place Basalt Date 10-21, 1936

19. UNDERTAKER L. M. Walder (Address) Shelley, Idaho

20. FILED Oct 20, 1936 W. M. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ ~~1935~~, to Oct. 18, 1936

I last saw her alive on Oct 17, 1936 death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance:	
Coronary	
Scleroses	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Cutler, M. D.

(Address) Box 8 6 Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

NOV 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 100722

Local Registrar's No. 162

94

2. FULL NAME GEORGE B. GRAHAM

(a) Residence. No. ..... St. Buhl, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): October 22nd, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ----------

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: -----

12. BIRTHPLACE (city or town) (State or country): Ogden, Utah

MOTHER FATHER

13. NAME: George B Graham

14. BIRTHPLACE (city or town) (State or country): ----------, Missouri

15. MAIDEN NAME: Phoebe Allen

16. BIRTHPLACE (city or town) (State or country): ----------, Missouri

17. INFORMANT (Address): Records of State Hospital South, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Idaho Date Oct 23 1936

19. UNDERTAKER (Address): E T Funk, Buhl Idaho

20. FILED Oct. 21, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from September 30th 1936, to October 20th 1936
I last saw him alive on October 20th 1936; death is said to have occurred on the date stated above, at 6:15 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	Oct. 15th 1936
Other contributory causes of importance:	
ARTERIO SCHLEROSIS	

Name of operation: None — Date of: -----
What test confirmed diagnosis? Clinical symptoms — Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 193...
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury: ----------
Nature of injury: ----------

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify: -----

(Signed) Chas. A. Dower, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100723

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 161

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

151

2. FULL NAME DAN TREADWELL

(a) Residence. No. ____ St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, and year): December ------ 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no data

10. Date deceased last worked at this occupation (mo. and yr.): ____

11. Total time (years) spent in this occupation: no data

12. BIRTHPLACE (city or town) (State or country): no data / Arkansas

FATHER

13. NAME: no data

14. BIRTHPLACE (city or town) (State or country): no data / no data

MOTHER

15. MAIDEN NAME: no data

16. BIRTHPLACE (city or town) (State or country): no data / no data

17. INFORMANT (Address): Records of State Hospital South, Blackfoot, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place: State Cem. Date: Oct 27 1936

19. UNDERTAKER (Address): C. W. Clausen

20. FILED Oct 27, 1936 Mrs. Helen Glaus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1st., 1935, to October 21st., 1936
I last saw him alive on October 21st, 1936; death is said to have occurred on the date stated above, at 8:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GANGRENE -beginning with index finger and involving hand before death.	Sept 27 1936
Other contributory causes of importance:	

Name of operation: None. Date of: ----
What test confirmed diagnosis?: Clinical symptoms. Was there an autopsy?:

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?: None. Date of injury: ----, 193--
Where did injury occur? ----
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place: ----
Manner of injury: ----
Nature of injury: ----

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) [illegible], M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of Blackfoot
NOV 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100724

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 162.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

77

2. FULL NAME WILLIAM A. HARRIS

(a) Residence. No. ..... St. St Anthony, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ---1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	--	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Cripple Creek,
(State or country) Colo

FATHER
13. NAME Arch Harris
14. BIRTHPLACE (city or town) ---
(State or country) Colo.

MOTHER
15. MAIDEN NAME Irene McKenzie
16. BIRTHPLACE (city or town) St Louis
(State or country) Missouri

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place St Anthony Ida. Date Oct 27, 1936
Filed Oct 27, 1936 W M Hancey Registrar

19. UNDERTAKER W. M. Hancey
(Address) St Anthony Idaho

20. FILED Oct 27, 1936 W M Hancey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9th, 1936, to October 24th, 1936
I last saw h... alive on October 24, 1936: death is said to have occurred on the date stated above, at 9:55 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion and mal-nutrition	
in the course of involution	Jan, 1936
melancholia	
Other contributory causes of importance:	
Mental symptoms followed gas-	Jan 1936
oline explosion causing multiple	
fractures of left leg	

Name of operation None Date of ---
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. K. Love, M. D.
(Address) Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot,

NOV 3 1936 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100725

Registration District No. 12

Primary Registration District No. 1007

Local Registrar's No. 163

(No. Mrs. McMillan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

88

2. FULL NAME Lysnder Shelman

(a) Residence. No. Springfield, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Mary Shelman

6. DATE OF BIRTH (month, day, and year) July 23, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) Sept.

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Pickring, Missouri

FATHER

13. NAME James Martin Shelman

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) don't know

17. INFORMANT Don Shelman (Address) Springfield Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Springfield Date Oct 30, 1936

19. UNDERTAKER E J Peck (Address) Blackfoot Ida

20. FILED Oct 28, 1936 Wm Waters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936 to Oct. 25, 1936

I last saw him alive on Oct. 25, 1936: death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Other contributory causes of importance:	
enlarged prostate-	3 mo.
Chronic nephritis	3 mo.

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——, 193—

Where did injury occur? ——— (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———

(Signed) J. O. Shelman M. D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100726

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 164

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GEORGE HESTEL KEATON

(a) Residence. No. ____ St. McCammon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) August 17th, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---------
(State or country) Idaho

FATHER

13. NAME John Wallace Keaton

14. BIRTHPLACE (city or town) ---------
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Nancy Jane Buissenberry

16. BIRTHPLACE (city or town) ---------
(State or country) Kentucky

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Pocatello Date Oct 28 1936
Burial at Inkom

19. UNDERTAKER Hill Mortuary
(Address) Pocatello, Idaho

20. FILED Oct 28, 1936 Wm Thelen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1934, to October 28, 1936
I last saw him alive on October 27, 1936: death is said to have occurred on the date stated above, at 2:45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
EPILEPSY	at the age of 9 years
Other contributory causes of importance:	

Name of operation None Date of ---------
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? --- Date of injury ....., 193....
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. H. Lewis, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100727

Registration District No. 121
Primary Registration District No. 10979 Local Registrar's No. 165
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Harvey Perry

(a) Residence. No. ..... St. Springville, Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fullmer Perry

6. DATE OF BIRTH (month, day, and year) April 9 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springville Utah.

FATHER
13. NAME Stephen Perry
14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER
15. MAIDEN NAME Mary Boggs
16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT (Address) Mrs. Amy Babcock Salt Lake City, Ut.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Springville Utah Date Oct 31, 1936

19. UNDERTAKER John C. Spackman (Address) Blackfoot Ida

20. FILED Oct 29, 1936 Wm Walker Registrar. By Valerie

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1936 to 10-29, 1936
I last saw him alive on 10-28, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	10-21-36

Other contributory causes of importance:
Asthma, Myocarditis
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100729

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 167
(No. Beck's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jesse Orin Turpin
(a) Residence. No. Riverside, Ida St. Beck Hospital
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-22-1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot Ida R D F

FATHER
13. NAME Edward James Turpin
14. BIRTHPLACE (city or town) (State or country) Murray Utah

MOTHER
15. MAIDEN NAME Florence L. Goodwin
16. BIRTHPLACE (city or town) (State or country) Sugarhouse Utah

17. INFORMANT (Address) William Turpin Blackfoot, Ida. RFD

18. BURIAL, CREMATION OR REMOVAL
Place Riverside Cem. Date Nov 1, 1936

19. UNDERTAKER (Address) E. J. Peck Blackfoot Ida

20. FILED Nov 1, 1936 W. S. Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Oct 30, 1936
I last saw him alive on Oct 30, 1936: death is said to have occurred on the date stated above, at 19-12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage & Abdominal Hemorrhage	10-30-36

Other contributory causes of importance:

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 30 1936
Where did injury occur? On highway at Riverside
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Struck by trailer
Nature of injury which became detached and ran over.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. W. Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100730

Registration District No. 121
Primary Registration District No. 2104 Local Registrar's No. 168

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Barnes

(a) Residence. No. Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willard Barnes

6. DATE OF BIRTH (month, day, and year) Aug 8, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Layton (State or country) Utah

FATHER
13. NAME Peter A. Barton
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary King
16. BIRTHPLACE (city or town) Kaysville (State or country) Utah

17. INFORMANT Willard Barnes (Address) Rt 2 Blackfoot

18. BURIAL, CREMATION OR REMOVAL Place Roman-Byington Date Oct 25 1936

19. UNDERTAKER John C. Sandberg (Address) Blackfoot Idaho

20. FILED Oct 23, 1936 W. McPhee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Oct 21, 1936
I last saw h[illegible] alive on Oct 20, 1936: death is said to have occurred on the date stated above, at 7:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary Spreading to glands of Abdomen	Aug 1935

Other contributory causes of importance:

Name of operation Removal of growth Date of Nov 20, 1935
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Beck M. D.
(Address) Blackfoot, Ida

E on R

PLACE OF DEATH

County of Bingham.

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100731

Registration District No. I2i-R

Primary Registration District No. 2I94-R

Local Registrar's No. 169

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Ingatuah

31

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evans Ingatuah

6. DATE OF BIRTH (month, day, and year) - - - - - -

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
I9	I0	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Jan/I936

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER

13. NAME John Eagle

14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Young Whitebear
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL—
Place Cedars Date Oct. 29, 193.6

19. UNDERTAKER Agency Carpenter
(Address)

20. FILED Nov. 2, 193.6 W. Walter Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1936, to Oct. 22, 1936

I last saw her alive on Oct. 22, 1936: death is said to have occurred on the date stated above, at 3:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Far advanced	
Onset unknown	
Other contributory causes of importance:	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) C. E. Wilson M. D.
(Address) Fort Hall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Springfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

DO NOT WRITE IN THIS SPACE

State File No. 100732

NOV 8 1936 RECEIVED

Primary Registration District No. 2195 Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Shelman

(a) Residence. No. Springfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1 (a)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ------

6. DATE OF BIRTH (month, day, and year): Sept. 22, 1922.

7. AGE: Years 14 | Months ~~10~~ 0 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Burley, Idaho.

FATHER

13. NAME: Lane Shelman

14. BIRTHPLACE (city or town) (State or country): Asotin, Washington.

MOTHER

15. MAIDEN NAME: Josephine Kenner

16. BIRTHPLACE (city or town) (State or country): Blackfoot, Idaho.

17. INFORMANT (Address): Josephine Shelman Springfield Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Springfield, Ida. Date Oct. 8, 1936

19. UNDERTAKER (Address): E. T. Peck Blackfoot, Idaho.

20. FILED 10-12, 1936 M. C. Merrill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1936, to Oct. 7, 1936

I last saw her alive on Oct. 6, 1936: death is said to have occurred on the date stated above, at 2:00 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Aug. 25, 1936

Other **contributory causes** of importance:

Intestinal Hemorrhage	9-1-36

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. C. Merrill M. D.

(Address) Aberdeen, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham.

City of Pingree

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100733

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Catherine Isabelle Lindsay

(a) Residence. No. Pingree St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Lindsay

6. DATE OF BIRTH (month, day, and year) Oct. 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Wayne, Indiana.

FATHER

13. NAME Jacob Garrell

14. BIRTHPLACE (city or town) (State or country) Fort Wayne, Indiana.

MOTHER

15. MAIDEN NAME Laura Sophronia,

16. BIRTHPLACE (city or town) (State or country) McMaken, Fort Wayn, Indiana

17. INFORMANT (Address) Thomas J. Broadhead 643 N Arthur Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL

Place Blackfoot, Ida. Date Oct. 23, 1936

19. UNDERTAKER (Address) E T Peck Blackfoot, Idaho

20. FILED Oct 22 1936 M. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1936, to Oct 20, 1936

I last saw her alive on Oct 20, 1936: death is said to have occurred on the date stated above, at 10:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous cholecystitis	Oct 18, 1936
Other contributory causes of importance: Chronic Myocarditis	unknown

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. C. Smith, M. D.
(Address) ABERDEEN, IDAHO

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine

City of Hailey

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100734

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 43

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Polo Byron Wells

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Ann Enyart

6. DATE OF BIRTH (month, day, and year) July 9-1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Jan 26-1936

11. Total time (years) spent in this occupation 21 yrs.

12. BIRTHPLACE (city or town) Birmingham (State or country) Alabama

FATHER

13. NAME John C. Wells

14. BIRTHPLACE (city or town) ..... (State or country) West Virginia

MOTHER

15. MAIDEN NAME Emelin Cridcraft

16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT Rose Ann Wells (Address) Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Birmingham Ala. Date Oct 5, 1936

19. UNDERTAKER Ray McGoldrick (Address) Hailey Ida

20. FILED 10-30, 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936 to Oct 1, 1936

I last saw h[illegible] alive on Oct 1, 1936: death is said to have occurred on the date stated above, at 12 o'clock

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's disease	
with anasarca	
Other contributory causes of importance:	
Coronary Sclerosis	2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. Tait M. D.

(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100735

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 44

(No. Hailey Clinical Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martyn Ellsworth Mallory

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Obenchain

6. DATE OF BIRTH (month, day, and year) Apr 17 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assessor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) Sept 13-1936

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Kelton Utah

FATHER

13. NAME Barnum M. Mallory

14. BIRTHPLACE (city or town) (State or country) Hannibal New York

MOTHER

15. MAIDEN NAME Sarah C. Pierce

16. BIRTHPLACE (city or town) (State or country) Dansville New York

17. INFORMANT (Address) Manitta Mayeux Hailey Ida

18. BURIAL, CREMATION OR REMOVAL

Place I.O.E. Hailey Date Oct 9, 1936

19. UNDERTAKER (Address) F. Harris Hailey Ida

20. FILED 10-30 1936 R. H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1936, to 10-7, 1936

I last saw h[illegible] alive on 10-7, 1936: death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Oct 7
Fracture of Femur	9-13-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-13 1936

Where did injury occur? Hailey Idaho.

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Stuck by trailer

Nature of injury Fracture of Femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Hines M. D.

(Address) Hailey, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine.
City of Hailey

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100736

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 47

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number) Ft 188C

2. FULL NAME Victor Cecil Floyd

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Stewart

6. DATE OF BIRTH (month, day, and year) Jan 10 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) Oct 24 1936
11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) Bellevue (State or country) Idaho

FATHER
13. NAME Alva Curtis Floyd
14. BIRTHPLACE (city or town) Louisville (State or country) Kentucky

MOTHER
15. MAIDEN NAME Ellen Ballard
16. BIRTHPLACE (city or town) Louisville (State or country) Kentucky

17. INFORMANT Lucien C. Freed (Address) Hailey - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place IOOF Plot Date Oct 28, 1936

19. UNDERTAKER E. Harris (Address) Hailey - Ida.

20. FILED 10-30, 1936 C. A. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1936 to 10/26, 1936
I last saw him alive on 10/26, 1936: death is said to have occurred on the date stated above, at 12:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	3 hrs.
Closed fracture -	
Other contributory causes of importance:	
Fractured chest - legs	

Name of operation None Date of .....
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/25, 1936
Where did injury occur? Hailey, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place Street
Manner of injury Auto
Nature of injury Traumatic

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. W. Jost, M.D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Broadford

P.O. Bellevue

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100737

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 48

(No.) (If death occurred in a hospital or institution, give its name instead of street and number) Fork

2. FULL NAME Ralph Burton Firth

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie Irie

6. DATE OF BIRTH (month, day, and year) May 15-1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Oct 21-1936

11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (city or town) Woodland Utah
(State or country)

FATHER

13. NAME John Burton Firth

14. BIRTHPLACE (city or town) Wickstine England
(State or country)

MOTHER

15. MAIDEN NAME Mary Duncan

16. BIRTHPLACE (city or town) Farmington Utah
(State or country)

17. INFORMANT Mamie Irie Bly
(Address) Bellevue Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Bellevue Ida. Date Oct 29 1936

19. UNDERTAKER Ray Fine Goldrick
(Address) Hailey Ida.

20. FILED 10-30, 1936 H. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 193.6 to 10/26, 193.6

I last saw him alive on 10/26, 193.6; death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/21-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner - contracted

(Signed) E. W. Fox M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100739

NOV 5 1936 RECEIVED

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 50
(No. Hailey Church Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Teofilo Barainca 18

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-3-1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	11	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 8 Days
11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) Badorona
(State or country) Spain

FATHER
13. NAME Jose Barainca
14. BIRTHPLACE (city or town) Badorona
(State or country) Spain

MOTHER
15. MAIDEN NAME Renigia Bangoechia
16. BIRTHPLACE (city or town) Badorona
(State or country) Spain

17. INFORMANT Luis Bangoechea
(Address) Mountain Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mt Home, Ida Date Nov 3, 1936

19. UNDERTAKER L. D. Harris
(Address) Hailey, Idaho

20. FILED 10-31, 1936 R. H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1936, to 10-30, 1936
I last saw him alive on Oct 30, 1936: death is said to have occurred on the date stated above, at 11:55 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	11-25-36

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. D. Clark M.D.
(Address) Hailey, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

OCT 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 100740

CERTIFICATE OF DEATH

PLACE OF DEATH
County of Boise
City of Idaho City

Registration District No. 12
Primary Registration District No. .....
Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Francesine Thorn

(a) Residence. No. Idaho City St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vivian Thorn

6. DATE OF BIRTH (month, day and year) 3-20-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country) England

PARENTS

10. NAME OF FATHER Francfar Rutherman
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany
12. MAIDEN NAME OF MOTHER Louise Rutherman
13. BIRTHPLACE OF MOTHER (city or town) (State or County) England.

14. Informant (Address) Vivian Thorn Idaho City Idaho

15. Filed ..... 19..... E. S. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 10 (Month) Sat (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceas d from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred, on the date stated above, at .....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Natural Causes
.....
.....
.....(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) .....
.....(duration) ....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) J. E. Standlee Coroner
....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal	Date of Burial
Idaho City, Ida	10-12 1936
20. Undertaker J. E. Standlee	Address Co

Schaefer & Wm Barr

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boise.

City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100741
State File No.

Registration District No. 12

Primary Registration District No. Local Registrar's No. 12

(No.) Near Cottonwood Rangers Station Boise County.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gus Raymond Skinner

(a) Residence. No. Nampa-Caldwell Boulevard St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Adrea Skinner

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. F. E.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Luis Valley Colorado

FATHER

13. NAME Dan Skinner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Adrea Skinner
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Cloverdale
Place Nampa Date 11-8, 1936

19. UNDERTAKER Mrs. Lois Talley
(Address) Nampa Idaho

20. FILED 11/9, 1936 Mae E. Rhea
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ********, 193..., to *******, 193...
I last saw h... alive on ******, 193...; death is said to have occurred on the date stated above, at about 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably a paralytic stroke caused by over-exhaustion while chasing deer.	

Other contributory causes of importance:

OVER

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. Langham Co. M. D.
(Address) Idaho City Boise Co.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boise
City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100742

Registration District No. 12
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Samuel Ross

(a) Residence. No. Idaho City Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ross

6. DATE OF BIRTH (month, day, and year) June 25th 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer And
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockman
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Leonard
(State or country) Texas

FATHER
13. NAME Charles W. Ross
14. BIRTHPLACE (city or town) ____
(State or country) Alabama

MOTHER
15. MAIDEN NAME Mattie Muns
16. BIRTHPLACE (city or town) ____
(State or country) Tennesse

17. INFORMANT Scott Ross
(Address) Idaho City

18. BURIAL, CREMATION OR REMOVAL
Place Parma Idaho Date 11/12, 1936

19. UNDERTAKER Peckham Furn. Co
(Address) Caldwell Idaho

20. FILED 11/12, 1936 Mrs E. S. Pelan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on 11-5, 1936.: death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wounds, Chest
Head, abdomen, left
pelvis, & shoulder

Date of onset 11-8-36

Other contributory causes of importance:
None.
Chest wound severed aorta
Head wound lacerated brain

Name of operation Postmortem Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11-8 1936
Where did injury occur? Idaho City, Boise Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Shot with pistol
Nature of injury 5 bullet wounds

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) W. B. Swan, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

NOV 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100743

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 280

(No. R. F. D. # 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Leland Wilfried Driggs

(a) Residence. No. R. F. D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 26 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

FATHER

13. NAME Bruce L Driggs

14. BIRTHPLACE (city or town) Little Sioux
(State or country) Iowa

MOTHER

15. MAIDEN NAME Mary Theresa Groppe

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT B. L. Driggs
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint Idaho Date Oct. 11, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint Idaho

20. FILED Oct 11, 1936 Virgil C. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936, to Oct 10, 1936
I last saw him alive on Aug 17, 1936: death is said to have occurred on the date stated above, at 8 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 1st
Other contributory causes of importance:	
Common cold	?

Name of operation Date of
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Rinella M. D.
(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100744

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 281
(No. PAGE HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME ELGIN HILLDRETH

(a) Residence. No. ..... St. KOOTENAI, IDAHO.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) OCT. 13, 1907.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LOGGING CAMP
10. Date deceased last worked at this occupation (mo. and yr.) Oct 1936
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) KOOTENAI
(State or country) IDAHO

FATHER
13. NAME EDWARD HILLDRETH
14. BIRTHPLACE (city or town) Unknown
(State or country) MICHIGAN

MOTHER
15. MAIDEN NAME ELIZABETH MARTIN
16. BIRTHPLACE (city or town) Unknown
(State or country) MICHIGAN

17. INFORMANT Henry Hilldreth
(Address) Kootenai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Boyer Cemetery
Place KOOTENAI, IDAHO. Date Oct. 15, 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Oct 13, 1936 Virgil C. Jackson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Skull Fracture, Struck by auto, while walking on State Highway No. 3 : one mile north of Sandpoint, Idaho.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 10/12/36
Where did injury occur? Near Sandpoint, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by Auto
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. G. Moon CORONER
(Address) SANDPOINT, IDAHO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BONNER

City of SANDPOINT

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE
State File No. 100745

Local Registrar's No. 282

(No. GRAHAM HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

1889

2. FULL NAME FLOYD HOLTON CARTER

(a) Residence. No. ..... St. PONDERAY, IDAHO.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ALICE CARTER

6. DATE OF BIRTH (month, day, and year) JANUARY 22, 1903.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LOG LOADER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LOGING

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation years

12. BIRTHPLACE (city or town) (State or country) COLBURN IDAHO

FATHER

13. NAME IRA FRANKLIN CARTER

14. BIRTHPLACE (city or town) (State or country) AMBER MICHIGAN

MOTHER

15. MAIDEN NAME MABELLE L. HOLTON

16. BIRTHPLACE (city or town) (State or country) WATSON MICHIGAN

17. INFORMANT Mrs. Alice Carter
(Address) Ponderay, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cemetery
Place Sandpoint, Ida Date Nov. 4, 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Nov 7, 1936 Virgil A. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Nov. 1, 1936
I last saw him alive on Nov. 1, 1936; death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of spine and severence of spinal cord	1936 July 1
Other contributory causes of importance: Ascending infection urinary tract.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 7/1 1936
Where did injury occur? Bonner Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. industry.
Manner of injury Crushed by log.
Nature of injury See 22

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd C. Wendle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100746

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 283

(No. 710 Main Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME EUGENE FRANCIS LYONS

(a) Residence. No. 710 Main Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY F. LYONS

6. DATE OF BIRTH (month, day, and year) NOVEMBER 29, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PRINTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. JOB PRINTING

10. Date deceased last worked at this occupation (mo. and yr.) Oct 1936

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) MACKINAW MICHIGAN

FATHER

13. NAME EUGENE FRANCIS LYONS

14. BIRTHPLACE (city or town) (State or country) CANADA

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) CANADA

17. INFORMANT Harry C. Lyons
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho Date Oct. 28, 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO

20. FILED Oct 29, 1936 Virgil C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) OCT. 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1936, to Oct. 25, 1936
I last saw him alive on Oct. 25, 1936: death is said to have occurred on the date stated above, at 6:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd G. Wendle, M. D.
(Address) Sandpoint, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100747
State File No.

Registration District No. 80

Nov 3 1936 RECEIVED

Primary Registration District No. 215-7 Local Registrar's No. 8

(No. Clarkfork Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mrs Mary A Judge

(a) Residence. No. Clarkfork Idaho St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Judge

6. DATE OF BIRTH (month, day, and year) May 11 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ont Canada

FATHER

13. NAME Patrick Donahue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Judge
(Address) Clarkfork

18. BURIAL, CREMATION OR REMOVAL
Place Cocolalla Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED Oct 12 1936 Orville Crisp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/15 1936

22. I HEREBY CERTIFY, That I attended deceased from Several years 193..., to 9/15 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 12:40 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-12-36
Other **contributory causes** of importance:	
1st stroke	1930

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) C. P. Stackhouse M. D.

(Address) Sandpoint Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100748

PLACE OF DEATH

County of Bonner

City of Priest River

Registration District No. 8J

Primary Registration District No. 218.5

Local Registrar's No. 17-36

(No. ..... St. .....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Harvey Weller Binkley

31

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 1, 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Policeman

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Penn
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... Penn
(State or country)

MOTHER

15. MAIDEN NAME Weller

16. BIRTHPLACE (city or town) ..... Penn
(State or country)

17. INFORMANT George Binkley
(Address) Priest River Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Priest River Idaho ..... Date ....., 193..

19. UNDERTAKER E. T. Moon
(Address) Priest River, Idaho

20. FILED Nov 4, 1936 Ben C. Ross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Sept. 3, 1936.

I last saw him alive on Sept. 1, 1936; death is said to have occurred on the date stated above, at 2.30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage from lungs due to a tuberculosis	Sept. 3. 1936
pulmonia	Jan 1 - 1936

Other **contributory causes** of importance:

Diabetes	Jan 1 - 1934
	positive

Name of operation ..... Date of .....

What test confirmed diagnosis? T.B. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Leslie J. Stauffer M. D.
(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Laclede

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100749

SEP 4 1936 RECEIVED

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 19-36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary H. Jacobsen

74A

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Jacobsen

6. DATE OF BIRTH (month, day, and year) March 14 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation Many Years

12. BIRTHPLACE (city or town) Galena (State or country) Ill.

FATHER

13. NAME Bernard Heitman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. E. Mead (Address) Laclede, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Sawyer, Ida. Date Sept. 18, 1936

19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho

20. FILED Sept 18, 1936 Benjamin Tait Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to Sept 16, 1936.

I last saw h[illegible] alive on Sept 13, 1936: death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-13-36
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. C. Lowery, M. D.

(Address) Priest River, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100752

Registration District No. 35

Primary Registration District No. 2185

Local Registrar's No. 23-36

(No. 49)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Mae Trepus

(a) Residence. No. Rural St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. ~~If married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Geo. Oliver Trepus

6. DATE OF BIRTH (month, day, and year) June 15, 1870

7. AGE: Years 66 | Months 4 | Days 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hinsdale (State or country) New York

MOTHER / FATHER

13. NAME Thomas Watt

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Harriett Haydt

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Floyd Trepus (Address) Priest River Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Dodd Cem. Place Priest River Ida. Date Oct. 20 1936

19. UNDERTAKER L. G. Mason (Address) Sandpoint, Idaho

20. FILED Oct. 19, 1936 Ben A. Pott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12 Noon m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural Causes	
History Carcinoma	
Bladder.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) L. G. Mason Coroner M. D.

(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River
about 15 miles north

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE
State File No. 100753
Local Registrar's No. 25-36

1889

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Louis Bossio

(a) Residence. No. ..... Priest River, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Italian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Helen Bossio

6. DATE OF BIRTH (month, day, and year): Dec. 9, 1902

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Sawyer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Edge Mill Lumber Camp
10. Date deceased last worked at this occupation (mo. and yr.): Jan. 1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Priest River Idaho

FATHER

13. NAME: Joseph Bossio
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mary Altore
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Mrs. Frank L. Bossio Priest River, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Priest River, Idaho Date Oct. 29, 1936

19. UNDERTAKER: T. G. Moon
(Address): Priest River Idaho

20. FILED Oct. 28, 1936. Bertha Ross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 26 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend because he died ~~1936 to 1936~~ at 8 o'clock p.m. ~~I last saw him alive~~ on Oct. 26., 1936.: death is said to have occurred on the date stated above, at 4:30 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary T. Brain	
caused by depressed	
fracture of Occipital	
bone	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury .., 193. Oct 26 1936
Where did injury occur? Kootenai Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in **home**, or in **public place**. Industry
Manner of injury Falling tree
Nature of injury Coronary T. Brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edward G. Bond, M. D.
(Address) .....

NOV 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100754

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 3
Primary Registration District No. 1-D
Local Registrar's No. 199
(No. L-D-S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Elizabeth Davis

(a) Residence. No. 285 - 9 E. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm H. Davis deceased
6. DATE OF BIRTH (month, day, and year): April 26 1854
7. AGE: Years: 82 | Months: 5 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Ck. Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Vienna Ohio

FATHER
13. NAME: Franklin Johnson
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Emily
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Ray E. Hughes Idaho Falls Ida
18. BURIAL, CREMATION OR REMOVAL: Place Idaho Falls Date 10-7-, 1936
19. UNDERTAKER (Address): F. M. Hays Idaho Falls Ida
20. FILED Oct 6, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Oct. 5, 1936.
I last saw her alive on Oct. 4, 1936.; death is said to have occurred on the date stated above, at 1:55 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct.
Other **contributory causes** of importance:	
Myocardosis	

Name of operation: none Date of:
What test confirmed diagnosis?: C Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Clarence Erickson M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100755

NOV 6 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2102
Local Registrar's No. 200

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Winterfeld

(a) Residence. No. Swan Valley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Sing.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 2, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sioux Center
(State or country) Iowa

FATHER

13. NAME August Winterfeld

14. BIRTHPLACE (city or town)
(State or country) Iowa

MOTHER

15. MAIDEN NAME Caroline Fisher

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Herman Winterfeld
(Address) SWAN VALLEY, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct 7, 1936

19. UNDERTAKER Jack L. Wood
(Address) Idaho Falls, Idaho

20. FILED Nov 7, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 6, 1936.
I last saw him alive on Oct 6, 1936: death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Oct 1st
Other contributory causes of importance:	
Acute Myocarditis	Oct 6

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Farming Rheumatism

(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls, Ida

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100756

Registration District No. 3

Primary Registration District No. 2-4-D

Local Registrar's No. 201

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlin Neal Bringhurst

(a) Residence. No. 1235 N. Boulevard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ogden, Utah
(State or country)

FATHER

13. NAME Ray Neal Bringhurst

14. BIRTHPLACE (city or town) Bennion, Utah
(State or country)

MOTHER

15. MAIDEN NAME Virginia Healey

16. BIRTHPLACE (city or town) Murray Utah
(State or country)

17. INFORMANT Ray N. Bringhurst
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Utah
Place Salt Lake City Date Oct. 8, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Oct 7, 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1936, to Oct 8th, 1936

I last saw him alive on Oct 7, 1936: death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anterior Poliomyelitis	10-4-36

Other contributory causes of importance:

None	

Name of operation None Date of

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Jungett, M. D.

(Address) Idaho Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100757
State File No.....

County of Bonneville
City of Idaho Falls
Registration District No. 5
Primary Registration District No. 21-4 Local Registrar's No. 202

NOV 6 1936 RECEIVED

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Ray Harris

(a) Residence. No. Grand Total St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

128

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances L. Harris

6. DATE OF BIRTH (month, day, and year): March 15 1882

7. AGE: Years 54 | Months 5 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Operator of
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Hotel & Cafe
10. Date deceased last worked at this occupation (mo. and yr.): Oct 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Reno Nevada

FATHER

13. NAME: Thomas J. Harris
14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Elizabeth Wemple
16. BIRTHPLACE (city or town) (State or country): Lassen County California

17. INFORMANT (Address): Mrs. Frances L. Harris Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 10-7 1936

19. UNDERTAKER (Address): J. F. Mahan Idaho Falls Ida

20. FILED Oct 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to Oct 5, 1936.
I last saw him alive on Oct 5, 1936.: death is said to have occurred on the date stated above, at 6.30 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
Chronic Myocarditis	
Other **contributory causes** of importance:	

Name of operation: Vaso Ligation Date of: Oct 1-36
What test confirmed diagnosis?: Chemical Lab Was there an autopsy?: No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No If so, specify.....

(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100758

NOV 6 1936

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 203

(No. 187)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clive Ray Adamson

(a) Residence. No. Ririe, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER
13. NAME Lewis Clive Adamson
14. BIRTHPLACE (city or town) Arimo
(State or country) Idaho

MOTHER
15. MAIDEN NAME Erma Newman
16. BIRTHPLACE (city or town) Wilo
(State or country) Idaho

17. INFORMANT Lewis C. Adamson
(Address) Ririe, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ririe, Idaho Date Oct 15 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Nov 4, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to Oct 12, 1936
I last saw him alive on Oct 12, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Drowning	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide? Accident Date of injury Oct 12 1936
Where did injury occur? Ririe, Bonneville Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Fell into small irrigation ditch
Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100759

Registration District No. 3
Primary Registration District No. 2116
Local Registrar's No. 204

NOV 5 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Flora Ball

(a) Residence. No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Arthur Ball

6. DATE OF BIRTH (month, day, and year) June 14, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisville (State or country) Utah

FATHER
13. NAME Arthur M. Rawson
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Margaret Pace
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT John Lemmon (Address) Butte, Montana

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date Oct. 14 193 6

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Nov 4, 193 6 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 193 5, to July 20, 193 6.
I last saw h[illegible] alive on July 20 193 6: death is said to have occurred on the date stated above, at 4:09 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Glen Hatch, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Iona

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100761

Registration District No. 73
Primary Registration District No. 210-2 Local Registrar's No. 207

(No. 7)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Hazel May Sheeley

(a) Residence. No. (Usual place of abode) St. Iona, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Russell Sheeley
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Iona May Russell
16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMANT Russell Sheeley
(Address) Iona, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date Oct 13, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls Idaho

20. FILED Oct 22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936, to Oct 11, 1936
I last saw her alive on Oct 11, 1936; death is said to have occurred on the date stated above, at 1:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Possibly measles	
then after death	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Iona

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100762

NOV 6 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 2142 Local Registrar's No. 208

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lee Woolf

(a) Residence. No. Iona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Arland L. Woolf
14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER
15. MAIDEN NAME Greta Hansen
16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMANT Arland L. Woolf
(Address) Iona, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Iona, Idaho Date Oct 16, 1936

19. UNDERTAKER Jack Pickett
(Address) Idaho Falls, Idaho

20. FILED Oct 22, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct 14, 1936
I last saw h[illegible] alive on Oct 14, 1936: death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Measles	
dead when first seen	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100763

NOV 5 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 209

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flossie M. McCafferty

(a) Residence. No. 257 Basalt St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter McCafferty
6. DATE OF BIRTH (month, day, and year): February 28, 1891
7. AGE: Years 45 | Months 7 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wilford Idaho

FATHER
13. NAME: James Kearney
14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER
15. MAIDEN NAME: Annie Bridoning
16. BIRTHPLACE (city or town) (State or country): Ogden Utah

17. INFORMANT (Address): Walter McCafferty Idaho Falls Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Annis Idaho Date: Oct. 24 1936
19. UNDERTAKER (Address): Jack A. Ward Idaho Falls, Idaho
20. FILED Oct 23 1936 Wm Kinnaird by R.M.N Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 21 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936 to Oct 21, 1936
I last saw her alive on Oct 1, 1936: death is said to have occurred on the date stated above, at 5-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1935

Other contributory causes of importance:

Name of operation: Gastro enterostomy Date of:
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100764

NOV 6 1936 RECEIVED

Registration District No. 18
Primary Registration District No. 2170
Local Registrar's No. 210

(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James H. Heath

(a) Residence. No. 50 St. Eighth St # 2
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Heath

6. DATE OF BIRTH (month, day, and year): May 18 1869

7. AGE: Years 67 | Months 5 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: & Farmer
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Manti Utah

FATHER
13. NAME: George F Luker Heath
14. BIRTHPLACE (city or town) (State or country): Pima County Mississippi

MOTHER
15. MAIDEN NAME: Anna Marker
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs. James H Heath Eighth St # 2

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Cem. Date: Oct. 24, 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls, Idaho

20. FILED: Oct 27, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1936, to Oct 22, 1936
I last saw h~~im~~ alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 7
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of: Oct 20
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

NOV 6 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100765

Registration District No. 3
Primary Registration District No. 2nd
Local Registrar's No. 212

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tom Morrow

(a) Residence. No. Idaho Falls Rt #2 St. 101a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riverton
(State or country) Iowa

FATHER
13. NAME Hand L. Morrow
14. BIRTHPLACE (city or town) Delmora ?
(State or country)

MOTHER
15. MAIDEN NAME Edna
16. BIRTHPLACE (city or town) N. S.
(State or country)

17. INFORMANT
(Address) Idaho Falls Rt #2

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Oct 28, 193 6

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls, Idaho

20. FILED Oct 27, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 193 6, to Oct. 23, 193 6
I last saw h[illegible] alive on Oct 23, 193 6; death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 16, 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Harley Bagley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100766

Registration District No. 13

Primary Registration District No. 2170

Local Registrar's No. 213

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Walter Isom Hubbard

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leda Ann Egbert

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME John Hyrum Hubbard

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Jennetta Reading

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Melvin [illegible] (Address) Taylor Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grace Idaho Date 11-1, 1936

19. UNDERTAKER L. M. Nalder Shelley
(Address)

20. FILED 11-3-0, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to 10-28, 1936

I last saw h[illegible] alive on 10-28, 1936; death is said to have occurred on the date stated above, at 5:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10-28-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
NOV 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100767

Registration District No. 73
Primary Registration District No. 2157 Local Registrar's No. 214
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Matilda Butterfield 46

(a) Residence. No. 225 - 1st Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Ray Butterfield

6. DATE OF BIRTH (month, day and year) March 10, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Charles Beckstrand
14. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

MOTHER
15. MAIDEN NAME Clemora Soderberg
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs C. B. Hunter
(Address) Idaho Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ucci, Idaho Date Oct 30, 1936

19. UNDERTAKER Jack L. Ward
(Address) Idaho Falls, Idaho

20. FILED Oct. 31, 1936 Wm Kunnamaid
By RMH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Oct 26, 1936
I last saw her alive on Oct 26, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Name of operation Removal of intrauterine tumor Date of Oct 26-36
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Tibbals M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100768

Registration District No. 73
Primary Registration District No. 215 Local Registrar's No. 215

(No. I. F. D. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pete Copanos

(a) Residence. No. Idaho Falls, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

101a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Peggy Copanos

6. DATE OF BIRTH (month, day, and year): April 5, 1888

7. AGE: Years 48 | Months 6 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Greece

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Greece

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMANT (Address): Mrs. Chris Mehas, Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls, Idaho Date: Nov. 1, 1936

19. UNDERTAKER: Jack A. Ward
(Address): Idaho Falls, Idaho

20. FILED Oct. 31, 1936 Wm Kinnaird
by RMH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936, to Oct. 29, 1936
I last saw him alive on Oct. 29, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lobar Pneumonia	Oct. 23, 1936.
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Unusual Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Willson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

NOV 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 2-16
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
100769
State File No. .....

2. FULL NAME William Earl Harris. 41

(a) Residence. No. Sugar Idaho St. .....
(Usual place of abode) Sugar Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lyphone Riggs Harris

6. DATE OF BIRTH (month, day, and year) July 28 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman and Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Utah Idaho Sugar Co.
10. Date deceased last worked at this occupation (mo. and yr.) Oct 14 1936
11. Total time (years) spent in this occupation 30
12. BIRTHPLACE (city or town) (State or country) Benson Utah Cache County

FATHER
13. NAME William E. Harris
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Katherine Perks
16. BIRTHPLACE (city or town) (State or country) Belsville Ills.

17. INFORMANT (Address) Alvin Harris Sugar Idaho.
18. BURIAL, CREMATION OR REMOVAL Place Teton Idaho. Date Nov 2 1936.
19. UNDERTAKER (Address) Benn J. Keller Rudyard Ida.
20. FILED Nov. 2, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936 to Oct 30, 1936.
I last saw him alive on Oct 30, 1936; death is said to have occurred on the date stated above, at 11 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood poisoning	Oct 22
Other contributory causes of importance: Blood Pneumonia	

Name of operation None Date of 10/29/36
What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 10/21, 1936
Where did injury occur? Sugar City Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Bruised Fibula by Striking
Nature of injury machine

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Copeland

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100770

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Lipp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	61	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpentering until 1910

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Strasburg
(State or country) Alsace-Lorraine

MOTHER FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) .....
(State or country) Unascertained

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) .....
(State or country) Unascertained

17. INFORMANT ... Fred Lipp Jr.
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Copeland, Ida. Date 7-7 ....., 193 6.

19. UNDERTAKER H. R. Crouch
(Address) Bonners Ferry, Idaho.

20. FILED July 5 1936 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July ....., 193 5, to July 4 ....., 193 6.

I last saw him alive on June 25 1936; death is said to have occurred on the date stated above, at 12:30 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	1934

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100771

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lulu Clark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Clark
6. DATE OF BIRTH (month, day, and year): June 13 - 1891
7. AGE: Years 45 | Months | Days 23 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: Delbert Carpenter
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): C. Clark Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: July 10 1936

19. UNDERTAKER (Address): H. P. Galbreath Bonners Ferry, Ida

20. FILED: July 9, 1936 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): July 8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to July 8, 1936.
I last saw her alive on July 8, 1936: death is said to have occurred on the date stated above, at 6:10 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 7-1936.

Other **contributory causes**, of importance:

Hypertension	
Arterio-Sclerosis.	

Name of operation: none Date of:

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.: If so, specify.....

(Signed) E. E. Fry M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City Bonners Ferry

NOV 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100772

Registration District No. 19

Primary Registration District No. 2154 Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Lacey

74a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): March 10 - 1854

7. AGE — Years: 82 | Months: 4 | Days: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Anston County New York

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Record at County Farm

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date 7-18, 1936

19. UNDERTAKER (Address): V. V. Goodrich Bonners Ferry Ida.

20. FILED July 17, 1936 E. E. Athy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7-16 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to July 16, 1936.

I last saw him alive on July 16 1936; death is said to have occurred on the date stated above, at 12 M. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 13-1936

Other **contributory causes** of importance:

arterio-sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in **also** the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. E. Athy M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100773

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irma Gruneruid

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. O. Gruneruid

6. DATE OF BIRTH (month, day, and year) Aug. 20 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kingston Wisconsin

FATHER

13. NAME Luther Martin Breton

14. BIRTHPLACE (city or town) (State or country) Goshen Vermont

MOTHER

15. MAIDEN NAME Elizabeth Adeline Dewey

16. BIRTHPLACE (city or town) (State or country) East Troy Wisconsin

17. INFORMANT W. O. Gruneruid
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date July 23 1936

19. UNDERTAKER R. C. Cochrane
(Address) Bonners Ferry Ida

20. FILED July 20 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to July 20, 1936.
I last saw her alive on July 19 1936. death is said to have occurred on the date stated above, at 12 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardinoma of the pancreas	

Other **contributory causes** of importance:
Secondary growths in retroperitoneal and post peritonial glands

Name of operation none Date of .....
What test confirmed diagnosis? .... Was there an autopsy? Yes.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature], M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner dash

City of Naples

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100774
State File No.....

Registration District No. 24

Primary Registration District No. 2-54 Local Registrar's No.....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Hansaard

(a) Residence. (No.....St.....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of [illegible]
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	69	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** [illegible]

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** [illegible]

10. Date deceased last worked at this occupation (mo. and yr.) [illegible]

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) [illegible]
(State or country)

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date ..... 193..

19. UNDERTAKER [illegible]
(Address)

20. FILED July 28, 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from January .., 193.., to July 26, 193 6.
I last saw him alive on July 24, 1936; death is said to have occurred on the date stated above, at 3' A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1933
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100775

Registration District No. 79
Primary Registration District No. 21-6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessee Ruth Collins

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho

FATHER

13. NAME Sidney Monroe Collins

14. BIRTHPLACE (city or town) (State or country) Marion Miss.

MOTHER

15. MAIDEN NAME Ruth Irene Lowther

16. BIRTHPLACE (city or town) (State or country) Sault St Marie Ontario

17. INFORMANT (Address) Sidney M. Collins

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Idaho Date Aug 7, 1936

19. UNDERTAKER (Address) S. M. Collins Bonners Ferry Idaho

20. FILED 8-6, 1936 E. E. Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 6 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 6, 1936
I last saw her alive on Aug 6, 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 5 1936
Other contributory causes of importance:	

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, Suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm Powell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100776

Registration District No. 29
Primary Registration District No. 2104 Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

NOV 1 1936 RECEIVED

1892

2. FULL NAME Oscar Ducus

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 7 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Flora Ducus
6. DATE OF BIRTH (month, day, and year): April 19-1895
7. AGE: Years 41 | Months 3 | Days 16 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Painter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 7-31
11. Total time (years) spent in this occupation: 15 years

12. BIRTHPLACE (city or town) (State or country): Bridgeport Kansas

FATHER
13. NAME: John Ducus
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Loetta Castle
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mark Ducus Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date Aug. 7 1936

19. UNDERTAKER (Address): H. P. Deangelo Bonners Ferry Ida

20. FILED Aug. 5, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental death	
Crushing injury of skull -	
Caught by a falling brick wall	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following: Accident
Accident, suicide, or homicide? Date of injury 8/4/36
Where did injury occur? Bonners Ferry Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** at old Town Mill
Manner of injury Crushed by falling wall.
Nature of injury Crushing injury of Skull.

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.
(Address) Bonners Ferry Ida
(Coroner)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10077

County of Boundary
City of Bonners Ferry

Registration District No. 29
Primary Registration District No. 2154
Local Registrar's No.

NOV 14 1936 RECEIVED

(No.) Bonners Ferry Hospital
(if death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Meyers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE — Years: 43 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lumber Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1929

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION OR REMOVAL
Bonners Ferry Date 8-13 1936

19. UNDERTAKER (Address): R. P. Branch, Bonners Ferry Ida

20. FILED Aug. 13 1936 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9-1936, to Aug. 12-1936.
I last saw him alive on Aug. 11-1936; death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935

Other **contributory causes** of importance:

Chronic myocarditis	June 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. E. Fry M. D.
(Address) Bonners Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100778

Registration District No. 19

Primary Registration District No. 2156

Local Registrar's No.

(No.) Bonners Ferry Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed. Fellowell

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 83 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **farmer, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION OR REMOVAL: Bonners Ferry Date Sept 4 1936

19. UNDERTAKER (Address): A. R. Prouch Bonners Ferry Idaho

20. FILED Sept 3, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Sept 2, 1936.

I last saw him alive on Sept 2, 1936.; death is said to have occurred on the date stated above, at 11:50 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Myocardial degeneration	March 1-1936.

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Fellowell M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100779

Registration District No. 29
Primary Registration District No. 2156 Local Registrar's No. 885

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Kinsley

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .... (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Sept. 16 1936

19. UNDERTAKER E. R. Crouch (Address) Bonners Ferry Idaho

20. FILED Sept 16, 1936 E. R. Hoy Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 12:30 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death	
Myocardial failure	

Other **contributory causes** of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Earl Bonnie M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Portnill

NOV 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100780

Registration District No. 29

Primary Registration District No. 2154

Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alva Nathaniel Green

(a) Residence. No. ..... 16 yrs 5 mos. 10 ds. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Artemisa Green

6. DATE OF BIRTH (month, day, and year) March 30 1873

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
63	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** woods

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ludington Michigan

FATHER

13. NAME Alphonso A. Green

14. BIRTHPLACE (city or town) (State or country) Allegany Co. New York State

MOTHER

15. MAIDEN NAME Nancy Clark

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT (Address) Howard Green Portnill, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Portnill Date Sept. 12 1936

19. UNDERTAKER (Address) W. R. Crouch Bonners Ferry Ida

20. FILED Sept. 11 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sudden death during sleep.	
Myocardial degeneration?	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Kyle Borrell M. D.

(Address) Bonners Ferry Idaho

(corner)

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Moyie Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100781

Registration District No. 79
Primary Registration District No. 2156 Local Registrar's No.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Katharine Ella Peck

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M. A. Peck

6. DATE OF BIRTH (month, day, and year) 8 31 1878

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	58	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) 9/1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mifflin, Pa.
(State or country)

FATHER
13. NAME Hannis Gregg
14. BIRTHPLACE (city or town) Mifflin Pa
(State or country)

MOTHER
15. MAIDEN NAME Sarah M. Bowers
16. BIRTHPLACE (city or town) Mifflin, Pa.
(State or country)

17. INFORMANT M. A. Peck
(Address) Moyie Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Oct. 7, 1936

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Oct. 4, 1936 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to Oct. 3rd, 1936.
I last saw h.. alive on Oct. 3, 1936. death is said to have occurred on the date stated above, at 8:30P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932 (?)
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No: If so, specify .....
(Signed) ..... M. D.
(Address) Bonners Ferry, Ida.

NO. 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100782

PLACE OF DEATH

County of BOUNDARY

City of Bonners Ferry

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME DENNIS RATCLIFF

(a) Residence. No. BONNERS FERRY, IDAHO, Rural Route 1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Ratcliff

6. DATE OF BIRTH (month, day, and year) October 31, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	11	2	3.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1920

11. Total time (years) spent in this occupation 88yrs.

12. BIRTHPLACE (city or town) unknown
(State or country) Vinton County, Ohio

FATHER

13. NAME Dennis Ratcliff

14. BIRTHPLACE (city or town) unknown
(State or country) Ohio

MOTHER

15. MAIDEN NAME Rebecca Brown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mary C. Ratcliff
(Address) Route 1 Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL Idaho
Place Bonners Ferry, Date Oct. 6 1936

19. UNDERTAKER H. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Oct. 4-1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 3, 1936.

I last saw h— alive on Oct 1, 1936; death is said to have occurred on the date stated above, at 3: A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **contributory causes** of importance:

Gangrene of Rt foot 1 week

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ... Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100783

NOV 1 1936 REGISTERED

Registration District No. 29
Primary Registration District No. 2154 Local Registrar's No. 48

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward A. McDaniels

(a) Residence. No. .... (Usual place of abode) Lewiston, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred Yrs. Mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years: 70 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 10-8-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER
13. NAME: J. McDaniels
14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Floyd McDaniels, Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Ida. Date: ....., 193..

19. UNDERTAKER (Address): R. R. Crouch, Bonners Ferry Ida

20. FILED Oct. 13 1936 E. E. Hoy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:35 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(Sudden death)	
(Chronic Myocardial degeneration	

Other **contributory causes** of importance:

Name of operation: Autopsy Date: Coroners Direction

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) No Attendance, M. D.
(Address) Bonners Ferry Ida
Coroner.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100784

Registration District No. 29
Primary Registration District No. 2156 Local Registrar's No.
(No.) 1185
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Frances Axford

(a) Residence. No. Bonners Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 14 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: O.W. Axford
6. DATE OF BIRTH (month, day, and year): Oct. 19 1848
7. AGE: Years 68 yrs | Months | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weatherford Parker Co. Texas.

MOTHER/FATHER
13. NAME: John W. Johnston
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Nancy Lucinda Steaman
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. W.S. Shepherd Ray Axford
18. BURIAL, CREMATION OR REMOVAL
Place: Bonners Ferry Date: Oct 20 1936
19. UNDERTAKER (Address): A.P. Crouch Bonners Ferry, Ida
20. FILED Oct. 18 1936 E.E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 ..., 193 6., to Oct 17 ....., 193 6.
I last saw her alive on Oct 17., 193 6.; death is said to have occurred on the date stated above, at 5 P. ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Obstruction	
Malnutrition	
Other **contributory causes** of importance:	
Myocardial Exhaustion	Oct 17 1936

Name of operation: None Date of: None
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E.E. Powell M. D.
(Address) Bonners Ferry Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100785

Registration District No. 79
Primary Registration District No. 2154 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Judson Whitbeck

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude B. Whitbeck
6. DATE OF BIRTH (month, day, and year): January 15, 1887
7. AGE: Years 49 | Months 9 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 10-10-26
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Keene, Michigan

FATHER
13. NAME: Frank D. Whitbeck
14. BIRTHPLACE (city or town) (State or country): Sodus, N.Y. Wayne Co.

MOTHER
15. MAIDEN NAME: Mary Ellen Hunt
16. BIRTHPLACE (city or town) (State or country): Sodus, N.Y. Wayne Co.

17. INFORMANT (Address): Mrs K. J. Whitbeck Bonners Ferry
18. BURIAL, CREMATION OR REMOVAL: Place Bonners Ferry Date Oct. 21 1926
19. UNDERTAKER (Address): H. P. Brough Bonners Ferry
20. FILED Oct. 19 1926 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 18 1926

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Oct 18, 1926.
I last saw him alive on Oct 18, 1926; death is said to have occurred on the date stated above, at 7.30P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tonsillitis	Oct 3 –
Gas Gangrene of Neck (Bacteria + Vincents Organisms)	Oct 12 –
Other **contributory causes** of importance:	
Septic Pneumonia	Oct 17 –

Name of operation: Laboratory Examinations Date of:
What test confirmed diagnosis?: Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. E. Fry M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100786

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Irene Francis McDonald

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1936.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho.

FATHER

13. NAME John Edward McDonald

14. BIRTHPLACE (city or town) (State or country) Miles City Mont.

MOTHER

15. MAIDEN NAME Bessie Francis Washburn

16. BIRTHPLACE (city or town) (State or country) Bonners Ferry Idaho.

17. INFORMANT ... J.E. McDonald
(Address) Bonners Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Oct. 22 1936

19. UNDERTAKER H.R. Crouch
(Address) Bonners Ferry, Ida.

20. FILED Oct. 21 - 1936 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 21 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 - 1936., to Oct. 21 - 1936.

I last saw her alive on Oct. 21 1936: death is said to have occurred on the date stated above, at 1 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) ... Bonners Ferry, Ida.

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100787

PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco Primary Registration District No. 2129 Local Registrar's No. 13
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marilla Crockett
(a) Residence. No. St. 88
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 10 yrs. — mos. — ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred Crockett

6. DATE OF BIRTH (month, day and year) June 2 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer Self

9. BIRTHPLACE (city or town) (State or country) Uncertain Idaho

PARENTS
10. NAME OF FATHER Albert Smith
11. BIRTHPLACE OF FATHER (city or town) (State or Country) —
12. MAIDEN NAME OF MOTHER Frances Congo
13. BIRTHPLACE OF MOTHER (city or town) (State or County) —

14. Informant Fred Crockett (Address) Arco Idaho

15. Filed Oct 9, 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 7 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 1936 to Oct. 7 1936
that I last saw her alive on Oct. 6 1936
and that death occurred, on the date stated above, at 4:50 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) 14 yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No What test confirmed diagnosis? Physical exam
(Signed) L. H. Eaton M. D.
Oct 9, 1936 (Address) Arco Idaho

19. Place of Burial, Cremation, or Removal: Arco — Date of Burial: 10/10 1936
20. Undertaker W. F. Marvel Address Arco,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

NO. [illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100788

PLACE OF DEATH

County of Butte Registration District No. 59

City of Arco Primary Registration District No. 2129 Local Registrar's No. 14

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Newton Jasper Lafferty

(a) Residence. No. ..... St. .....

(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) January 22, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Orange County Indiana

PARENTS

10. NAME OF FATHER Silas Lafferty

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓

12. MAIDEN NAME OF MOTHER Rebecca ✓

13. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

14. Informant (Address) O A Lafferty - Arco.

15. Filed Oct 14, 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. (Month) 18 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Oct. 18, 1936, that I last saw him alive on Oct. 18, 1936, and that death occurred, on the date stated above, at 7:30 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Angina Pectoris (duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)* Myocarditis (duration) 4 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? ...
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) A. E. Englert, M. D.
Oct. 14, 1936 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Riderest Arco	Oct 14 1936
20. Undertaker	Address
W. S. Morrel	Arco Idaho

should be Signature. AGE should be Number of years. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100789

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 156

(No. 890 Sunset Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Commodore Perry Bryson 83

(a) Residence. No. 890 Sunset Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mary Bryson

6. DATE OF BIRTH (month, day, and year) January 25th 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stone Mountain Georgia

FATHER

13. NAME John Bryson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Nellie Mc Minn

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Walter Bryson (Address) Paul Idaho

18. BURIAL, CREMATION OR REMOVAL Cohleaun

Place Nampa, Ida Date 10-11, 1936

19. UNDERTAKER Keith Dalley (Address) Nampa Ida

20. FILED Nov. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Oct., 193..

I last saw h.. alive on 10-9, 1936: death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 1-36
Other contributory causes of importance	
Cerebral Hemorrhage	April 36

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Bullard M. D.

(Address) 10-15-36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

NOV 1 1936 KILLED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100791

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 158

(If death occurred in a hospital or institution, give its name instead of street and number.) State Hospital South

2. FULL NAME Agnes Josephine Christensen 76

(a) Residence. No. [illegible] St. [illegible]
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F M.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-7-14

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or min.
	22	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellog Idaho

FATHER

13. NAME Cornelius Christensen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mabel L Wolfe

16. BIRTHPLACE (city or town) (State or country) So Dakota

17. INFORMENT (Address) Don Boyer Nampa Ida

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Ida. Date 10-30, 1936 Rotherlawn

19. UNDERTAKER (Address) Mrs Nina M. Dahle Nampa, Idaho

20. FILED Nov. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-25- 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-14, to 10-25-, 1936.

I last saw h[illegible] alive on 10-27-, 1936; death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exfoliation from General Paralysis	

Other contributory causes of importance:

Paralyzed from waist down	

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Don Boyer, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100792

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 159

NOV 1, 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Johnson 45

(a) Residence. No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-30-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER

13. NAME Ole C. Johnson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Nellie Larson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Peter Johnson
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Ida. Date 10-4, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov. 2, 1936. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-20-, 1936, to 10-8-, 1936.

I last saw h... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of the rectum + bladder	About 7-1-36.
Other **contributory causes** of importance:	
Carcinoma of the pylorus	about 3-1-36.

Name of operation Subtotal gastrectomy. Date of 7/29/36
What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. D. A. Kerrigan, M. D.
(Address) Nampa, Idaho

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100793

Registration District No. 7

Registration District No. 2006 Local Registrar's No. 160

NOV 1 - 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Mercy Hospital Nampa

2. FULL NAME Eugene Henry Johnson

(a) Residence. No. 1 Melba (Usual place of abode) St. 2 Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 2nd 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Point (State or country) Nebr

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) West Point (State or country) Nebr.

MOTHER

15. MAIDEN NAME Antoinette Herman

16. BIRTHPLACE (city or town) West Point (State or country) Nebraska

17. INFORMANT Mrs. Henry Johnson (Address) Nebraska Melba

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary Place Nampa, Ida Date 10-12, 1936

19. UNDERTAKER Mrs Nina M Dailey (Address) Nampa Ida

20. FILED Nov. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1936, to 10-9, 1936

I last saw h alive on 10-9, 1936: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Cerebral Hemorrhage of birth	
Fever noted	

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. C. Horton M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100794

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 161

Nov 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ferdinand H. Hockhalter

(a) Residence. No. 424 - 17th Ave. No. St. 18th E
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 24 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. D.

FATHER
13. NAME August Hockhalter
14. BIRTHPLACE (city or town) (State or country) N. D.

MOTHER
15. MAIDEN NAME Bohlender
16. BIRTHPLACE (city or town) (State or country) N. D.

17. INFORMANT (Address) August Hockhalter Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date Oct 18, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov. 2, 1936. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-14-, 1936, to 10-14-, 1936
I last saw him alive on 10-14-, 1936: death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-14, 1936.
Where did injury occur? 2 mi West Nampa, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Automobile Accident
Manner of injury .....
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel M. Swayne M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100795

Registration District No. 7

NOV 10 1936 RECEIVED

Registration District No. 2006 Local Registrar's No. 162

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159 C

2. FULL NAME (Use maiden name) Kingsman

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sadie Kingsman

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Sadie Kingsman (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa, Ida Date Oct 15, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Idaho

20. FILED Nov. 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct 15, 1936

I last saw h..... alive on Oct 15, 1936: death is said to have occurred on the date stated above, at 3:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis (Newborn Blue Baby)	10-14-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. D. Barnes, M. D.

(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100796

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 164

NOV 1 1936 RECEIVED

159C

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Wayne Conger

(a) Residence. No. Samaritan Hospital Nampa, Ida St. Near Plymouth, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Nampa Plymouth
(State or country) Idaho

FATHER

13. NAME Elias Wayne Conger

14. BIRTHPLACE (city or town) Nellgh
(State or country) Nebr.

MOTHER

15. MAIDEN NAME Gloria Clarice Boxwell

16. BIRTHPLACE (city or town) (?)
(State or country) Oklahoma

17. INFORMANT Samaritan Hospital
(Address) Nampa, Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Nampa Date Oct. 15, 1936

19. UNDERTAKER F. H. Robinson
(Address) Nampa Ida

20. FILED Nov. 2, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Oct. 15, 1936

I last saw h[illegible] alive on Oct. 15, 1936: death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Congenital debility	10/12/36
Atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. E. Garner, M. D.

(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100797

NOV 1 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 165

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marion L. Sutton

(a) Residence. No. Rt. 1 - Nampa Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Sutton

6. DATE OF BIRTH (month, day, and year)
July 4 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER
13. NAME George Henry Sutton
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Mary Catherine Swank
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Mrs. Ida Sutton
(Address) Rt. 1 Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Nampa Ida
Place Kohlerlawn Cem. Date Nov 1 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Nov 2, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1936, to 10-16, 1936
I last saw h- alive on 10-16, 1936: death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-12-36
Other contributory causes of importance:	

Name of operation - Date of -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) J. E. Horton, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100798

Registration District No. 7
No. 10 1936 Registry Registration District No. 1006 Local Registrar's No. 166
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias Gabica

(a) Residence. No. 105 – Holly St. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Spaniard	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-16-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	9	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spain
(State or country)

FATHER
13. NAME Pedro Jose
14. BIRTHPLACE (city or town) Spain
(State or country)

MOTHER
15. MAIDEN NAME Maria Victoria Echevia
16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Richard Gabica
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Nampa Idaho
Place Cemetery Date Nov 4, 193 6

19. UNDERTAKER F. E. Norton
(Address) Nampa Idaho

20. FILED Nov. 2, 193 6. Lydia Rudgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 193 6, to 10-16, 193 6
I last saw alive on 10-16, 193 6: death is said to have occurred on the date stated above, at 3:30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Hypertensivity	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Horace Belknap, M. D.
(Address) Nampa Ida

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100799

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 167

NOV 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vivian Luella Dyas

(a) Residence. No. Nampa Ida Rt 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2 - 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Idaho

FATHER

13. NAME Gordon M. Dyas

14. BIRTHPLACE (city or town) (State or country) St. Paul Minn.

MOTHER

15. MAIDEN NAME Kaywood

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT G. M. Dyas
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date 10-18, 1936

19. UNDERTAKER F. K. Swenson
(Address) Nampa, Idaho

20. FILED Nov. 2, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidentally shot by brother while unloading gun. 22 Caliber.	
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-16 1936
Where did injury occur? Canyon County, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maud Henry Justice of the Peace acting Coroner, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100800

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 168

NOV 10 1936 RECEIVED

(No. 88 1/2 E)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Margaret Harrison

(a) Residence. No. 123-18 Ave-N St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-25-42

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
94	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seneca Mo.
(State or country)

FATHER

13. NAME John Langford
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Dubois
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Mrs B. F. Hixon
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Dewey Cem Date 10-31, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Ida

20. FILED Nov. 2, 1936 Lyda Rodewald
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1936, to Oct 28th, 1936
I last saw her alive on Oct 28th, 1936: death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Other contributory causes of importance:	
Arteriosclerosis	30 yrs

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodewell, M. D.
(Address) Nampa, Idaho

(Rodewell)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Parma

NOV 1 1936 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100801

Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 76

(No. 187)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Henry Jurries

(a) Residence. No. Parma, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel Jurries.

6. DATE OF BIRTH (month, day and year) 11-26-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manhattan
(State or country) Ill.

FATHER
13. NAME Herman Jurries
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary Kitzerow
16. BIRTHPLACE (city or town) Manhattan
(State or country) Ill.

17. INFORMANT Mrs. Ethel Jurries
(Address) Parma, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cloverdale Mem. Date 10-13-, 1936

19. UNDERTAKER C.V. Peckham
(Address) Caldwell, Idaho.

20. FILED 10-15, 1936 Ethel Jurries
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1936

22. I HEREBY CERTIFY, That I attended deceased from ********, 193..., to ********, 193...
I last saw h... alive on ********, 193...: death is said to have occurred on the date stated above, at about 11 A.M.
The principal cause of death and related causes of importance were as follows:

Accidentally killed by a cucumber thresher, while loading it on a truck. Head crushed, right leg broken, collar bone broken

Other contributory causes of importance:
and other minor injuries.

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident 10/10
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? in town
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Beside feed mill
Manner of injury as above
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Bradley Coroner, M. D.
(Address) Nampa, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100801

DEC 9 1936 RECEIVED

Registration District No. 1007
Primary Registration District No. 3
Local Registrar's No. 76
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Henry Jurries

(a) Residence. No. _____ Parma St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ethel Jurries

6. DATE OF BIRTH (month, day, and year) Nov. 26—1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Manhattan
(State or country) Kansas

FATHER
13. NAME Herman Jurries
14. BIRTHPLACE (city or town) _____
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary Kitzler
16. BIRTHPLACE (city or town) Pennsylvania
(State or country) Kansas

17. INFORMANT Mrs Ethel Jurries
(Address) Parma Ida

18. BURIAL, CREMATION, OR REMOVAL
Florence Cemetery Date 12-13 1936

19. UNDERTAKER W. Peckham
(Address) Caldwell Ida

20. FILED 12-6, 1936 Mrs Clyde Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1936, to 12/10, 1936
I last saw ~~him~~ alive on 12/10, 1936: death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of skull	
Other contributory causes of importance:	

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 12/10, 1936
Where did injury occur? Farm Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Skull fractured by falling machin
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify Unknowing Machinery
(Signed) _____, M. D.
(Address) Wallace Ida

FORM V. S. No. 5-A-25M. 1-NOV 4 1936

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 100802

Local Registrar's No. 77

Registration District No. 1007

Primary Registration District No. 3

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Canyon

City of Parma,

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Benjamine Franklin Glandon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: Dec. 4-1866 (Month) (Day) 1 (Year)

7. AGE: 69 Yrs. 10 Mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF Father: James Glandon

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Pearl Glandon
(Address) Parma, Idaho

15.
Filed ..... 19 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 26 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1936, to Oct. 26 1936, that I last saw him alive on Oct. 26 1936, and that death occurred on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Apoplectic stroke

Uremia

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Hypertension, Chronic nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Davis M. D.

Oct 26, 1936. (Address) Parma, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Parma, Idaho — DATE OF BURIAL: 10-28-1936

20. UNDERTAKER: C.V Peckham — ADDRESS: Caldwell, Ida.

...ATION RESERVED FOR BINDING
...ATELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
...tion of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should
...CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100803

OCT 12 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miller Masser

(a) Residence. No. Caldwell R.D.7 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) " (State or country) Pennsylvania

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) " (State or country) Pennsylvania

17. INFORMANT Mrs. E. Conyard (Address) Caldwell Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 9-25, 1936

19. UNDERTAKER C. V. Sackett (Address) Caldwell Ida

20. FILED 9-30, 1936 C. W. Montgomery Registrar.
by Lydia Hippler

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1936, to 9-24, 1936

I last saw him alive on 9-23, 1936; death is said to have occurred on the date stated above, at 1-2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-21-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. A. Brewer, M. D.
(Address) Caldwell

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100804

Registration District No. /

Primary Registration District No. 1005 Local Registrar's No. 128

OCT 1[illegible] 1936 RECEIVED

1. (If death occurred in a hospital or institution, give its name instead of street and number) (Or) Caldwell Sanitarium

2. FULL NAME D. B. Allison 131

(a) Residence. No. Odd Fellows Home St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 16, 1860

7. AGE: Years 75 | Months 11 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Not known

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spencer, Ind.

MOTHER FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): George Allison, Glenns Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry, Ida. Date 9-2, 1936

19. UNDERTAKER (Address): Paul I. Case, Caldwell, Idaho.

20. FILED 9-12, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-31. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1936, to Aug 31, 1936.
I last saw h[illegible] alive on Aug 28, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	8/23 36
Other **contributory causes** of importance:	
Obstruction from enlarged prostate Gland	8/23 36

Name of operation: Hypo[illegible] drainage Date of 8/23

What test confirmed diagnosis? .... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100805

Registration District No. /

Registration District No. 2005

Local Registrar's No. 138

NOV 12 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Jennings Walker

(a) Residence. No. Wilder Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Gladys Walker

6. DATE OF BIRTH (month, day, and year) April 18 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pier So Dakota

FATHER

13. NAME J. H. Walker

14. BIRTHPLACE (city or town) (State or country) Arkansaw

MOTHER

15. MAIDEN NAME Ida Meek

16. BIRTHPLACE (city or town) (State or country) Okeo Mo.

17. INFORMANT (Address) Gladys Walker Wilder, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wilder, Date 9-28, 1936

19. UNDERTAKER (Address) C. T. Peckham Caldwell Idaho

20. FILED 11-4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1936, to 9-24, 1936

I last saw ~~him~~ alive on 9-24, 1936: death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	9-1-36
Retro-peritoneal pelvic abscess	
Multiple liver abscess	
Portal pyo phlebitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm B. Handford, M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 12 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 100806

Local Registrar's No. 191

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hubert Hensley Fullerton

(a) Residence. No. Caldwell Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Fullerton

6. DATE OF BIRTH (month, day, and year) Sept 23 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nathville Mississippi

FATHER

13. NAME William Fullerton

14. BIRTHPLACE (city or town) (State or country) Canton Mississippi

MOTHER

15. MAIDEN NAME Viola Ethridge

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Mrs Jess Pearce
(Address) Caldwell #2

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 10-11, 1936

19. UNDERTAKER C. V. Cushman
(Address) Caldwell Idaho

20. FILED 10-14, 193 6 Geo Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 9, 1936

That I saw h[illegible] alive on Oct 8, 1936. death is said to have occurred on the date stated above, at 7 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double lobar pneumonia	Oct 2 1936.

Other contributory causes of importance:

Had been working in a dry dusty field

Name of operation None Date of

What test confirmed diagnosis? Clinical death Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Whittenberger M.D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 100807

Local Registrar's No. 152

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Maloney Bowman

1002

(a) Residence. No. 412 — St. Alpine
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 — 1834

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
102	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Green Co.
(State or country) Tennessee

FATHER

13. NAME Joseph Bowman

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Newman

16. BIRTHPLACE (city or town)
(State or country) Tennessee

17. INFORMANT John E. Bowman
(Address) Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 10 — 11, 1936

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida.

20. FILED 10-11, 1936 Wm Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 5, 1936

I last saw him alive on Oct 5, 1936: death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Broncho Pneumonia	Oct 5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. C. Newberry, M. D.
(Address) Caldwell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100808

NOV 12 1936 RECEIVED

Registration District No. /
Primary Registration District No. 1005 Local Registrar's No. 133

(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME William Clarence Shaffer

(a) Residence. No. Middleton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced
HUSBAND of Ethel S Shaffer
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 6 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middleton
(State or country) Idaho

FATHER
13. NAME Mitchell Owen Shaffer
14. BIRTHPLACE (city or town) Ind.
(State or country)

MOTHER
15. MAIDEN NAME Mary Snapp
16. BIRTHPLACE (city or town) Ill.
(State or country)

17. INFORMANT Mrs Ethel Shaffer
(Address) Middleton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Star, Idaho Date 10-13, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 10-17, 1936 W. E. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Oct 11, 1936
I last saw h[illegible] alive on Oct 11, 1936; death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ruptured Appendicitis	Oct 4
with General Peritonitis	
Operation	Oct 6

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 6
What test confirmed diagnosis? Clinical course Was there an autopsy? No
Was there a necropsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Montgomery M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 100809

Local Registrar's No. 134

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Frank B Smith

(a) Residence. No. City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not known
(State or country)

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Lemmon
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill. Date 10-12, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 10-17, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 193..., to Oct 10, 1936
I last saw h/m alive on Oct 10, 1936: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	Several yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G Newburn M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100810

Registration District No. 1

Primary Registration District No. 1002

Local Registrar's No. 135

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm A Noah

(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1857

7. AGE — Years: 79 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Bishop Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 10-13-1936

19. UNDERTAKER (Address): Paul L. Case Caldwell, Idaho

20. FILED 10-16, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1936 to 10/11, 1936

I last saw him alive on 10/11, 1936; death is said to have occurred on the date stated above, at 4:30 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	4 yrs 1 ago

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) A. A Newberry M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of ~~Star~~ Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100811

NOV 12 1936 RECEIVED

Registration District No.

Primary Registration District No. 1002

Local Registrar's No. 136

(No. 6)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LUCY A DEWHURST

(a) Residence. No. St.

(Usual place of abode) Meridian Idaho 7 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J-S-DEWHURST

6. DATE OF BIRTH (month, day, and year) May 13-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1935

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) Canton (State or country) N-Y

FATHER

13. NAME AGUSTUS HOWCRIEF

14. BIRTHPLACE (city or town) New York (State or country) N-Y

MOTHER

15. MAIDEN NAME CATHERINE McDONALD

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT H-K-McCormick (Address) Star Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem- Date 15, 1936

19. UNDERTAKER W-S-MATHEWS (Address) Meridian Idaho

20. FILED 10/13, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to Oct 12, 1936

I last saw her alive on Sept 30, 1936: death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	Sept 1935
Hypertention	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L E Jewell, M. D.

(Address) Meridian Idaho

Aug. 22

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100812

NOV 12 1936 RECEIVED

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 197

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ethel Porter Williams

(a) Residence. No. St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of E. R. Williams

6. DATE OF BIRTH (month, day, and year) Aug. 16 - 1881

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butler, (State or country) Penn.

MOTHER/FATHER

13. NAME James H. Porter

14. BIRTHPLACE (city or town) Franklin (State or country) Penn

15. MAIDEN NAME Emma E. Douglas

16. BIRTHPLACE (city or town) Slengsburg (State or country) Pennsa

17. INFORMANT E. R. Williams (Address) Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Co. Hill Date Oct. 15 1936

19. UNDERTAKER Paul L. Case (Address) Caldwell, Ida.

20. FILED 10-16-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936, to Oct. 13, 1936.

I last saw her alive on Oct. 12 1936, death is said to have occurred on the date stated above, at 1:10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Aug 22 36
Uremia	
Complete suppression	

Other **contributory causes** of importance:

Name of operation ~~None~~ Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? In my opinion

(Signed) W. W. Daley, M.D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100813

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 138

(No. Lemmon Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Grove Mitchell

(a) Residence. No. St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Not Known

7. AGE — Years: 73 | Months: not known | Days: | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Invalid
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Inez Grove
14. BIRTHPLACE (city or town) (State or country): not known

15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT (Address): Mrs. Blanc, Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Canyon Hill Date: 10-17-1936

19. UNDERTAKER (Address): Paul L. Case, Caldwell Ida

20. FILED: 10/19..., 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to 10/13, 1936.

I last saw h[illegible] alive on Oct 12, 1936; death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio-Vascular	4 years
Renal	4 years

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) A. A. Tiberen M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100814

Registration District No. 1
Primary Registration District No. 1052
Local Registrar's No. 159

(No. 100a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Murdo MacLeod

(a) Residence. No. ..... St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 23 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Sheepman

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Southeland, Shire Scotland

MOTHER FATHER

13. NAME James MacLeod

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Flora McDonald

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs. A. Brandeen Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Canyon Hill Date. 10-21 1936

19. UNDERTAKER (Address) Paul L. Casey Caldwell Idaho

20. FILED 10-26, 193 6 Edmund Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to 10-18-, 1936.
I last saw him alive on 10-17, 1936.: death is said to have occurred on the date stated above, at 9:25 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
pneumonia, both	
bronchial & later a	
hypostatic pneumonia	

Other **contributory causes** of importance:

Extensive adhesions abdomen	
Stomach ulcerated	
insanitia	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Hans J. Fikkinen, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 100815

Local Registrar's No. 140

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen Detterson

(a) Residence. No. Caldwell Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 3 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anderson Co
(State or country) Tennessee

FATHER

13. NAME Stephen Detterson

14. BIRTHPLACE (city or town) Not known
(State or country) " "

MOTHER

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) Not known
(State or country) " "

17. INFORMANT W W Seiber
(Address) Parma #3

18. BURIAL, CREMATION OR REMOVAL
Place Rosedale Cem Date 10-25 1936

19. UNDERTAKER C V Peckham
(Address) Caldwell Ida

20. FILED 11-4, 193.. W Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 193.. to Oct 22, 1936

I last saw him alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 7-8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1930
Coronary thrombosis	Oct 14, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B Handford M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. /

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 100816

Local Registrar's No. 171

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerome Coy Josephson

(a) Residence. No. Wilder (Usual place of abode) St. 142

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	s

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilder Idaho

FATHER

13. NAME J. W. Josephson

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Gladys Beadle

16. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

17. INFORMANT J. W. Josephson (Address) Wilder Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Cem. Date 10/26 1936

19. UNDERTAKER E. V. Peckham (Address) Caldwell Ida

20. FILED 10/26 1936 Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to 10/23, 1936

I last saw her alive on 10/18, 1936; death is said to have occurred on the date stated above, at 8-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis & cerebritis	birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward E. Elliott M. D.

(Address) Wilder Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100817

NOV 14 1936 RECEIVED

Registration District No. ____ Primary Registration District No. 0005 Local Registrar's No. 142

(No. Caldwell & Smith Ways)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Keith Frederick Knox

(a) Residence. No. Emmett Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

159C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 27 - 1936

7. AGE Years	Months	Days	If LESS than 1 day 24 hrs. or ____ min.
New Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

FATHER

13. NAME Fred Knox

14. BIRTHPLACE (city or town) Emmett (State or country) Idaho

MOTHER

15. MAIDEN NAME Ruth Bevington

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Fred Knox (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/28, 1936

19. UNDERTAKER O D Buckmaster (Address) Emmett Idaho

20. FILED 11-4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1936, to 10-27, 1936
I last saw h[illegible] alive on 10-27, 1936, death is said to have occurred on the date stated above, at 7:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of Formation	
Atelectasis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, state ____

(Signed) [signature] M.D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100818

PLACE OF DEATH
County of Canyon
City of Caldwell
Registration District No.
Primary Registration District No. 1085 Local Registrar's No. 143
(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elvon Ehlers
(a) Residence. No. Caldwell Ida St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Lewis Ehlers
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Mary Knopf
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs John Ballard
(Address) Caldwell #1

18. BURIAL, CREMATION OR REMOVAL
Place Greenhow Cem. Date 10/30, 1936

19. UNDERTAKER E. V. Pedersen
(Address) Caldwell Ida

20. FILED 11-4, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Oct 27, 1936
I last saw him alive on Oct 27, 1936; death is said to have occurred on the date stated above, at 8-45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 27
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. O. Robertson M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100819

Registration District No. ____

Primary Registration District No. 1005

Local Registrar's No. 144

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lesley Ellsworth Hahn

(a) Residence. No. 703 Chicago St. ____
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. ____ How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) May 28 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Hahn

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Charity Bennett

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Edythe M. Osmond

18. BURIAL, CREMATION OR REMOVAL
Place Roswell Date 11-2, 1936

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 11-4, 1936 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Oct 30, 1936
I last saw him alive on Oct 30, 1936; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	____
with Terminal Hemorrhage	____
Other contributory causes of importance:	
____	____
____	____
____	____

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) W. M. Spaulding M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1002

DO NOT WRITE IN THIS SPACE

State File No. 100820

Local Registrar's No. 145

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Stewart Torrance 44

(a) Residence. No. Caldwell Lincoln St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Torrance

6. DATE OF BIRTH (month, day and year) Sept 18 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carleton Place Ontario Canada

FATHER

13. NAME Robert Torrence

14. BIRTHPLACE (city or town) (State or country) Belfast Ireland

MOTHER

15. MAIDEN NAME Margaret Sykes

16. BIRTHPLACE (city or town) (State or country) Carleton Place Ont Canada

17. INFORMANT Mrs L Torrance (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Cem. Date 11-8 1936

19. UNDERTAKER C V Pickham (Address) Caldwell Ida

20. FILED 11-10, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1936, to Nov 5, 1936

I last saw h[illegible] alive on Nov 5, 1936; death is said to have occurred on the date stated above, at 9-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
Other contributory causes of importance: Hyperchlorhydria	Nov 1936
Pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 193

Where did injury occur? -

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify -

(Signed) Russell W Clark M.D.

(Address) Tampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Conda

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100821

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 39
(No. 97)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Antonio J. Miranda
(a) Residence. No. Conda Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Louisa Mauha
6. DATE OF BIRTH (month, day, and year): Apr 11 1885
7. AGE: Years 51 | Months 4 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mine-Phosphate
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lopez Dos Florida Spain

FATHER
13. NAME: Antonio Miranda
14. BIRTHPLACE (city or town) (State or country): Spain

MOTHER
15. MAIDEN NAME: Maria Trundad
16. BIRTHPLACE (city or town) (State or country): Spain

17. INFORMANT (Address): Louisa J. Miranda Conda Ida

18. BURIAL, CREMATION OR REMOVAL
Place Conda Cemetery Date 9-1-1936

19. UNDERTAKER (Address): E. D. Whitmore Conda Ida

20. FILED 8-31-1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-30 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936 to 8-30-1936
Last saw him alive on 8-25-1936; death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:
Arthritis & Myocarditis

Name of operation None Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Probably If so, specify Injury 1925
(Signed) Rosser Fyfe, M. D.
(Address) Conda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Boda Springs Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100822

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 28
(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Heaston Clark

(a) Residence. No. Boda Springs Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.) SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Levi Clark
6. DATE OF BIRTH (month, day, and year): July 11 1866
7. AGE: Years 70 | Months 2 | Days 9 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): 5-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marion Ind

FATHER
13. NAME: Lewis Heaston
14. BIRTHPLACE (city or town) (State or country): Westchester Ind

MOTHER
15. MAIDEN NAME: Nancy Fitzgerald
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Geo. M. Lapeyssa Boda Springs Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Winchester Date: Sept 25 193 6

19. UNDERTAKER (Address): Geo L Whitehead Boda Springs Ida

20. FILED 9-20 193 6 9-21-36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-10-, 1936, to 9-20-, 1936
I last saw has alive on 9-20, 1936: death is said to have occurred on the date stated above, at 8 33 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2

Other contributory causes of importance:

Cellitis	9-10-36

Name of operation: none Date of: U
What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lenard Ingalls, M. D.
(Address) Boda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100823

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 40
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1180

2. FULL NAME Mrs. Joe Bastaieta

(a) Residence. No. ..... St. Mountain Home, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	Basque	Married

5a. If married, widowed, or divorced (or) WIFE of Joe Bastaieta

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	II	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain Nabarniz, Spain

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Husband) Joe Bastaieta
(Address) Mountain Home, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Mountain Home, Idaho Date Nov 7, 1936

19. UNDERTAKER H. W. Williams
(Address) Mountain Home, Idaho.

20. FILED 11-5, 1936 Dr Russell Ingalls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II/4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov. 4, 1936
I last saw her alive on Nov. 4, 1936; death is said to have occurred on the date stated above, at 10:35 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of the bowel due to strangulated hernia.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Ellis Buckley M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100824

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 41
(No. Caribou County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. James E. Smith
(a) Residence. No. 511 N. Main St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth

6. DATE OF BIRTH (month, day, and year) Oct. 12, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR. Shops and yards
10. Date deceased last worked at this occupation (mo. and yr.) 1921
11. Total time (years) spent in this occupation 5 ?

12. BIRTHPLACE (city or town) (State or country) VanWert, Ohio

FATHER
13. NAME John Smith
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Rachael ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Son, C. H. Smith (Address) Pocatello, 704 S. Hayes

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Pocatello Date Nov. 7, 1936

19. UNDERTAKER Downard (Address) Pocatello Ida

20. FILED Nov. 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II 2 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 10/22/36, 193..., to II/2/36, 193...
I last saw him alive on II/2, 193 6; death is said to have occurred on the date stated above, at 1:08 AP m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Convulsion	II/2/36
Other contributory causes of importance:	
Hypertrophy of the Prostrate	
Transurethral	

Name of operation prostate resection Date of 10/31
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature] M.D.
(Address) Soda Springs Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100826

Registration District No. 117
Primary Registration District No. 2126 Local Registrar's No. 93

NOV 10 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leland L. Bennett

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Smith.

6. DATE OF BIRTH (month, day, and year) April 23 - 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	5	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Garage
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Albion Idaho

FATHER
13. NAME Buck Bennett
14. BIRTHPLACE (city or town) (State or country) Missouri Utah

MOTHER
15. MAIDEN NAME Cary Butler
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs L. L. Bennett
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Nov 4th, 193 6

19. UNDERTAKER Jas. Jensen
(Address) Burley Idaho

20. FILED 10-3, 193 6 Laura D Brocher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-25-, 193 5, to 10-1-, 193 6
I last saw him alive on 9-30-, 193 6: death is said to have occurred on the date stated above, at 9.05a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L. L. Bennett, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100827

Registration District No. 117

NOV 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 95

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159

2. FULL NAME Baby Moon

(a) Residence. No. 321 N. Quential Ave. St.
(If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): ✓
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, and year): Sept. 13- 1936
7. AGE: Years | Months | Days | If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **splaner, sawyer, bookkeeper, etc.**: ✓
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ✓
10. Date deceased last worked at this occupation (mo. and yr.): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Burley Idaho

MOTHER/FATHER
13. NAME: Clarence Eugene Moon
14. BIRTHPLACE (city or town) (State or country): Burley Idaho
15. MAIDEN NAME: Audrey Florence Thol
16. BIRTHPLACE (city or town) (State or country): Declo Idaho

17. INFORMANT (Address): Clarence Eugene Moon Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo Idaho Date 9/14, 1936

19. UNDERTAKER (Address): H. E. Johnson Burley Idaho

20. FILED 9/14/..., 1936. Laura E. Boschen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 193 6, to 9-13, 193 6.
I last saw him alive on 9-13, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Developmental	
Dafomosity	
Congenital Heart Bowel Outside Abdomen.	
Other **contributory causes** of importance:	

Name of operation. ✓ Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100828

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 96

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarissa Louisa Matthews

(a) Residence. No. Oakley - Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: Wm S. Matthews

6. DATE OF BIRTH (month, day, and year): Sept. 30 - 1864

7. AGE: Years 71 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: Arolt L. Hale

14. BIRTHPLACE (city or town) (State or country): Mass.

15. MAIDEN NAME: Louisa Cook

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Edith Ware Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Marion Idaho Date: 9/16, 1936

19. UNDERTAKER (Address): L. E. Johnson Burley Idaho

20. FILED 9/14/..., 1936. Laura D. Thacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/13-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/1/..., 193.6., to ...9/13/..., 193.6.

I last saw her alive on 9/12/..., 193.6.; death is said to have occurred on the date stated above, at 10:A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerosis of the Liver.	
Other **contributory causes** of importance:	

Name of operation: None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. J. Sullon M. D.

(Address) Oakley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100829

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 27

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norma Patience Jensen

(a) Residence. No. Burley Idaho R. F. D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, and year): May 20 - 1925

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
11	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At School

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 9/2/36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Burley Idaho

FATHER

13. NAME: Martin Leroy Jensen

14. BIRTHPLACE (city or town) (State or country): Grover Wyo.

MOTHER

15. MAIDEN NAME: Olive Ina Clark

16. BIRTHPLACE (city or town) (State or country): Springdale Utah

17. INFORMANT (Address): Martin Leroy Jensen Burley Idaho R. F. D.

18. BURIAL, CREMATION OR REMOVAL
Place: Burley Idaho Date: 9/21/1936

19. UNDERTAKER (Address): H. E. Johnson Burley Idaho

20. FILED 9/19/1936 Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/18/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936, to Sept 18, 1936.
I last saw her alive on Sept 18, 1936 death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcus Infection	9/13/36

Other **contributory causes** of importance:
Blood Stream Infection (Septicemia)

Name of operation... None ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Chas. A. Pierce M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 100830

Local Registrar's No. 98

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Arthur Davidson

(a) Residence. No. ..... Oakley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Maryetta Susie Davidson

6. DATE OF BIRTH (month, day, and year): Aug. 29-1867

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
69	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming

10. Date deceased last worked at this occupation (month, day, and year): Mar.-1936

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

FATHER

13. NAME: William L. Davidson

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Sarah Jane Hill

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address): Maryetta L. Davidson Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Oakley Ida. Date: 10/11/, 1936

19. UNDERTAKER (Address): L. E. Johnson Burley Idaho

20. FILED: 10/6/, 1936 Laura G. Sprachen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936., to 10/4/....., 1936.

I last saw him alive on 10/4...., 1936.; death is said to have occurred on the date stated above, at 8. a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Stroke	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1936.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Oakley Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117

DO NOT WRITE IN THIS SPACE

State File No. 100831

NOV 10 1936 RECEIVED

Primary Registration District No. 2196 Local Registrar's No. 99

(No.) 44

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Curtis Henson

(a) Residence. No. 214 N. Normal Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Laura Bell Henson

6. DATE OF BIRTH (month, day, and year) Feb 26-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Flour Miller

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Burley Flour Mills

10. Date deceased last worked at this occupation (mo. and yr.) April-36

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Wyth. Co. Ill.

FATHER

13. NAME Geo. Henson

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Orpha Rice

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) Laura Bell Henson Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10/9/, 1936

19. UNDERTAKER D. C. Johnson
(Address) Burley Idaho

20. FILED 10/7/, 1936 Laura D. Spencer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6 1936

22. I HEREBY CERTIFY, That I attended deceased from October 18 1935 to October 5 1936

I last saw him alive on October, 1936; death is said to have occurred on the date stated above, at 3:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934 or 5

Other **contributory causes** of importance:

Metastasis of Ca	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. H. Fisher M. D.
(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100832

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 00100

NOV 10 1936 RECEIVED

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Stonewall Jackson Pritchett

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Feb. 8- 1862

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farming

10. Date deceased last worked at this occupation (mo. and yr.): July 36

11. Total time (years) spent in this occupation: Full

12. BIRTHPLACE (city or town) (State or country): Lynn Co.

FATHER

13. NAME: Wm. DeCalb Pritchett

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Barbara Pritcher

16. BIRTHPLACE (city or town) (State or country): Virg.

17. INFORMANT (Address): J. S. Pritchett Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ogden, Utah Date 11/12/.., 1936

19. UNDERTAKER (Address): Vern B. McCulloch Burley Idaho

20. FILED 11/12/..., 1936 Laura A. Strecker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 10-7..., 193.6.., to 10-7-..., 193.6.

I last saw h....alive on 10-7..., 1936.: death is said to have occurred on the date stated above, at 10.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca of Stomach	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..,193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) L. M. Bell, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100833

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 1171

(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

64

2. FULL NAME Clarence Lobhart

(a) Residence. No. 200½ Block 3rd East Lof Main St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16 1911

7. AGE: Years 25 | Months 4 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Herding sheep

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** U.S.F.S. E. Branson

10. Date deceased last worked at this occupation (mo. and yr.) 36

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Oak Hill Kansas

FATHER

13. NAME John Peter Lobhart

14. BIRTHPLACE (city or town) (State or country) Oak Hill Kansas

MOTHER

15. MAIDEN NAME Sophie Ruzicka

16. BIRTHPLACE (city or town) (State or country) Rochester Kansas

17. INFORMANT (Address) John Peter Lobhart Hawthorne Calif.

18. BURIAL, CREMATION OR REMOVAL

Place Burley Ida. Date 10-13-1936

19. UNDERTAKER (Address) D. E. Johnson Mort. Yerd By McCulloch

20. FILED 10/12, 1936 Laura C. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1936, to 10-7, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(a)	
(b) Splenomegaly Chr	
(c) Epilepsy Idiopathic	1930
(d)	
(e)	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. W. McCulloch, M. D.

(Address) Burley Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100834

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 102

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elving Gustafson

(a) Residence. No. ..... Burley Cassia Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Feb 2 1846

7. AGE — Years: 90 Months: 8 Days: 7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Around Home

10. Date deceased last worked at this occupation (mo. and yr.): Sept 36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: Swenson

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: Engalson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. John Fagan Burley Idaho

18. BURIAL, CREMATION OR REMOVAL. Place: Burbank Cemetery Date: 10/17/1936

19. UNDERTAKER (Address): L. C. Johnson Burley Idaho

20. FILED 10/12/, 193 Clara G. Sprackes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/10/1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1936, to 10-10-, 1936

I last saw him alive on 10-10, 1936: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... Specify.....

(Signed) ..... M. D.

(Address) Burley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100835

Registration District No. 117

1936 RECEIVED

Primary Registration District No. 296 Local Registrar's No. 183

(No. Gremstad Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elsie Ruth Gilstrap

(a) Residence. No. Declo Ida. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Troy M. Gilstrap

6. DATE OF BIRTH (month, day, and year): Oct. 25 1906

7. AGE: Years 35 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 10/5/36

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Newton Co. Mo.

MOTHER OR FATHER

13. NAME: Milt M. Chenoweth

14. BIRTHPLACE (city or town) (State or country): Mo.

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT (Address): Troy M. Gilstrap Declo Ida.

18. BURIAL, CREMATION OR REMOVAL

Place: Burley Idaho Date: 10/21/1936

19. UNDERTAKER (Address): R. C. Johnson Mortuary Burley Ida.

20. FILED: 10/20/1936. Laura D. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 19. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936 to Oct. 19, 1936.

I last saw h[illegible] alive on Oct. 19, 1936 death is said to have occurred on the date stated above, at 9:15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other **contributory causes** of importance:	

Name of operation: Appendectomy Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100836

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 124

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ortie M. Griffith

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. J. Griffith 1864

6. DATE OF BIRTH (month, day and year) May 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME Warren H. Reynolds

14. BIRTHPLACE (city or town) (State or country) Salt Lake City Ut.

MOTHER

15. MAIDEN NAME Mary M. Tripp

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT C. J. Griffith (Address) Murray Utah

18. BURIAL, CREMATION OR REMOVAL
Place Nursery Date 10-23 1936

19. UNDERTAKER Geo. E. Pomeroy (Address) Burley Ida.

20. FILED 10-21 1936 Lavina Truax Graves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1936, to 10-20, 1936.

I last saw her alive on 10-16, 1936.: death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma C. Metastasis	1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto A. Fetzer M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100837

NOV 10 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 107
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melissa Nixon Wolf. 74 a

(a) Residence. No. Burley St. do.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Wife

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. M. Wolf.

6. DATE OF BIRTH (month, day, and year) Sept 8 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	-	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallis City
(State or country) Ill.

FATHER
13. NAME James Nixon
14. BIRTHPLACE (city or town) Pittsburg
(State or country) Pa.

MOTHER
15. MAIDEN NAME Ruth Mills
16. BIRTHPLACE (city or town) Wheeling
(State or country) West Virginia

17. INFORMANT (Address) A. M. Wolf Burley.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date Oct 8, 1936

19. UNDERTAKER Jos. P. Payne
(Address)

20. FILED Oct 8, 1936 Laura G. Spackman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936, to Oct 6, 1936
I last saw he/she alive on Oct 6, 1936: death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Bell, M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100838

NOV 10 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 108

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME T Bailey Lee III

(a) Residence. No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

FATHER
13. NAME T Bailey Lee
14. BIRTHPLACE (city or town) Burley
(State or country) Ida

MOTHER
15. MAIDEN NAME Rilá Cramer
16. BIRTHPLACE (city or town) Burley
(State or country) Ida

17. INFORMANT T Bailey Lee Jr
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 10 - 12, 1936

19. UNDERTAKER A. D. Burns
(Address) Burley Ida

20. FILED Oct 12, 1936 Laura G Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1936, to October 11, 1936
I last saw him alive on Oct 11th, 1936; death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenes Infection Strep & Staph.	Oct 4th 1936
Other contributory causes of importance:	
Septicemia	Oct 10 1/2

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia.
City of Declo.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100840

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 110
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Humbard Wroz

(a) Residence. No. Declo do. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Olga Descombes

6. DATE OF BIRTH (month, day, and year) Nov 22 187

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Lagnire
(State or country) Switzerland

FATHER
13. NAME Dant Kner
14. BIRTHPLACE (city or town) Dant Kner
(State or country)

MOTHER
15. MAIDEN NAME Dord Kner
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Luke Dord Jr
(Address) Burley Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Burley Date Oct 18, 1936

19. UNDERTAKER Jos. P. Payne.
(Address)

20. FILED Oct 18, 1936 Laura V Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1936, to Oct 16, 1936
I last saw him alive on Oct 14, 1936; death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
1. Cirrhosis of Liver	1933
2. Hypostatic Pneumonia	September 15th 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~V.~~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. J. Moellmer, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100841

NOV 10 1936 RECEIVED

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 111

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Missie Elizabeth Bennett

(a) Residence. No. 76 Main Ave Burley Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. ~~Single~~, Married, ~~Widowed or Divorced (write the word)~~: Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eli Bennett

6. DATE OF BIRTH (month, day, and year): Dec. 17 1857

7. AGE: Years 79 | Months — | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation Yrs.

12. BIRTHPLACE (city or town) (State or country) Cedarstown Ut

FATHER

13. NAME John Berry

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Nicholl

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Eli Bennett

(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 10-28 1936

19. UNDERTAKER [illegible]

(Address) Burley Ida

20. FILED Oct 27 1936 Laura D Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct 18, 1936

I last saw h~~e~~r alive on Oct 18, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Acute bronchitis	10-1-36.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Kelly, M. D.

(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100842
State File No.

Registration District No. 117
Primary Registration District No. 2176 Local Registrar's No. 112

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels C. Nelson Jr 41

(a) Residence. No. Burley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Sandsby

6. DATE OF BIRTH (month, day, and year) Feb 14 - 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Geo Fair Ida

FATHER
13. NAME Nels C. Nelson Sr
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Cathryn Jensen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Ed. Nelson Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11-2 1936

19. UNDERTAKER Geo. E. Sayre
(Address) Burley Ida

20. FILED Nov 1 1936 Lause & Groshen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20-, 1936, to 10-28-, 1936
I last saw him alive on 10-26-, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) G. E. Sayre, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100843

NOV 10 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 16

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward J. Sadler.

(a) Residence. No. Heela St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 12-1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	-	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Joliet Ill.
(State or country)

FATHER
13. NAME Dirt Known
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME Dirt Known
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Lucile Sadler
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Albion Date Oct, 1936

19. UNDERTAKER Les F Tanner
(Address)

20. FILED 10-23, 1936 Laura D Knaeker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1936, to 10-22, 1936.
I last saw him alive on 10-22, 1936.: death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Fracture Femur	10-9-36
Other contributory causes of importance:	
Septic Embolic Foam. Compound Fracture to Chest & Pneumonia	10-17-36
	10-20-36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-9, 1936.
Where did injury occur? Cassia County
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Accident while Driving Car.
Manner of injury Automobile Accident
Nature of injury Severe Fractured Femur and Injuries

24. Was disease or injury in any way related to occupation of deceased? No Yes If so, specify Accident while working
(Signed) Chas A Tolman, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH — DEPARTMENT OF PUBLIC WELFARE — BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NUMBER IN THIS SPACE

State File No. 100844

County of Cassia

City of Elba

Registration District No. 119

Primary Registration District No. 2198 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William John Lloyd

(a) Residence. No. Elba. Elda. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Rachel W Lloyd

6. DATE OF BIRTH (month, day, and year) May 8. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own Farm

10. Date deceased last worked at this occupation (mo and yr.) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Longton England
(State or country)

FATHER

13. NAME John Lloyd

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Blanche Paunh
(Address) Elba. Elda

18. BURIAL, CREMATION OR REMOVAL
Place Elba Elda Date 10-24., 1936

19. UNDERTAKER H. C. Johnson Mortuary
(Address) Vern McCulloch

20. FILED 10-25., 1936 C. L. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7., 1936., to Oct 21., 1936.

I last saw him alive on Oct. 19, 1936.; death is said to have occurred on the date stated above, at 11:00 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular heart disease	7/1/1931
Other **contributory causes** of importance:	
None	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Slater M. D.

(Address) Albion Idaho

NOV 7 1936 RECEIVED

NOV 1936

PLACE OF DEATH

County of Shoshone

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100845

Registration District No. 96

Primary Registration District No. 2157 Local Registrar's No. 122

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luella L. York

(a) Residence. No. ..... St. Grangeville - Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 6, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Corning Iowa

FATHER

13. NAME Alexander A. McMillan

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Sarah Lacox

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Records: State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Lamuda Date Oct 4, 1936

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED 10/2, 1936 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1928, to October 1, 1936

I last saw her alive on October 1, 1936: death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage (Tuberculosis)	
Other contributory causes of importance:	
Paranoid Condition	

Name of operation None Date of

What test confirmed diagnosis? Post Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Lorenz McElwain, M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Near B.R. Cc camp No. I46

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100846

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 123

(No. 145)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ole Gunderson

(a) Residence. No. Foriegner St. Trondhkenn, Norway
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. woods

10. Date deceased last worked at this occupation (mo. and yr.) 9/30/36

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) His Pers. record with govt.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida. Date 10/ 3/36 193

19. UNDERTAKER (Address) Orofino Mortuary Orofino, Ida.

20. FILED 10-3, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall from a railroad trestle into a creek about 50ft. below causing a basic skull fracture, a fracture of left femur, and also back.	
Other contributory causes of importance:	
Death Occurred at once	

EXAMINATION

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accd. Date of injury 9/30

Where did injury occur? Near B.R. Cc. camp I46
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Between place of work and cr'ell. (fall)

Manner of injury

Nature of injury Fracured leg, skull and back

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wayne J. Hersey Coroner M. D.

(Address) Orofino Idaho.

MARGIN RESERVED FOR BINDING

...TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of ...formation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 100847

Local Registrar's No. 124

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alexander Morrison

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 9-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 52	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blister Rust Camp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Orofino Hospital Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 12, 1936

19. UNDERTAKER (Address) V. A. Shaw Orofino

20. FILED 10-10, 1936 V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1936 to Oct. 9, 1936

I last saw him alive on Oct. 9, 1936; death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis acute consumptive	Oct 4 1936

Other contributory causes of importance:

Postestinal obstruction	Oct 6 1936
non	

Name of operation Laparotomy Date of 10/7/36

What test confirmed diagnosis? ..... Was there an autopsy? ..... Examined

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) R. J. Hopkins, M. D.

(Address) Orofino, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE
State File No. 100848

Local Registrar's No. 125

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert F. Carruthers

(a) Residence. No. St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 17 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	8	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canida
(State or country)

FATHER
13. NAME F. Carruthers
14. BIRTHPLACE (city or town) Irland
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Arthur Carruthers
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 15, 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 10-13, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to Oct 12, 1936
I last saw him alive on Oct 7, 1936; death is said to have occurred on the date stated above, at 1.20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and	1933
Myocardial Degeneration	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harlan P. Kahler M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino
NOV 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100849

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 126

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie Bertha Glidden

(a) Residence. No. St. Orofino Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waverly (State or country) New York

FATHER
13. NAME — Plummer
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Son - Sam Glidden (Address) Lewiston

18. BURIAL, CREMATION OR REMOVAL
Place Greenwood Date 10-15, 1936

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 10-14, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1936 to 10-12, 1936
I last saw her alive on Oct 12, 1936: death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? not Date of injury ..., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —
(Signed) M. Robertson, M. D.
(Address) Orofino Idaho

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gleanwater

City of Weiser Ida

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100850

Registration District No. 90

Primary Registration District No. 2187

Local Registrar's No. 127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Irene Bachman

(a) Residence. No. St. Weiser Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	wh	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby 30-1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ida
(State or country)

FATHER

13. NAME John Bachman

14. BIRTHPLACE (city or town) Troy Ida
(State or country)

MOTHER

15. MAIDEN NAME Clara Johnson

16. BIRTHPLACE (city or town) Deerie Ida
(State or country)

17. INFORMANT John Bachman
(Address) Weiser Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida Date 10 15, 1936

19. UNDERTAKER H. A. Shaw
(Address) Cropin

20. FILED 10/14, 1936 H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to Oct 13, 1936
I last saw h alive on Oct 12, 1936: death is said to have occurred on the date stated above, at 6 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	Oct 12
Other contributory causes of importance:	
Bronchopneumonia	Oct 12

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harland F. Kahler, M. D.
(Address) Cropin Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100852

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 129

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1879

2. FULL NAME Elijah O. Merrill

(a) Residence. No. ..... St. Winchester Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lucia Merrill

6. DATE OF BIRTH (month, day, and year) Apr 30 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill Work

10. Date deceased last worked at this occupation (mo. and yr.) 10-19-36

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) ..... (State or country) Michigan

FATHER

13. NAME Amos Merrill

14. BIRTHPLACE (city or town) ..... (State or country) Mich.

MOTHER

15. MAIDEN NAME Mary Farmer

16. BIRTHPLACE (city or town) ..... (State or country) Mich.

17. INFORMANT Grace Kelley
(Address) Winchester

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Ida Date 10-23, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 10-23, 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	

Other contributory causes of importance:
Double fracture right leg and fracture of left arm

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Clothes Caught in pulley shaft
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify Working at Time
(Signed) Wayne L. Hayes Coroner C. D.
(Address) Orofino Idaho

C. Ben Ross Governor

P C. O'Malley Manager

STATE OF IDAHO
STATE INSURANCE FUND

BOISE, IDAHO

November 21, 1936

Re: In the Matter of the Death of ELIJAH DELPHUS MERRILL.
Claim No. 61857.

Wayne S Harris, Coroner
Orofino, Idaho

Dear Mr Harris:

This office is in possession of certified copy of death certificate filed in the above case.

We note that the name Lygia O Merrill does not agree with reports we have in our claim for compensation. Practically everything we have gives the name as Elijah Delphus Merrill instead of the name given on the death certificate. The history is the same in your record as those furnished us, so we take it that it is the same case.

We would appreciate you making investigation in the matter and learning whether or not the name you have recorded is correct and advising us that proper compensation agreement may be drawn.

If this name is incorrect, you will probably want to change it with the Bureau of Vital Statistics also.

Yours very truly,

STATE INSURANCE FUND

by: K. W. Hay

Claims Examiner.

KWH:NM

In regard to the above matter the name Elijah is correct and there was a misunderstanding of the name at the time the death certificate was issued.

Sincerly. Wayne S. Harris

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 100853

Registration District No. 2187
Primary Registration District No. 2187
Local Registrar's No. 130

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Netta Mable Reeve

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vergal Reeve

6. DATE OF BIRTH (month, day, and year) May 17 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	5	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Virgina (State or country)

FATHER
13. NAME Danial Ball
14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER
15. MAIDEN NAME Mable Ball
16. BIRTHPLACE (city or town) Virgina (State or country)

17. INFORMANT Vergial Reeve (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Oct 27, 1936

19. UNDERTAKER W.A. Shaw (Address) Orofino

20. FILED 10/26, 1936 W.A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 25, 1936
I last saw h[illegible] alive on Oct 25, 1936: death is said to have occurred on the date stated above, at 2.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	Oct 17 '36
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harland Landes M. D.
(Address) Orofino, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Osfino

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100854

Registration District No. 90

Primary Registration District No. 3187 Local Registrar's No. 191

(No. State Hospital North)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Jasper

(a) Residence. No. ..... St. DeSmet, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? ~~yrs.~~ ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	American Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) No Record

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ward of U.S. Govt.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cavaldo Idaho

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Records: State Hospital North
(Address) Orofino Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Tekoa, Wn Date Oct 31, 1936

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, Wn

20. FILED Oct 31, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1930, to October 31, 1936

I last saw him alive on October 31, 1936: death is said to have occurred on the date stated above, at 9:45 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	
Other contributory causes of importance:	
Alcoholic psychosis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Horace McKelway, M. D.

(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino
NOV 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100855

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 192
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Parrott

(a) Residence. No. 425 - 5th Street St. Lewiston - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Missouri
(State or country)

FATHER
13. NAME John C. Parrott
14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 11-1, 1936

19. UNDERTAKER Blanchard Hgwy Co
(Address) Lewiston

20. FILED Nov 3, 1936 H. A. Thain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935 to October 29, 1936.
I last saw him alive on October 29 1936: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility (Senility)	
Other contributory causes of importance: Senile psychosis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

NOV 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100856

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 133
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME T. G. Raycroft

(a) Residence. No. St. Troy - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Cook
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) United States
(State or country)

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained
(State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Hospital Cemetery Date Sept. 10 1936

19. UNDERTAKER F. A. Billberg, Hosp. Mtdt.
(Address) Orofino - Idaho.

20. FILED Nov 5, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to Sept 9, 1936
I last saw h.. alive on Sept 5, 1936: death is said to have occurred on the date stated above, at 8:30 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock - Fractured ribs	
Other **contributory causes** of importance:	
Paranoid Condition.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 5 1936
Where did injury occur? Orofino, Clearwater Co., Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. State Hospital North
Manner of injury Knocked down by bull.
Nature of injury Fractured ribs - Shock.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) Wayne Adams Coroner, M.D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 100857

NOV 7 1936 RECEIVED
Registration District No. 2187
Primary Registration District No.
Local Registrar's No. 134

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charls E. Mooers

(a) Residence. No. St. Seattle Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 9 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

FATHER

13. NAME John E. Moores
14. BIRTHPLACE (city or town) Michigan
(State or country)

MOTHER

15. MAIDEN NAME Mary Cooly
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Cully Moores
(Address) Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Seattle Wash Date ....., 193..

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 11/30, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 193

22. I HEREBY CERTIFY, That I attended deceased from none ~~Oct 28, 193~~ to ~~Oct 28~~, 193..
~~I last saw him alive on ....., 193..~~: death is said to have occurred on the date stated above, at 9.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial sclerosis	unknown
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. E. Hopkins, M. D.
(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100858

Registration District No. 90
Primary Registration District No. 2157
Local Registrar's No. 135

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

84

2. FULL NAME Mary Swager

(a) Residence. No. ..... St. Marie Springs, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth 3 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nick Swager

6. DATE OF BIRTH (month, day, and year) December 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Mary Misnra

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hospital Cemetery Date Nov. 2, 1936

19. UNDERTAKER T. A. Billbarc Hosp. Attd.
(Address) Orofino - Idaho.

20. FILED 11-3, 1936. H. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1936 to Oct. 31, 1936
I last saw her alive on Oct. 31, 1936: death is said to have occurred on the date stated above, at 10:00 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Other **contributory causes** of importance: Psychosis with organic Change of the Nervous System.	10 yr. +

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKeown, M. D.
(Address) Orofino - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. / MARGIN RESERVED FOR BINDING

PLACE OF [redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF [redacted]

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100859

County of Clearwater
City of Orofino

NOV 7 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No. 196

(No. Orofino Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 148 C

2. FULL NAME Frank S Durbin

(a) Residence. No. Thompson Apartments St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): April 19, 1868

7. AGE — Years: 68 — Months: 6 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Auditor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mercantile
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Staw corners Ohio

MOTHER/FATHER

13. NAME: Not on record
14. BIRTHPLACE (city or town) (State or country): Not on record

MOTHER

15. MAIDEN NAME: Not on record
16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT (Address): Mrs. Blanche Addington, Lewiston, Idaho
18. BURIAL, CREMATION OR REMOVAL — Place: Lewiston, Idaho Date: Oct. 27, 1936
19. UNDERTAKER (Address): Brower-Wann Company, Lewiston, Idaho
20. FILED 10-30-, 1936. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1936, to Oct. 24, 1936
I last saw him alive on Oct. 24, 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shock following accident	Oct. 24 1936

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis?: clinical Was there an autopsy?: no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide or homicide: [redacted] Date of injury: 10/24 1936
Where did injury occur?: Clearwater County
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: public place
Manner of injury: automobile accident
Nature of injury: concussion, internal injury

24. Was disease or injury in any way related to occupation of deceased?: no If so, specify:

(Signed) P. J. Hopkins, M. D.
(Address) Orofino, Idaho

PLACE OF DEATH
County of Custer.
City of Challis.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100860

Registration District No. 108
Primary Registration District No. 3186 Local Registrar's No. 226
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Brady Jessie Good

(a) Residence. No. Challis St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. E. Boyle.
(Address) Challis Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twinfalls. Date....., 193..

19. UNDERTAKER W. C. Hamblen
(Address) Salmon Idaho.

20. FILED Oct. 29..., 193.6. Edna M. Kenney...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 11 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	
Arteriosclerosis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) C. E. Kirtley, M. D.
(Address) Challis, Ida.

...RVED FOR BINDING
...ADING INK—THIS IS A PERMANENT RECORD. Every item of ...rully supplied. AGE should be stated EXACTLY. PHYSICIANS should ...SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...CCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mtn Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100861

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 23

NOV 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Ellsworth Munkler

(a) Residence. No. Mountain Home Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Munkler

6. DATE OF BIRTH (month, day, and year) Sept 16 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3-1-35
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Oswego Ill.

FATHER
13. NAME Geo Munkler
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Katherine Munkler
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mae Munkler
(Address) Mtn Home

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Home Date 9-17 1936

19. UNDERTAKER Idaho Funeral Home
(Address) Mtn Home Ida

20. FILED Sept 21 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1935, to 9-14, 1936
I last saw him alive on 8-28, 1936: death is said to have occurred on the date stated above, at 11-15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J C Evans, M. D.
(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100862

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 24

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Selma Pearson

(a) Residence. No. Mountain Home St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Pearson

6. DATE OF BIRTH (month, day, and year) 5-19-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Holgerson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT John Pearson
(Address) Mtn. Home Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Mtn. Home Ida. Date 9-1-, 1936

19. UNDERTAKER Gardner Funeral Home
(Address) Mtn. Home Ida.

20. FILED 9-21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1936, to 8-29, 1936.
I last saw h[illegible] alive on 8-29-, 1936.: death is said to have occurred on the date stated above, at 10.30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Mountain Home Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore.
City of Mtn. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100863

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 25

NOV 13 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Williams

(a) Residence. No. Mountain Home 2da St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced ~~HUSBAND~~ of ~~(or) WIFE~~ of Mary Wallace deceased

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	-	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Unknown Kansas

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) -

MOTHER
15. MAIDEN NAME -
16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Frank Hendricks
(Address) Mountain Home, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn. Home Ida. Date 9-22, 1936

19. UNDERTAKER Zachey Funeral Home
(Address) Mtn. Home Ida.

20. FILED 9-21, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-17-, 1936, to 9-20-, 1936
I last saw him alive on 9-19-, 1936: death is said to have occurred on the date stated above, at 2300 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Infection	9-15-36
Other contributory causes of importance: General Debility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Mountain Home

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100864

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Lou Deckard

(a) Residence. No. Mountain Home 2d St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Home Ida

FATHER

13. NAME Wm Deckard

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Nola Kirtland

16. BIRTHPLACE (city or town) (State or country) Manassa, Colo

17. INFORMANT (Address) Nola Kirtland

18. BURIAL, CREMATION OR REMOVAL
Place Pine Idaho Date 10-9-, 193 6

19. UNDERTAKER Rose Funeral Home
(Address) Mountain Home Ida

20. FILED Oct 15, 193 6 H Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 193 3, to 10-7, 193 6.

I last saw her alive on 10-7, 193 6: death is said to have occurred on the date stated above, at 3 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
from influenza	
Toxemia	
Other contributory causes of importance:	

Name of operation Proposed Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L E Evans, M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Mtn. Home.

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100865

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 27

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Nathaniel Goset.

(a) Residence. No. Mountain Home 2da St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nellie Goset

6. DATE OF BIRTH (month, day, and year) 11-22-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 10-15-36

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME John Goset

14. BIRTHPLACE (city or town) (State or country) U-S.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Vivian Goset. (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Mountain Home 2da Date 10-21, 1936

19. UNDERTAKER Rachel Funeral Home (Address) Mtn Home 2da.

20. FILED Nov 12, 1936 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1936, to 10-19-, 1936

I last saw him alive on 10 15 -, 1936: death is said to have occurred on the date stated above, at 7.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. E. Lawrence, M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Atlanta

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 34
Primary Registration District No. 2020
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 100866

Local Registrar's No. 34

1017

2. FULL NAME Gladys Marie Drown

(a) Residence. No. 901 Elgin St St. Caldwell, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ~~mos.~~ 3 weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Earl Drown

6. DATE OF BIRTH (month, day, and year) Sept. 11-1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ... housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) Ola.
(State or country) Gem. Co. State of Idaho

FATHER

13. NAME Hiram J. Ballantyne

14. BIRTHPLACE (city or town) Centerville,
(State or country) Boise Co. Idaho

MOTHER

15. MAIDEN NAME Goldie E. Clemens

16. BIRTHPLACE (city or town) Chadron
(State or country) Nebrasica

17. INFORMENT Mrs Goldie E. Ballantyne
(Address) Atlanta, Idaho, Mother of Deceased

18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL
Place Caldwell, Idaho Date Oct. 31, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell, Idaho

20. FILED Oct. 31, 1936 Gro M Hales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 31 1936

22. I HEREBY CERTIFY, That ~~I attended~~ Was attended deceased from Oct 30-36 9:PM, 193..., to Oct 31-36 6.25AM, 193... by her Father, Mrs Goldie E Ballantyne and assistants. I last saw her alive on Oct. 31, 1936; death is said that she to have occurred on the date stated above, at 6:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia followed	Oct 30-36
with acute heart attack	
and hemorage of lungs	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? NONE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No physician in attendance.

Manner of injury. No resident physician in Atlanta. Physician was called from Road Camp at Alexandar Flats on Middle Fork of Boise River, failed to arrive thru misfortune.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Gro M Hales Registrar, M. D.

(Address) Atlanta Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Glenns Ferry,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100867

Registration District No. 35

NOV 17 1936 RECEIVED

Primary Registration District No. 2021

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Wilkins

(a) Residence. No. Glenns Ferry Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-15-1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Oregon

FATHER

13. NAME J. A. Wilkins

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMANT (Address) Mrs Rose Wilkins Mountain Home Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Mtn Home Ida Date 10-12, 1936

19. UNDERTAKER (Address) Rusher Funeral Home Mtn. Home Idaho

20. FILED 10-8, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1936, to 10-8, 1936

I last saw h~~e~~r alive on 10-7, 1936: death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Coronary Thrombosis	10-6-36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Davis, M. D

(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100868

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

NOV 1 1936 REGISTERED

(No. Glenns Ferry, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Wood Abbott

(a) Residence. No. Haggerman, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 27. 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mount Gilead
(State or country) Ohio

FATHER

13. NAME Samuel N. Wood

14. BIRTHPLACE (city or town)
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Lyon

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Charles Abbott
(Address) Hagerman, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman, Ida. Date 10/30, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-27, 1936 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/27/1936

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1936, to 10/27, 1936
I last saw her alive on 10/27, 1936: death is said to have occurred on the date stated above, at 6:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	10/25/36
Shock	10/25/36

Other contributory causes of importance:

Arteriosclerosis	1920

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/25/36, 1936
Where did injury occur? Glenns Ferry, Elmore, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Accident
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Ida.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100870

PLACE OF DEATH
County of Elmore
City of King Hill

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No. 917

NOV 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harriett Jane Massey

(a) Residence. No. Salt Lake City St. Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathaniel Massey.

6. DATE OF BIRTH (month, day, and year) 12-5-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toronto Canada.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Jayne

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) Ethel Hendricks. King Hill. Ida.

18. ~~BURIAL~~, CREMATION, ~~OR~~ REMOVAL
Place Boise. Ida Date 10-5. 1936

19. UNDERTAKER (Address) Rachel Funeral Home Mountain Home. Ida.

20. FILED 10-4, 1936. Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1936, to 10-1, 1936
I last saw h alive on 10-1, 1936 death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Cerebral Hemorrage	10-1-36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Davis, M. D.
(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenn's Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100871

Nov 10 1936 RECEIVED

Registration District No. 35
Primary Registration District No. 2021

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Violet Winnop

113

(a) Residence. No. Glenn's Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18th 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenn's Ferry Ida.

FATHER

13. NAME Silver S Winnop

14. BIRTHPLACE (city or town) (State or country) Colo.

MOTHER

15. MAIDEN NAME Georgia Veteto

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Georgia Winnop
(Address) Glenns Ferry.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Glenn's Ferry Date 10-30 1936

19. UNDERTAKER Zacher Mt. Home
(Address)

20. FILED 10-30 1936 Mary Sellers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-23-36, 193..., to 10-30-36, 193...
I last saw h er alive on 10-30-36, 193...: death is said to have occurred on the date stated above, at 11.25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Houston E Snyder M. D.
(Address) Glenns Ferry Ida.

FORM V. S. No. 6-16 M. 1-36

1936 CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 100872

Local Registrar's No. 172-13

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Fremont

City of St. Anthony

Registration District No. 77

Primary Registration District No. 2177

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME None Rose

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word)

6. DATE OF BIRTH: March (Month) 13th (Day) 1865 (Year)

7. AGE: 71 Yrs. 5 Mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): North Ogden Utah

10. NAME OF Father: George Moore

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Moore

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James C. Rose
(Address) St. Anthony Idaho

15. Filed 8/22 1936 Sarah B. Munk Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. (Month) 19th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/8 1936 to 8/19 1936, that I last saw him alive on 8/18 1936, and that death occurred on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:
Fracture of Ribs (Automobile Accident)
Myocarditis
10 (Duration) ..... yrs. ..... mos. 12 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. Russell M. D.
9/10 1936 (Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexford — DATE OF BURIAL: 8/23 1936

20. UNDERTAKER: [illegible] — ADDRESS: St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of St. Anthony

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100873
State File No.

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 309

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lavar Hickens

(a) Residence. No. Idaho Falls Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21-1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clearance Utah

FATHER
13. NAME Wm W. Nielsen
14. BIRTHPLACE (City or town) (State or country) St. Joseph Miss.

MOTHER
15. MAIDEN NAME Lola Mickey
16. BIRTHPLACE (city or town) (State or country) Clearance - Utah

17. INFORMANT (Address) Mrs Lola Hampton Idaho Falls Ida Route #1

18. BURIAL, CREMATION OR REMOVAL
Place Taylor Date Sept 9, 1936

19. UNDERTAKER Taylor & Hawley
(Address) St. Anthony Idaho

20. FILED 9/8, 1936. Sarah B. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1936, to ____, 193__
I last saw him alive on dead, 1936; death is said to have occurred on the date stated above, at ab Midnight m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Body found in Egin Canal at 11 A.M. Sept 6th 1936	
Other contributory causes of importance: Drowned.	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 193
Where did injury occur? Egin canal St Anthony
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Hansen Coroner M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100874

Registration District No.
Primary Registration District No. 6 Local Registrar's No.
(No.)

NOV 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Maxine Hutchinson

(a) Residence. No. Emmett Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Wht	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2 - 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME W. H. Hutchinson
14. BIRTHPLACE (city or town)
(State or country) Okla

MOTHER
15. MAIDEN NAME Ruby J. Christ
16. BIRTHPLACE (city or town)
(State or country) Ark.

17. INFORMANT W. H. Hutchinson
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/3, 1936

19. UNDERTAKER L. Buckendorf
(Address) Emmett Idaho

20. FILED 10/3, 1936 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity.	
Cardiac failure	about 6 hours
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Gardner, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100875

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Rinker

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 15 - 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 8-1-1936
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Clarkston
(State or country) Wash

FATHER
13. NAME Patrick Lamb
14. BIRTHPLACE (city or town) ____
(State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Rogers
16. BIRTHPLACE (city or town) Dooliu
(State or country) Ireland

17. INFORMANT A. B. Rinker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/21, 1936

19. UNDERTAKER O. D. Bruce Emmett
(Address) Emmett Idaho

20. FILED 10/20, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to Oct 18, 1936
I last saw h[illegible] alive on 18th, 1936: death is said to have occurred on the date stated above, at 4 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of [illegible]	
Bowels Appendicitis	
Other contributory causes of importance:	

Name of operation Exploratory Date of July 25-36
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ....

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100876

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph N. Jacques
(a) Residence. No. ____ Street Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred? 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 14 - 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 10/10/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Della Truman
(Address) Emmett Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/19, 1936
19. UNDERTAKER C. O. Rice
(Address) Emmett Idaho
20. FILED 10/19, 1936 J. K. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/17 1936
22. I HEREBY CERTIFY, That I attended deceased from Fall of, 1935 to Oct 17, 1936
I last saw h[illegible] alive on Oct 17, 1936 death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Disease	
Other contributory causes of importance:	
Cardiac Asthma	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J. K. Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100877

NOV 3 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessey Edward Taylor

(a) Residence. No. Emmett Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Etta Taylor

6. DATE OF BIRTH (month, day, and year) Mar 18 - 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (mo. and yr.) 10/16/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME James Silas Taylor
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Rose Carter
16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Calvin Taylor
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 10/18, 1936

19. UNDERTAKER C. O. Buckendorf
(Address) Emmett Idaho

20. FILED 10/17, 1936 J. L. Rupp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-16-, 1936, to 10-16-, 1936
I last saw him alive on 10-16, 1936; death is said to have occurred on the date stated above, at 11:45 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	
valvular disease	

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) [illegible], M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

NOV 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100878

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Craig

(a) Residence. No. Emmett Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Fem	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year) July 12 - 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 5 yrs.

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cadiz Ohio

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Jane McCollough

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) W. J. Craig Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Emmett Idaho Date 10/5, 1936

19. UNDERTAKER O. D. Buckmaster

(Address) Emmett Idaho

20. FILED 10/5, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/3 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to 10-3-, 1936

I last saw h.. alive on 9-28, 1936: death is said to have occurred on the date stated above, at 11:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1930
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) P. N. Cummings, M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100879

Registration District No. 18

NOV 12 1936 RECEIVED

Number Registration District No. ____ Local Registrar's No. ____

(No. St Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME John William Shaw

(a) Residence. No. Jerome Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Attie May Shaw
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 24 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jerome Natl Bank
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Atlantic
(State or country) Iowa

FATHER
13. NAME William Shaw
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Jennie Thegardson
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Attie May Shaw
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Oct 31 1936

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Nov 11 1936 Dr C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936, to Oct 28, 1936
I last saw h.i.m. alive on Oct 28, 1936 death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock (secondary to Comminuted Fracture of both Left Tibia & Fibula Left Iliac Crest and Pelvis)	Oct 27/36
Other contributory causes of importance:	
Chronic Bronchitis	years
Asthenia	"

Name of operation ____ Date of ____
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Oct 28, 1936
Where did injury occur? Jerome, Jerome County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell from Stairway window
Nature of injury Shock & Fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Caretaker of building

(Signed) Dr C F Reeg M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100880

NOV 3 1936 RECEIVED

Registration District No.
Primary Registration District No.
Local Registrar's No. 291

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathrine LeRue Durfee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23 - 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerman Ida.
(State or country)

FATHER

13. NAME Marvin Durfee

14. BIRTHPLACE (city or town) Filer, Ida
(State or country)

MOTHER

15. MAIDEN NAME Minnie Callahan

16. BIRTHPLACE (city or town) Driggs Ida
(State or country)

17. INFORMANT Mrs. J. M. Durfee
(Address) Buhl

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Buhl, Ida Date 10/11, 1936

19. UNDERTAKER Evans & Johnson
(Address) Buhl L. D. Johnson

20. FILED 10-31, 1936 J. H. Cranmell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	10-8-36
Child was found face down in the sand at edge of a water canal and was dead when found. Child was found about 7:30p.m.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 10-8-36
Where did injury occur? Near home, Hagerman, Idaho.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. In water canal near home.

Manner of injury Drowned.

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alonzo A. Towner M. D.
(Address) Co. 2528 CCC, Hagerman, Idaho.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100881

Registration District No.
Primary Registration District No. Local Registrar's No. 289
(No. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl August Kinzie 131

(a) Residence. No. Elwood Neb. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sophia Kinzie

6. DATE OF BIRTH (month, day, and year) Mar 28 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME August Kinzie
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dorothea Kinzie
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Carl Wilhelm Kinzie

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Elwood Neb. Date ....., 193..

19. UNDERTAKER A. E. Thompson
(Address)

20. FILED Oct 31, 1936 J H Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26- ....., 1936, to ....., 193..
I last saw h~~e~~alive on 9-26- ....., 1936; death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	?
Other contributory causes of importance:	
Angina	2
	1

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J H Cromwell M. D.
(Address) Gooding Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100882

Registration District No.
Primary Registration District No. Local Registrar's No. 290
(No. 113)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lee Bennett

(a) Residence. No. St. Gooding, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 18, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER
13. NAME Ray Bennett
14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER
15. MAIDEN NAME Wanda Dayton
16. BIRTHPLACE (city or town) (State or country) Alva Oklahoma

17. INFORMANT (Address) Mrs Ray Bennett Gooding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Ida Date ....., 193...

19. UNDERTAKER
(Address)

20. FILED 10-31, 1936 J. H. Connell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1936, to 10/6, 1936
I last saw him alive on 10/6, 1936: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	9/21/36
Other contributory causes of importance: Pneumonia	10/4/36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Cooper, M. D.
(Address) Gooding, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Garden City

R. F. D.

NOV 9 1936 REC'D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100883
State File No.

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 292

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Henry Lindsay 88 h

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia Lindsay

6. DATE OF BIRTH (month, day, and year) Sept 19 – 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reedsburg Wis

MOTHER FATHER

13. NAME Wm. Lindsay

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Nah Knavon

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs J.H. Lindsay Kootenai

18. BURIAL, CREMATION OR REMOVAL
Place Kootenai Date 10/23 193 6

19. UNDERTAKER Evans & Johnson
(Address) Burial, Evans & Johnson

20. FILED ....., 193.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 193 6

22. I HEREBY CERTIFY, That I attended deceased from 10-18-36, 193..., to 10-19-36, 193...
I last saw him alive on 10-18-, 193 6; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic,	1925 or 34
degenerations with	
Decompensation	
Uremia	Terminal

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J.A. Gunnell, M. D.
(Address) Garden City

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100884

NOV 3 1936 RECEIVED

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 293
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amos Melvin Cramblet 101a

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Amanetta McCramblet

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1922
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fulton Co. Ill.

FATHER
13. NAME Finkery Cramblet
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Elizbeth Summers
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT E L Cramblet
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Ida Date 10/26, 1936

19. UNDERTAKER A E Thompson
(Address)

20. FILED 10 27, 1936 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-24-1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	10-20

Other contributory causes of importance:

Arteriosclerosis	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J H Cromwell, M. D.
(Address) Gooding

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gooding

City of Gooding

NOV 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100885

Registration District No.

Primary Registration District No. 24 Local Registrar's No. 294

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Embrey G Brode Painter 1886

(a) Residence. No. Gooding St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montebello Va

FATHER

13. NAME John Co'e Painter

14. BIRTHPLACE (city or town) (State or country) Montebello Va

MOTHER

15. MAIDEN NAME Ella K Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Montebello Va

17. INFORMANT Stanley Ramsey (Address) Gooding

18. BURIAL, CREMATION OR REMOVAL Place Gooding Ida Date , 193

19. UNDERTAKER J. E. Thompson (Address) Gooding Idaho

20. FILED 10-31, 193 6 J H Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1936, to 10-31, 1936

I last saw h[illegible] alive on 10-30, 1936: death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed	
In Automobile wreck	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? 10-30, 1936

Where did injury occur? Norway (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Car wreck

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J H Cromwell, M. D.

(Address) Gooding Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100886

PLACE OF DEATH

County of Idaho
City of Kamiah
Registration District No. 49
Primary Registration District No. 2127
(No.) Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Walker
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	Indian	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 1. 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10. NAME OF FATHER "
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Lyman Walker
(Address) Kamiah Ida.

15. Filed 10-11-, 1936 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 19 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1934, to above, 19
that I last saw him alive on July 10th, 1936
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
1 yr 7 mo 5 ds
(duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. H. Byers, M. D.
7/20, 1936 (Address) Kamiah

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Kamiah Ida.	July 21. 1936
20. Undertaker	Address
Kamiah Funeral Home	Kamiah Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS; should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100887

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 28

(No. at home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Toennis

(a) Residence. No. Cottonwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Theo Toennis

6. DATE OF BIRTH (month, day, and year) Dec 11 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Leo Toennis (Address) Cottonwood Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cottonwood, Ida. Date 11-5-36 193..

19. UNDERTAKER Vassar-Rawls Co (Address) Lewiston, Idaho.

20. FILED Nov 9, 1936 Wesley F. Ayer Registrar.
per T.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 193.., to Oct 1, 193..
I last saw her alive on Sept 30, 1936: death is said to have occurred on the date stated above, at 7 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. J. Stevens M.D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of States

RECEIVED NOV 13 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. Local Registrar's No.

DO NOT WRITE IN THIS SPACE
100888
State File No.

(No. 74a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Asbury Massey

(a) Residence. No. Main St. St. States Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Tilda Ellen Massey

6. DATE OF BIRTH (month, day, and year): Oct 2nd 1853

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
83	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Blacksmith
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 3 years
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Haywood North Carolina

FATHER

13. NAME: Samuel Massey
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Nancy Massey
16. BIRTHPLACE (city or town) (State or country): N. Carolina

17. INFORMANT (Address): Tilda Massey

18. BURIAL, CREMATION OR REMOVAL
Place: States Date: Oct 15 1936

19. UNDERTAKER (Address): Glen Arbor Granville

20. FILED Nov 3, 1936 Jno. Verbe Kuns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1936, to Oct 13th, 1936.
I last saw him alive on Oct 12th 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) H. N. Wentworth M. D.
(Address) States Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100889
State File No.

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 13

NOV 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ann Brown

(a) Residence. No. 12 Miles out of Kooskia St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

74a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edd Brown
6. DATE OF BIRTH (month, day, and year): Nov. 2nd 1848
7. AGE: Years 87 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Oct 1936
11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Dont know Wisconsin

FATHER
13. NAME: Hans Johnson
14. BIRTHPLACE (city or town) (State or country): Dont know Norway

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (city or town) (State or country): Dont know Norway

17. INFORMANT (Address): Burlin Brown Kooskia Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Oct 25 1936

19. UNDERTAKER (Address): None

20. FILED Nov 5, 1936. J. M. Verbeke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1936, to Oct 24th, 1936.
I last saw h[illegible] alive on Oct 20 1936.; death is said to have occurred on the date stated above, at 10 to a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. W. Wentworth M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Clearwater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100890

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 411

NOV 12 1936 REGISTERED

(No. 45)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie Brown

(a) Residence. No. Clearwater St. Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene A. Brown

6. DATE OF BIRTH (month, day, and year) Jan 21, 1857

7. AGE — Years: 79 | Months: 5 | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER
13. NAME John McTeague
14. BIRTHPLACE (city or town) (State or country) Yorktown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT W. C. York
(Address) Clearwater Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Harpster Date 6/25 1936

19. UNDERTAKER Glenn Offield
(Address) Grangeville Ida.

20. FILED Nov 6 1936 J. M. Verbeke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to June, 1936
I last saw her alive on May 9 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Intestine	1 about
	one year

Other **contributory causes** of importance:

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. A. Bryson, M. D.
(Address) Kamiah Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

OCT 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100891

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Joseph Lannan

(a) Residence. No. 404 S. Hall St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Lannan

6. DATE OF BIRTH (month, day, and year) 4/8/1873

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
63	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Records Iowa

FATHER

13. NAME Joseph Geo. Lannan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida Lannan
(Address) Grangeville, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Grangeville Date 9/6/, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville, Idaho.

20. FILED 10-1-, 1936 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-3-1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15-, 1936, to 9-3-, 1936.

I last saw h alive on 9-3-, 1936.; death is said to have occurred on the date stated above, at 12 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. B. Weber M. D.

(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100892

OCT 14 1936 RECEIVED

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 40

(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles William Thrasher 183

(a) Residence. No. Grangeville Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): June 27, 1922
7. AGE: Years 14 | Months — | Days 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Student
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grangeville Idaho

FATHER
13. NAME: Albert Thrasher
14. BIRTHPLACE (city or town) (State or country): Montana

MOTHER
15. MAIDEN NAME: Ruth Shira
16. BIRTHPLACE (city or town) (State or country): Montana

17. INFORMANT (Address): Albert Thrasher Grangeville

18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: 7/5, 1936

19. UNDERTAKER (Address): Glenn Adler Grangeville Ida.

20. FILED Oct. 1, 1936 R. E. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/1 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shot in right temple with .22 Bullet	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide, or homicide~~?..... Date of injury 7/1 1936
Where did injury occur?..... Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**..... Home
Manner of injury..... Shot with .22
Nature of injury..... Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...
(Signed) Glenn Adler Coroner of Idaho County
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100893

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 41

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lee Franklin Kelley

(a) Residence. No. Bolea St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louisanda Kelley

6. DATE OF BIRTH (month, day, and year) Feb 28, 1881

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	55	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 6/23/36

11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME John Kelley

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louisanda Kelley
(Address) Bolea Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerkey Idy Date 6/25 1936

19. UNDERTAKER Glenn Auker
(Address) Grangeville Idy

20. FILED Oct 1, 1936 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Shot gun self	
with 44 x 40	
revolver above	
right temple	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? Date of injury 6/23 1936

Where did injury occur? Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. public place

Manner of injury Shot

Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Glenn Auker M.D.
Coroner of Idaho County

(Address) Grangeville Idy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100894

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 44

(No. 131)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Everett Headley

(a) Residence. No. St. Grangeville Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/16/91

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10/12/36

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Alcester S. Dakota

FATHER

13. NAME Curtis Headley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Hannah Zenger

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Charles Headley
(Address) Grangeville, Ida.

18. BURIAL, CREMATION OR REMOVAL Fairview Cemetery
Place Grangeville Date 10/14, 1936

19. UNDERTAKER Hanauer Funeral Home
(Address) Grangeville Ida.

20. FILED Oct 30, 1936 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 5-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1919
& Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B Chipman, M. D.

(Address) Grangeville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100895

Registration District No. 103

Primary Registration District No. 1001 Local Registrar's No. 45

(No. Bypaard Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Howard David Terry

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/5/1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm & road work

10. Date deceased last worked at this occupation (mo. and yr.) 10/25/36

11. Total time (years) spent in this occupation 3 mos.

12. BIRTHPLACE (city or town) Clinton
(State or country) Utah

FATHER

13. NAME Columbus Terry

14. BIRTHPLACE (city or town) Stone County
(State or country) Mo.

MOTHER

15. MAIDEN NAME Elizabeth Haines

16. BIRTHPLACE (city or town) Clinton
(State or country) Utah

17. INFORMANT Columbus Terry
(Address) Bucl Idaho

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Bucl, Ida. Date 11/1/, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville, Idaho

20. FILED Oct 30, 1936 V B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29/1936

22. I HEREBY CERTIFY, That I attended deceased from 10/25/, 193.6., to 10/29/, 193.6

I last saw him alive on 10/29/, 1936.: death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marked collapse & left lung with left pneumothorax	

Other contributory causes of importance:

Fracture of 7th & 8th ribs penetrating the parietal pleura. Transverse fracture of sternum

Name of operation Date of

What test confirmed diagnosis? V. Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? accid Date of injury 193

Where did injury occur? Grangeville Idaho Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. in industry

Manner of injury Fell or jumped off tractor

Nature of injury ~~Crushing~~ fracture of sternum

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify At work

(Signed) Lon Hellums M.D.

(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Garfield.

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Anderson

DO NOT WRITE IN THIS SPACE
State File No. 10697

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 53

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

144

2. FULL NAME LaVella Evelyn Garner.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Glenn Garner.

6. DATE OF BIRTH (month, day, and year) April 8, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 8/36
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Garfield, Idaho.

FATHER
13. NAME George H. Hobley.
14. BIRTHPLACE (city or town) (State or country) Murray, Utah.

MOTHER
15. MAIDEN NAME Eunive Evelyn Moon.
16. BIRTHPLACE (city or town) (State or country) Albion, Idaho.

17. INFORMANT (Address) Small, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Ida. Date 10-17, 193 6

19. UNDERTAKER (Address) Rigby, Idaho.

20. FILED Oct 18, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-14 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 193 6, to Oct 14, 193 6
I last saw her alive on Oct 13, 193 6: death is said to have occurred on the date stated above, at 1:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Haemorrhage	
ch Infection.	
Other contributory causes of importance:	

Name of operation Curette & Pack Date of Oct 8-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. L. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 100898

Local Registrar's No. 34

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Elizabeth Glenn.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married.

5a. If married, widowed, or divorced
(or) WIFE of James Edward Glenn.

6. DATE OF BIRTH (month, day, and year) Dec. 6th, 1866

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
69	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 10/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

FATHER

13. NAME Frank Blackburn Hanson.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Annie Elizabeth Simpson.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Bessie Glenn
(Address) Salt Lake City, Utah.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 10/19, 1936

19. UNDERTAKER A. E. Harrell
(Address) Rigby, Idaho.

20. FILED 10-18, 1936 A. E. Harrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1936, to Oct 16, 1936
I last saw her alive on Oct 16, 1936: death is said to have occurred on the date stated above, at 8:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	10/9/36
Uraemia	10/13/36
Hypertension Heart Disease	1930
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. Harper Smith, M. D.
(Address) Rigby, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Hamer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 100899

Nov 15 1936 REC'D T.D.

Local Registrar's No. 55

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Milton Brown.

(a) Residence. No. .... St. Magne, Utah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Annie Eliza Brown.

6. DATE OF BIRTH (month, day, and year) Oct. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
69	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch.
10. Date deceased last worked at this occupation (mo. and yr.) 3/1919
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Magna, Utah.

FATHER
13. NAME Austin Milton Brown.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Fannie Stevenson.
16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Austin S. Brown
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Magna, Utah. Date 10/21, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 10-21, 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on dead 10/20, 1936: death is said to have occurred on the date stated above, at 4:00P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck.	
Other contributory causes of importance: Auto Accident.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 10/20, 1936
Where did injury occur? Jefferson, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Auto accident.
Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) A. B. Eckersell (Coroner.)
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Roberts

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE
State File No. 100900

Local Registrar's No. 57

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Warren Welling

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 10, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roberts Idaho.

FATHER

13. NAME John Byron Welling
14. BIRTHPLACE (city or town) (State or country) Independenee Oregon

MOTHER

15. MAIDEN NAME Joesphine Larsen
16. BIRTHPLACE (city or town) (State or country) Roberts Idaho

17. INFORMANT (Address) Josephine Welling Roberts Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burton, Idaho. Date 11-12-1936

19. UNDERTAKER (Address) A. B. Eckersall Inglis Ida.

20. FILED Nov 10 1936 A. B. Eckersall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1936

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 193..., to ....., 193...
I last saw him alive on Nov. 8, 1936: Dead death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot Wound. Shot in head with 12 gauge shotgun.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 11-8 1936
Where did injury occur? Bassett, Jefferson, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Farm.
Manner of injury Gunshot.
Nature of injury Wound in head.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) A. B. Eckersall Coroner
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100901

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eldora Heneks Roberson

(a) Residence. No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas J Roberson

6. DATE OF BIRTH (month, day, and year) 1-3-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Cedar Co
(State or country) Iowa

FATHER
13. NAME David J Heneks
14. BIRTHPLACE (city or town) Penna
(State or country)

MOTHER
15. MAIDEN NAME Mary Ann Keyser
16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Mrs Nowle
(Address) Jerome Ida

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date 11/28, 1936

19. UNDERTAKER Jerome Funeral Chapel
(Address)

20. FILED Nov 12, 1936 Dr. C. F. Zellers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Nov. 5, 1936
I last saw her alive on Nov 5, 1936: death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance:	
Asthma	1896

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of (or Twp.) E. Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100902

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Henry Clay Huey

(a) Residence. No. ____ Eden, Idaho
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Huey

6. DATE OF BIRTH (month, day, and year) Mar 3 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Ark

FATHER

13. NAME File Huey

14. BIRTHPLACE (city or town) ____ (State or country) Not Known

MOTHER

15. MAIDEN NAME Vic Vantchen

16. BIRTHPLACE (city or town) ____ (State or country) Ky

17. INFORMANT Mrs. Elsie Huey (Address) Eden Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Oct 31, 1936

19. UNDERTAKER J. R. Wiley (Address) Jerome Idaho

20. FILED Nov 2, 1936 E. F. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 11:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound in Right Temple	
Accidental	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury Oct 27, 1936
Where did injury occur? E. Jerome Jerome Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Gunshot wound in head
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. R. Wiley, Coroner
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100903

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Mason Gifford

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 28, 1923

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
13	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

FATHER

13. NAME James A. Gifford

14. BIRTHPLACE (city or town) ____
(State or country) Utah

MOTHER

15. MAIDEN NAME Anna Mason

16. BIRTHPLACE (city or town) ____
(State or country) Utah

17. INFORMANT Mrs Anna Gifford
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Id. Date Nov 11, 1936

19. UNDERTAKER R R Wiley
(Address) Jerome Idaho

20. FILED Nov 11, 1936 Dr. C. F. Kelley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to Nov. 10, 1936.
I last saw him alive on Nov. 10, 1936: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis acute	Nov. 9, 1936

Other contributory causes of importance:

Name of operation No Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Reuben C. Mateer, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100904

Registration District No.
Primary Registration District No. 18
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Robey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. /yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Robey

6. DATE OF BIRTH (month, day, and year) Oct 4, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER
13. NAME Jess Robey
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr Ellen Robey (Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Nov 9, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 11/7, 1936 C. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Nov. 7, 1936
I last saw him alive on Nov. 6, 1936.: death is said to have occurred on the date stated above, at 6:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1926
Other contributory causes of importance:	

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Reuben C. Matson M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100905

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arlis Frank Martin

13

(a) Residence. No. ____ Jerome Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome (State or country) Idaho

FATHER

13. NAME Cloud F. Martin

14. BIRTHPLACE (city or town) Pikeville (State or country) Penn

MOTHER

15. MAIDEN NAME Elda Erickson

16. BIRTHPLACE (city or town) ____ (State or country) Idaho

17. INFORMANT Cloud F. Martin (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Oct 22, 1936

19. UNDERTAKER R. Wiley (Address) Jerome Idaho

20. FILED Nov 9, 1936 Dan C. F. Giles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 20, 1936.

I last saw him alive on Oct 20, 1936.: death is said to have occurred on the date stated above, at 11:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal infection	Oct 1, 1936

Other contributory causes of importance:

Name of operation No Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Reuben C. Matson, M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. French Gulch 30

DO NOT WRITE IN THIS SPACE
State File No. 100907

NOV 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 182

(No. 740)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Evelyn Donart Snavely

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	divorced

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Wilbur Snavely

6. DATE OF BIRTH (month, day and year) 1909 - 3 - 15

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 10.36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

FATHER

13. NAME W. Donart

14. BIRTHPLACE (city or town)
(State or country) Minn.

MOTHER

15. MAIDEN NAME Bluette Paulus

16. BIRTHPLACE (city or town)
(State or country) Switzerland

17. INFORMANT Mrs. W. S. Donart
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest - Place. C D'Alene Ida Date 10-11, 1936

19. UNDERTAKER Cossey Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Oct 12, 1936 T. T. Manning, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9/36, 193..., to 10/9/36, 193...
I last saw h alive on 10/9/36, 193...: death is said to have occurred on the date stated above, at 6:45 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/8/36
Encephalitis	1935

Other **contributory causes** of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred G. Henson M. D.
(Address) Coeur d'Alene Ida

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100908

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 183

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Jacobson

(a) Residence. No. ..... Twisted Bay, Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos. 7 dys. How long in U. S., if of foreign birth? yrs. ..... mos. ..... dys.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 11, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

FATHER

13. NAME Jacob Jacobson
14. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Emma B. Pepperdene (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Cour d'Alene Date 10-20, 1936

19. UNDERTAKER Cozzedy Funeral Home (Address) Rathdrum Idaho

20. FILED Oct 20, 1936 F. F. Henning M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Oct 18, 1936
I last saw him alive on Oct 8, 1936; death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	10 yrs.
Carcinoma of stomach	1 year

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Henning, M. D.
(Address) Cour d'Alene

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100909

Registration District No. 30

Primary Registration District No. 1650 Local Registrar's No. 184

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard C. Rasmussen

(a) Residence. No. 1722 E. Ida. Ave. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verna Rasmussen

6. DATE OF BIRTH (month, day, and year) 7-12-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Minn

FATHER

13. NAME Mels Rasmussen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Sabe

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Lawrence Rasmussen (Address) Cda.

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Fernwood Wn. Date 10/25, 1936

19. UNDERTAKER Mooney Mortuary (Address) Coeur d'Alene Idaho

20. FILED Oct 24, 1936 T. T. Herring, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Oct. 23, 1936

I last saw him alive on Oct 23, 1936.: death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Atrophic cirhosis of liver	1933?
Other contributory causes of importance: Bronchio pneumonia	Sept 20. 36.
Ascites.	Oct. 1. 36

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) John O'Leary M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100910

Registration District No. 30

NOV 7 1936 ABOLITE

Primary Registration District No. 1050 Local Registrar's No. 185

(No.) Home Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Fowler

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mabel Fowler

6. DATE OF BIRTH (month, day, and year) 1890 - 3 - 21

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumber Jack

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) Oct-1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St Cloud (State or country) Minn

FATHER

13. NAME Willard Fowler

14. BIRTHPLACE (city or town) Maine (State or country)

MOTHER

15. MAIDEN NAME Aggie Fisher

16. BIRTHPLACE (city or town) Minn (State or country)

17. INFORMANT Andrew Fowler (Address) 398 - 2nd Ave St Cloud Minn

18. BURIAL, CREMATION, OR REMOVAL

Place. St John Wash. Date 10 - 24 - 1936

19. UNDERTAKER Coeur d'Alene Ida. (Address) Cassedy Funeral Home

20. FILED Oct 24, 1936 F. F. Herring, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 21, 1936.

I last saw him alive on Oct. 20 1936; death is said to have occurred on the date stated above, at 5 — a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Self inflicted gunshot wound of rt temple	Oct 20-36

Other **contributory causes** of importance:

Melancholia	

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 20 1936

Where did injury occur? Coeur d'alene, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Road

Manner of injury 25 Calibre rifle

Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hamilton N. Haywood Coroner M. D.

(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100911

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 186

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Prudence Victoria Williamson

(a) Residence. No. 15th & Montana Ave St.
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of W. H. Williamson

6. DATE OF BIRTH (month, day, and year) Aug. 21 - 1853 -

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anne
(State or country) Quebec Can.

FATHER
13. NAME Leon Dufault
14. BIRTHPLACE (city or town) St Germain
(State or country) Can.

MOTHER
15. MAIDEN NAME Victoria Peddette
16. BIRTHPLACE (city or town) Nova Scotia
(State or country)

17. INFORMANT Mrs. F. L. Roe
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest - Place Coeur d'Alene Ida. Date Oct. 24, 1936.

19. UNDERTAKER Coored Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Oct. 26, 1936. F. F. Fleming, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936, to Oct 22, 1936.
I last saw her alive on Oct 21, 1936; death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile myocardial mengurgma	

Other **contributory causes** of importance:
3 years in bed
Didn't want to live longer

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Hubert Burgess M. D.
(Address) Coeur d'Alene Ida.

NOV 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100913

PLACE OF DEATH

County of Kootenai

City of Near Post Falls, Ida. Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 188

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Jean Luman

(a) Residence. No. Near (Usual place of abode) Post Falls, Ida. St. ½ hour (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 28, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Post Falls, Ida.

FATHER

13. NAME Walter G. Luman

14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Mabel L. Lyon

16. BIRTHPLACE (city or town) (State or country) Post Falls, Ida.

17. INFORMENT (Address) Mrs. W. G. Luman

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Cemetery Date Oct 29, 1936

19. UNDERTAKER L. V. Lyon Acting (Address) Post Falls, Ida.

20. FILED Oct 31, 1936 F. F. Horning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1936, to Oct. 28, 1936

I last saw her alive on Oct. 28, 1936: death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pressure on the head during delivery due to small pelvic canal.	—

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) G. J. Brooks M. D.

(Address) Post Falls, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NO. 1936 REG.

PLACE OF DEATH

County of Kootenai

City of Post Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100914

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 189

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

743

2. FULL NAME Jacob Biemond

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Biemond

6. DATE OF BIRTH (month, day, and year): Mar. 22, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.: Own business

10. Date deceased last worked at this occupation (month and year): Oct. 1935

11. Total time (years) spent in this occupation: 43

12. BIRTHPLACE (city or town) (State or country): Holland

FATHER

13. NAME: Cornelius Biemond

14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: Wilmina Tuinzaad

16. BIRTHPLACE (city or town) (State or country): Holland

17. INFORMENT (Address): Cora Nutter, Spokane, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place: Spokane, Wn. Date: Nov. 1, 1936

19. UNDERTAKER (Address): Hagen & Jaeger, Spokane, Wash.

20. FILED Oct 31, 1936 T. J. Romney, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1936, to Oct. 30, 1936

I last saw h[illegible] alive on Oct. 30, 1936; death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Essential arterial hypertension	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. J. Denbrook M. D.

(Address) Post Falls, Idaho.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK. ANSWER ALL QUESTIONS AS FULLY AS KNOWLEDGE AND information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 7 1936 RECEIVED

PLACE OF DEATH
County of Kootenai
City of Post Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100915

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 189

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Orin Price 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed or divorced
HUSBAND of Phebe Price
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, and year) 1891-8-17

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	65	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo and yr.) 10-31-1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calif. Shasta Co.

FATHER

13. NAME Jos. Price

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Mary J. Ricks

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT (Address) Phebe Price

18. BURIAL, CREMATION OR REMOVAL
Place Bremerton Wash. Date 11-4, 1936

19. UNDERTAKER Cossed Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED ....., 193... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1936 to Oct. 31, 1936.
I last saw him alive on Oct. 31, 1936; death is said to have occurred on the date stated above, at 8:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
He was Almost dead when I arrived. I made a call only. Probably some heart affection.	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [redacted] H. Jerome Brooks, M. D.
(Address) Post Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100916

Registration District No. 45

Primary Registration District No. ____ Local Registrar's No. 13

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

Nov 16 1936 RECEIVED

49

2. FULL NAME Emma Lundblad

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harold A. Lundblad

6. DATE OF BIRTH (month, day, and year) June 19-1900

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
36	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME John Olson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Harold A. Lundblad (Address) Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL Place Greenwood Cemetery Spirit Lake Date 11/2, 1936

19. UNDERTAKER Cassidy Funeral Home (Address) Coeur d'Alene Idaho

20. FILED Oct 31, 1936 A C Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936, to October 30, 1936

I last saw him alive on October 30, 1936; death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A M Schmidt, M. D.

(Address) Spirit Lake Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Medimont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 100917

Local Registrar's No. 69

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jergens Peter Jensen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Mines

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Mr. Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Nonie

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. J. P. Jensen
(Address) Medimont Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Medimont Date Nov. 7, 1936

19. UNDERTAKER M. C. Thornhill
(Address) Gilleys Ida

20. FILED Nov. 10 1936 Mrs. Helen M. Brede
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to 9-24, 1936.

I last saw him alive on 9-24, 1936. death is said to have occurred on the date stated above, at 10 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Sympathetic Senilemia	1935

Other **contributory causes** of importance:

Hypertrophy of Prostate & Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Griffith M. D.

(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100918

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 174
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie McCurdy

(a) Residence. No. Fruitland Add St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Lawson McCurdy

6. DATE OF BIRTH (month, day, and year) 1861-9-27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) April 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Albert-Allen Cook
14. BIRTHPLACE (city or town) (State or country) Greensboro Vt.

MOTHER
15. MAIDEN NAME Huldah E. Wallace
16. BIRTHPLACE (city or town) (State or country) Lyttleton Que.

17. INFORMANT Mrs. P. W. Haycraft.
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest-Coeur d'Alene Date 10-9 ., 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Oct 7 ., 1936 F. F. Horning, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1936

22. I HEREBY CERTIFY, That I attended deceased from July ....., 1936., to Oct 6 ....., 1936.
I last saw h alive on Oct 5 ., 1936: death is said to have occurred on the date stated above, at 12 Q m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2

Other **contributory causes** of importance:

Nephritis	2
Hypertension	6

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Sam Keesle ....., M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100919

NOV 7 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 175

(No. Lakeside Hospital) 88 t
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Huelsep

(a) Residence. No. 0 St. Rose Lake. Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. 2 weeks yrs. mos ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Huelsep
6. DATE OF BIRTH (month, day, and year): 1869-5-6
7. AGE — Years: 67 | Months: 4 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Sept 15, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Karl Schwarz
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Elvin Gerling Rose Lake Ida.
18. BURIAL, CREMATION OR REMOVAL. Place: Rose Lake Ida. Date: 10-8, 1936
19. UNDERTAKER (Address): Cassedy Funeral Home Coeur d'Alene Ida
20. FILED: Oct 6, 1936. T. T. Harvey, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-4 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Oct 4, 1936.
I last saw him alive on Oct 3 1936: death is said to have occurred on the date stated above, at 8:05 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Failing	
Other **contributory causes** of importance:	
Hypertension	4 yrs

Name of operation: No Date of:
What test confirmed diagnosis: Was there an autopsy?:

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Lee Keesling, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

Rose Lake

Nov. 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100920

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 176

(No. _____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel D. Knoss

(a) Residence. No. Rose Lake Ida St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella Knoss

6. DATE OF BIRTH (month, day, and year) Dec 18—1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Farmington Iowa

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) Ella Knoss

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Lake Date Oct 1 —, 1936

19. UNDERTAKER R. L. Stout (Address) Kellogg Ida

20. FILED Oct 1, 1936 Z. T. Fleming M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936

22. I HEREBY CERTIFY, That I ~~attended~~ last saw deceased from Sept 28, 1936, to Sept 28, 1936

I last saw him alive on Sept 28, 1936: death is said to have occurred on the date stated above, at 11:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death by drowning	Sept 28-36

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 28 1936

Where did injury occur? Rose Lake, Idaho

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fell in Lake

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Hamilton H. Thompson M. D. Coroner

(Address) Coeur d'Alene, Idaho

NOV 7 1936 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Worley R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100921

Registration District No. 30

Primary Registration District No. 105-0 Local Registrar's No. 177

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Spokane Mean

(a) Residence. No. Worley Idaho St. R.F.D. 135
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Louis La Rose
6. DATE OF BIRTH (month, day, and year): Not Known
7. AGE: Years: 90 + Estimate; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Retired
10. Date deceased last worked at this occupation (mo. and yr.): 1926
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Spokane Falls

MOTHER FATHER

13. NAME: Skumlenenitah
14. BIRTHPLACE (city or town) (State or country): Spokane Falls

MOTHER

15. MAIDEN NAME: Sibstahy
16. BIRTHPLACE (city or town) (State or country): Spokane Falls

17. INFORMANT ..... (Address) Worley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mission Date 10/5, 1936

19. UNDERTAKER (Address) Jaeger Funeral Home Fairfield Wn

20. FILED Oct 5, 1936 F. J. Manning, Mod. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936., to Sept 30, 1936.

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Retention of urine.	
Prostatic involvment.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) ..... Rockford Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100922

Registration District No. 3e
Primary Registration District No. 105-0 Local Registrar's No. 179
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett W. Dodge

(a) Residence. No. St. Atlas add.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

178

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1887-10-28

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** at Mill. At Atlas Tie Co.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Kan.

FATHER
13. NAME Ulysses H. Dodge
14. BIRTHPLACE (city or town) (State or country) Erie Penn.

MOTHER
15. MAIDEN NAME Sarah J. Wood
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT George W. Dodge
(Address)

18. BURIAL, CREMATION OR REMOVAL Ida
Place Pleasant View Date 10-10, 1936

19. UNDERTAKER Cossedy Funeral Home
(Address) Coeur d'Alene Ida.

20. FILED Oct 8, 1936. J. F. Fanning, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1936 to Oct 6, 1936
I last saw him alive on Never saw him alive, 193... death is said to have occurred on the date stated above, at 5 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cause of death - cerebral hemorrhage	
Coroners jury - open verdict	

Other **contributory causes** of importance:
Suffocation - body almost completely burned

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury, 1936
Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury body burned beyond recognition when home destroyed by fire
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [redacted] specify.....
(Signed) J. F. Fanning, M. D.
(Address) Coeur d'Alene
Acting Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100923

Registration District No. 30

NOV 7 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 180

(No. 44)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Max Trudell

(a) Residence. No. 1147 Seventh St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. 45 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ina Trudell

6. DATE OF BIRTH (month, day and year) Nov 11, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 36

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Louis Trudell

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Julia Perleau

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Ina Trudell
(Address) Coeur D' Alene, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date Oct. 12, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED Nov 11, 1936 F. J. Manning, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Oct 9, 1936
I last saw him alive on Oct 8, 1936: death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	? 1935
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O M Hunted, M. D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

OCT 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100924

Registration District No. 6 5

Primary Registration District No. 2 145

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frederick R. Sittkus (Sr.)

4 9

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	(Married) (Widowed)

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Medora L. Sittkus

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 1929.

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Ginenberg Germany

FATHER

13. NAME Frederick Sittkus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Fish

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMENT (Address) Lawrence Sittkus Potlatch

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch Date Sept 23, 1936

19. UNDERTAKER A. A. Merchant (Address) Clarkston Wash

20. FILED Sept 21, 1936 Dr. Jer. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 21, 1936.

I last saw him alive on Sept 17, 1936; death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	
Prostate	1905
Other contributory causes of importance:	
Anemia	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Jer. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

OCT 29 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100925

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Fredrick Watts

49

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cecelia Watts

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Planer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (mo. and yr.) May 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Manitocowa
(State or country) Wisconsin

FATHER

13. NAME Fredrick J. Watts
14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Jane Owens
16. BIRTHPLACE (city or town)
(State or country) New York

17. INFORMANT Mrs. Cecelia Watts
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash Date 9/24, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Sept. 24 1936 Jno. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Sept. 22, 1936
I last saw him alive on Sept. 16, 1936; death is said to have occurred on the date stated above, at 1:30 A M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Head & Pancreas	1935

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

OCT 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100926

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Lottie L. Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis L Miller

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Troy, Idaho
(State or country)

FATHER

13. NAME J. L. Dunham

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Adellah Gannon

16. BIRTHPLACE (city or town) Cambridge
(State or country) Missouri

17. INFORMANT Louis L Miller
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date 9/24, 1936

19. UNDERTAKER H. E. Kimball
(Address)

20. FILED Sept 23, 1936 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936, to Sept 23, 1936
I last saw her alive on Sept 23, 1936: death is said to have occurred on the date stated above, at 11:15 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Sept 18 1936
Other contributory causes of importance:	
Uremia	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Princeton

OCT 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100927

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Nettie V. McFarling

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A McFarling

6. DATE OF BIRTH (month, day, and year) August 24 [redacted] - 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1935
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Frank McVay
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER
15. MAIDEN NAME Rebecca Low
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT A. McFarling
(Address) Princeton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch Ida. Date Oct. 11, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse Wash.

20. FILED Oct. 8, 1936 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Oct 7th, 1936
I last saw her alive on Oct 1 3/4, 1936: death is said to have occurred on the date stated above, at 125 p. m. a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Uteri	1935
Other contributory causes of importance:	
Senility	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Near Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100928

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

OCT 29 1936 RECEIVED

No. (If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Georgia Ann Hamp

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept, 28-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Sanders
(State or country) Idaho

FATHER

13. NAME George Hamp

14. BIRTHPLACE (city or town) Ephworth
(State or country) Iowa

MOTHER

15. MAIDEN NAME Louisa Lounis

16. BIRTHPLACE (city or town) Stevens Co,
(State or country) Wash,

17. INFORMANT George Hamp
(Address) Garfield Wash,

18. BURIAL, CREMATION OR REMOVAL
Place Sanders Idaho Date Oct. 13, 1936

19. UNDERTAKER H.E.Kimball
(Address) Palouse Wash,

20. FILED Sept 30, 1936 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1936, to Sept. 29, 1936
I last saw her alive on Sept. 29, 1936: death is said to have occurred on the date stated above, at 530a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably because of	
being premature	
Premature Birth	
Other contributory causes of importance:	
Asthenia	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bonny J. Kearns, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100929

OCT 20 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Boller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Boller

6. DATE OF BIRTH (month, day, and year) Nov, 17-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	none	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (mo. and yr.) Oct, 1926
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) Madison (State or country) Wis,

FATHER

13. NAME John F. Boller
14. BIRTHPLACE (city or town) ~~Switzerland~~ (State or country)

MOTHER

15. MAIDEN NAME Stoller
16. BIRTHPLACE (city or town) ~~Switzerland~~ (State or country)

17. INFORMANT John Boller (Address) Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Troy Idaho Date Oct. 20, 1936

19. UNDERTAKER H.E. Kimball (Address) Palouse Wash,

20. FILED Oct 19, 1936 J.W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Oct 17, 1936
I last saw him alive on May, 1936: death is said to have occurred on the date stated above, at 2 a.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular	
disease of Heart.	1916
Other contributory causes of importance:	
Rheumatism	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J.W. Thompson, M. D.
(Address) Potlatch

OCT 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100930

PLACE OF DEATH

County of Latah

City of Genesee

Registration District No.....

Primary Registration District No. 2142

Local Registrar's No. 62

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

item 22, cause of death, amended 3-12-84 jra

2. FULL NAME Anna Albertine Rosenau

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of G.H. Rosenau

6. DATE OF BIRTH (month, day, and year)
July 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	77	## 2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Heinrichdorf
(State or country) Germany

FATHER

13. NAME Schultz

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Arthur Rosenau
(Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Genesee Date 9/..., 193.6

19. UNDERTAKER H.B. Short
(Address) Moscow, Ida.

20. FILED 9/12, 193.6 A.J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 193.6, to 9/19, 193.6

I last saw her alive on 9/9, 193.6; death is said to have occurred on the date stated above, at 5:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
~~Carcinomatosis of~~	
~~retroperitoneal and~~	
~~liver~~	~~unknown~~
arterio sclerosis	
heart seizure	

Other **contributory causes** of importance:

Name of operation ~~Exploratory Lap~~ Date of ~~6/27/36~~

What test confirmed diagnosis? ~~Operation~~ Was there an autopsy? ~~No~~

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G.J. White M. D.
(Address) Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 8 2 14 PM '84

State of _____ } ss.
County of _____

Certificate No. 100930
Date Filed Oct. 26, 1936

The undersigned does solemnly swear that certain facts on the certificate of death

for Anna Albertine Rosenau (Name on Original Certificate) who died (Was Born, Died, etc.) on Sept. 19, 1936 (Date of Event)

in Latah Co., Genesee (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
item 22, cause of death	Carcinoma of stomach and liver - exploratory laparotomy operation	heart seizure arterio sclerosis

Subscribed and sworn to before me this 27 day of February, 1984

Notary Public, [signature]
Residing at Tacoma
My commission expires July 16 87
(Seal)

X Ilene Frey
Ilene Frey Signature of Applicant
1632 Huson Drive, Tacoma, WA. 98405
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LATAH

(Must be completed XX)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March 1984

Notary Public, [signature]
Residing at Moscow ID
My commission expires 4-25-84
(Seal)

X Donald Ward
Supporting Signature
Short's Funeral Home
Moscow, Idaho
Street Address, City, State

corres ira 2-25-84

of Funeral 1474 Funeral of Anna A. Roeman

for the Current Year 106 Date of Funeral Sept. 23 1936 Hour 2 P. M.

Be careful to enter name of deceased and number of page in index for future reference.

y G. H. Roeman

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4080 6/6

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Pine, Chestnut, Oak, Cedar or Mahogany)

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For other Cemetery Expenses see Sundry Items

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Town 20 00

Russ 15 00

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ORY ITEMS Such as Draping Rooms, Disinfecting Rooms, Pall Bearer Notices or Invitations, Arm Crape, Badges, Expenses for Lining Grave, Decorating Grave, Paid Clergyman, Paid Choir, Paid Sexton, Paid Organist, Telegraphing, Removal Charges, etc.

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unt of Bill	521 60
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unt Forwarded	497 60

Date of Death Sept 19 Hour M

Place of Death Geneva

Place of Funeral St. Johns Lutheran Ch.

Clergyman Rev. E. Pieke

Choir Choir

Pall Bearers Grandsons

Time and Date of Burial

Where Interred Green Lutheran Cem.

Grave or Lot No. Section

Draw lines | | | for Graves in the Plot, and designate this one with a double Cross ‡. Show position of monument by □. Designate other interments with numbers and put corresponding numbers and names on below lines. Location of Grave

Age 77 Years 2 Months 7 Days

Single, Married or Widowed

Occupation

Birthplace Germany State or Country

Color and Race

Father's Birthplace Germany

Father's Name Schultz

Mother's Birthplace

Mother's Name

How Long a Resident Here 35 yrs.

How Long in the U. S. (if foreign born) 54 yrs.

Cause of Death Arteriosclerosis

Certifying Physician White

Measurements { Length to Heel feet in

Width at Shoulder

Weight Color Hair Color Eyes

For Insurance Certificate

Other Memoranda

Such as Religious Denomination, Member of what Organization, etc.

PAYMENTS. If to be few use outside column only; if many begin with first and use both columns

DATE	AMOUNT	DATE	AMOUNT
	Pd		
	9-28-36		

Forwarded To Next Column

A TRUE & CORRECT COPY OF SHORT'S FUNERAL CHAPEL FUNERAL RECORD

Ramon A. Short, M.D.

Mexico, ID

March 6, 1984

PUBLISHED BY T. M. TAYLOR PRINTING CO., MOUNT VERNON, N. Y.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100931

OCT 15 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva Wagner Neyens

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Neyens

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Creighton
(State or country) Neb.

FATHER
13. NAME Matt Wagner
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Mary Sand
16. BIRTHPLACE (city or town)
(State or country) Mo.

17. INFORMANT Joe Neyens
(Address) Genesee Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Creighton, Neb. Date 10/12, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 10/12, 1936 C. J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1936, to 10/10, 1936.
I last saw h[illegible] alive on 10/9, 1936.: death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach and liver.	Unknown

Other contributory causes of importance:

Name of operation Exploratory lap. Date of 6/27/36
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. J. White M. D.
(Address) Genesee Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of ~~Moscow~~ Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100932

Registration District No. 62
Primary Registration District No. 2142
Local Registrar's No. 62

NOV 3 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Knute K. Uhre

(a) Residence. No. 48 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Uhre

6. DATE OF BIRTH (month, day, and year) Mar. 7, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER
13. NAME Kaiben Uhre
14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER
15. MAIDEN NAME Inga
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Francis Uhre
(Address) Genesee, Ida.

18. BURIAL, ~~CREMATION~~, REMOVAL
Place Genesee Date 11/4, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 11/6, 1936 A. J. White M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1936, to 11/1, 1936
I last saw him alive on 10/31, 1936: death is said to have occurred on the date stated above, at 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis with aortic regurgitation.	Unknown.
Other contributory causes of importance: Chronic Nephritis.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. White M D.
(Address) Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Kendrick

NOV 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100933

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

60 M

2. FULL NAME Mabel Mae May

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie May

6. DATE OF BIRTH (month, day, and year) July 15, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Idaho

FATHER

13. NAME Wm. H. Bond

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Grace Woodruff

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Archie May
(Address) Leland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Ida. Date Nov. 1, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Nov 1, 1936 By Nesbit
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 193 6, to Oct 29, 193 6
I last saw h alive on Oct 28, 1936; death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronic Myocarditis	
Other contributory causes of importance:	
Toxic Goiter	1930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. L. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100934

Registration District No. 41
Primary Registration District No. 1011
Local Registrar's No. 157

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

100a

2. FULL NAME Ellen Villers

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Villers

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Williamstown W. Vir.

FATHER
13. NAME Frank Osborne
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Myria Bishop
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. R.W. Anderson Moscow, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 10/3, 1936

19. UNDERTAKER (Address) H.R. Shore Moscow

20. FILED 10/3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/1 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to 10/1/36, 193..
I last saw her alive on 10/1/36, 193..: death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Sept. 30
Other contributory causes of importance: Fracture of right femur	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [signature], M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100935

Registration District No. 61

Primary Registration District No. 1911 Local Registrar's No. 158

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Della Kemp Tunstall

(a) Residence. No. 203 N. Jefferson St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard C. Tunstall

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery City Mo.

FATHER

13. NAME Peter Kemp

14. BIRTHPLACE (city or town) (State or country) Vir.

MOTHER

15. MAIDEN NAME Martha Kemp

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. R.Z. Bonnett
(Address) Moscow, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Ida. Date 10/4, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 10/3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/2 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to 10/2/36, 193..
I last saw her alive on 10/2/36, 193..: death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Sept. 24
Other contributory causes of importance:	
Coronary Occlusion 2 years ago.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Soehn M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

Nov 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 159

DO NOT WRITE IN THIS SPACE

State File No. 100936

74a

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lionel L. Turcotte

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Turcotte

6. DATE OF BIRTH (month, day, and year) Dec. 6, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Mary LaBoise Canada

FATHER

13. NAME Lewis Turcotte

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Rosalia Marcoux

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. Josephine Turcotte Moscow, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Yakima, Wash. Date 10/5, 1936

19. UNDERTAKER (Address) H. R. Short Moscow

20. FILED 10/5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH 10/3/36

21. DATE OF DEATH (month, day and year) 10-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1936, to 10-3, 1936

I last saw h[illegible] alive on 10/3, 1936: death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	
Other contributory causes of importance: Cardiac sclerosis. Senile psychosis.	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death ~~was due to exter'l causes (violence) fill in also the~~ following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. O. Hamilton, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100937

Registration District No. 41
Primary Registration District No. 1011 Local Registrar's No. 160

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mary Irvine

(a) Residence. No. 108 E. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11 '78.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Reilly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary E. Burns
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Jim Sullivan (Address) Moscow Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Oct. 6, 1936

19. UNDERTAKER Carlson-Anderson (Address) Moscow Idaho

20. FILED 10-9, 1936 Jay Cushman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Oct 4, 1936
I last saw her alive on Oct 4, 1936: death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	Oct 4, 36
Other contributory causes of importance:	
chronic encephalitis	unknown

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward K. Dunn, M. D.
(Address) Moscow, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 100938

Local Registrar's No. 161

183

2. FULL NAME Frank Irwin Denison

(a) Residence. No. ..... St. Princeton, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Jessie Denison

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Spangle Wash

FATHER

13. NAME Winfield Scott Denison

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Ida Thomas

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Jessie Denison Potlatch, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Potlatch, Idaho Date Oct. 16, 1936

19. UNDERTAKER H. E. Kimball (Address) Palouse, Wash.

20. FILED 10/13, 193 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 2 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot wound	
in abdomen,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..., 193..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Accidently shot by

Manner of injury deputy sheriff

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Short Coroner M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

NOV 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100939

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 162

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lenus Peterson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 10/14/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Verllion, S. Dak.

FATHER
13. NAME Erick Peterson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Christina
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT J.A. Peterson
(Address) Snohomish, Wash.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Genesee, Valley Date Oct. 17, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 10/17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Sudden death	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also~~ the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H.R. Short Licensed M. D.
(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100940

NOV 10 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 163

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriette L. Herald

(a) Residence. No. 212-4th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John W. Herald

6. DATE OF BIRTH (month, day, and year) Oct 8 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Judge E. Trent
14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER
15. MAIDEN NAME Mary Dovey
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. J. O. Walker
(Address) Moscow Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Ida. Date Oct. 20th, 1936

19. UNDERTAKER Gaskell-Underwood
(Address) Moscow Ida

20. FILED 10-9, 1936 Stacy Cochran
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936, to Oct. 17, 1936.
I last saw her alive on Oct 16, 1936.: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle on back of neck.	
Diabetis Mellitus.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. Cameron, M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100941

Registration District No. 6.1
Primary Registration District No. 1011
Local Registrar's No. 164

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie S Dunn

(a) Residence. No. 228 No. St. Lily
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Dunn

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (mo. and yr.) Oct 4-36
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Moscow Ida.

FATHER

13. NAME Peter Agrell
14. BIRTHPLACE (city or town) (State or country) Swedeen

MOTHER

15. MAIDEN NAME Emma O. Osterath
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Albert Dunn
(Address) Moscow Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow Date, 1936

19. UNDERTAKER Carlsen Anderson Mortuary
(Address)

20. FILED 11-9, 1936 Hans Einbund
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/7/36, 193..., to 10/18/36, 193...
I last saw her alive on 10/18/36, 193...: death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema About	10/15/36
Other contributory causes of importance: Lobar pneumonia	10/?/36

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M Lechner, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100942

Registration District No. 61

NOV 1 1936 RECEIVED

Registration District No. 1011 Local Registrar's No. 125

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Etta Almira Stillinger

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Stillinger

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jacksonville, Ore.

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Galloway Co. Mo.

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Galloway Co. Mo.

17. INFORMANT (Address) J.L.Miller Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow, Ida. Date Oct. 22, 1936

19. UNDERTAKER (Address) H.R.Short Moscow, Idaho

20. FILED 10/21, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Oct 20, 1936. I last saw h[illegible] alive on Oct 19, 1936. Death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	
Cystic sclerosis.	
Senility	
None	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) Moscow Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100943

NOV 19 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 2011 Local Registrar's No. 126

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

127

2. FULL NAME Mary Wilmina McGraw

(a) Residence. No. ..... St. Big Bear Ridge, Kendrick, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. L. McGraw

6. DATE OF BIRTH (month, day, and year) May 3, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barnesville, Minn.

FATHER
13. NAME Wm. Hecht
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Sophia Briedmier
16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMANT W. L. McGraw
(Address) Kendrick, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wild Rose Cemetery Date 10/25, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 10/23, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to Oct 22, 1936
I last saw her alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
with perforation	
of Gall Bladder and	
General peritonitis	
Other contributory causes of importance:	
Paralytic Ileus	

Name of operation Gall Bladder drainage Date of Aug 15, 1936
What test confirmed diagnosis? Surgical + autopsy Was there an autopsy? Aug 18, 1936

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Joseph D. Wilson M. D.
(Address) Moscow, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

NOV 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100944

Registration District No. 61
Primary Registration District No. 1911
Local Registrar's No. 167

(No. 218 E. 6th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gabriel Lee Bourland

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Louisville
(State or country) Ky.

FATHER
13. NAME Bourland
14. BIRTHPLACE (city or town) .....
(State or country) Ky.

MOTHER
15. MAIDEN NAME Elvira McKenney
16. BIRTHPLACE (city or town) .....
(State or country) Ky.

17. INFORMANT Mrs. Geo. Everest
(Address) Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date 10/26, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville, Ida.

20. FILED 10/30, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
This man was dead when I first saw him so I do not know what he died of.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dowell Locke, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100945

NOV 14 1936 RECEIVED
Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 168
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Pauline Lindquist

(a) Residence. No. 806 Mabelle Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew J. Lindquist

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Oct 26-36
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Ekstrand
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Helma Sanderson Moscow Ida (Daughter)

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Oct. 30, 1936

19. UNDERTAKER (Address) Gulseth & Anderson Moscow Ida

20. FILED 11-9, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1936, to 10-28, 1936
I last saw h alive on 10-28, 1936: death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-28-36
With cardiac failure	

Other contributory causes of importance:

Myxedema	1927
Arteriosclerosis - Secondary	1935
Left hypostatic pneumonia	10-26-36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Wilson M. D.
(Address) Moscow, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100946

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 169

(No. 102 S. Howard)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mortimore Alexander Snyder

(a) Residence. No. 102 S. Howard St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elvira Snyder

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1918

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Winnipeg Manitoba, Canada

FATHER

13. NAME Not Known "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Raymond Snyder
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Culdesac, Ida. Date 11/1, 193 6

19. UNDERTAKER E.R. Short
(Address) Moscow, Idaho

20. FILED 10/31, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/31 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1933, 193..., to Oct. 31, 1936.
I last saw him alive on Oct. 31, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	10/20/36
Other contributory causes of importance:	
Hypertrophy of the prostate	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Lucas, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Lemhi

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100947

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie Mary Doty Banks

(a) Residence. No. Lemhi St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Banks

6. DATE OF BIRTH (month, day, and year): September 7th - 1912

7. AGE — Years: 23 | Months: 10 | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lemhi Co. Idaho

MOTHER FATHER

13. NAME: Charles Dwane Doty

14. BIRTHPLACE (city or town) (State or country): Utah

15. MAIDEN NAME: Mary Martin

16. BIRTHPLACE (city or town) (State or country): Nebraska

17. INFORMANT (Address): Charles Dwane Doty Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Salmon Ida Date: July 16 1936

19. UNDERTAKER (Address): Wm C. Deebel Salmon Ida.

20. FILED: Oct 12, 1936 Chas. E. Bill... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 7/15" 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 193.6., to 7/14, 193.6.

I last saw h... alive on 7/14, 193.6.: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Scarlet fever	7/9/36

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Chas E Hanner M. D.

(Address) Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

NOV 4 1936 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100948

Registration District No. 4

Primary Registration District No. 216

Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Eked

(a) Residence. No. ..... St. .....
(Usual place of abode) Salmon Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 15 - 1883

7. AGE: Years 53 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Carpenter
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) United States

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Chas. Rose
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11-4-, 1936

19. UNDERTAKER Wm C. Hacker
(Address) Salmon Ida

20. FILED Nov 2, 1936 Chas A. Bettanny
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug 13, 1936.
I last saw him alive on Aug 13, 1936; death is said to have occurred on the date stated above, at 4 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	
not alcoholic	1934

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Chas F. Hammer ....., M. D.
(Address) Salmon .....

NOV 4 1936 RECEIVED

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100949

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME William Sabony Nichols

(a) Residence. No. Middle Fork / Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE: Years 67 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** County Attorney

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austin, Penn.

MOTHER/FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Phil Rand Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 8-29-1936

19. UNDERTAKER (Address) Wm C Hackler Salmon Ida

20. FILED Oct 12, 1936. Clive L. Bilbao
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to July 1, 1936.

I last saw h... alive on July 1, 1936: death is said to have occurred on the date stated above, at 3A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
	about 1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Clay F. Hammer M. D.

(Address) Salmon Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100950

Registration District No. 4
Primary Registration District No. 2116
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Russell

(a) Residence. No. North Fork St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 80 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Quarry Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER'S FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Al Smith
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 8-28 1936

19. UNDERTAKER Wm C. Hackler
(Address) Salmon Ida

20. FILED Aug 28, 1936 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-27 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to Aug 27, 1936.
I last saw him alive on Aug 27, 1936: death is said to have occurred on the date stated above, at 10:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Glomerulonephritis	
Nephritis	Years
Other **contributory causes** of importance:	

Name of operation Denied Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas F. Hammond, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 13 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 100951

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Beulah Francis Beck

(a) Residence. No. Salmon Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year): June 13th 1936
7. AGE — Years: — Months: 2 Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Salmon Ida

MOTHER/FATHER
13. NAME: James E. Beck
14. BIRTHPLACE (city or town) (State or country): .....
15. MAIDEN NAME: Beulah Hurley.
16. BIRTHPLACE (city or town) (State or country): Iowa.

17. INFORMANT (Address): James E. Beck Salmon Ida
18. BURIAL, CREMATION OR REMOVAL. Place: Salmon Ida Date: 9/6/....., 1936
19. UNDERTAKER (Address): Nye & Hoskins Salmon Ida
20. FILED Oct 10....., 1936. Chris C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3....., 193.6., to Sept. 5....., 193.6.
I last saw her alive on Sept. 4., 193.6.: death is said to have occurred on the date stated above, at 7-30 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia —	Sept 2 - 36
(Bronchial)	

Other **contributory causes** of importance:

Exposure and under nourished	
perhaps was Causative factors	
Improper care at onset suspected	

Name of operation: X Date of: .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... X ... Date of injury.., 193.
Where did injury occur?..... X .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ..... X .....
Manner of injury..... X .....
Nature of injury..... X .....

24. Was disease or injury in any way related to occupation of deceased?.. X .. If so, specify.....
(Signed) A. H. McFarland ....., M. D.
(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100952

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

NOV 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 890)

2. FULL NAME William Nelson Price

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22nd 1850

7. AGE — Years: 86 | Months: 6 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Saw Milling
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Ranching
10. Date deceased last worked at this occupation (mo. and yr.) 30 years
11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: William Price
14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Seth Arnold Price, Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Ida Date: 11/2, 1936

19. UNDERTAKER (Address): Vaughn Hatch, Salmon Ida

20. FILED Oct 12, 1936 Chas. E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 6, to Sept 10, 193 6.
I last saw h... alive on Sept 6, 193 6; death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ende nephritis	years

Other **contributory causes** of importance:

rheumatoid arthritis	years

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Chas E Hamner, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100953

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Anna Elizabeth Kappe

(a) Residence. No. Salmon St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 26 1861

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
75	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Swartz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Kappe (Address) Carmen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Salmon Date 9/28, 1936

19. UNDERTAKER Mac Daebler (Address) Salmon Idaho

20. FILED Oct 12, 1936 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1936, to 9/26, 1936.
I last saw h[illegible] alive on 9/25, 1936.: death is said to have occurred on the date stated above, at 4-20 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute parenchymatous nephritis	
Gallstones	7 days
Other **contributory causes** of importance:	
Senile debility	

Name of operation... none Date of...
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury Tongue injured by
Nature of injury stroke

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) Chas. F. Hammer, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Baker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100954

Registration District No. 71
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Erick Ericksson

(a) Residence. No. Baker, Lemhi & Withington Cr. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME John Ericksson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Sara unkown
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Emil Ericksson
(Address) Baker Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Oct 20 Date 20, 1936

19. UNDERTAKER
(Address) W. C. Doehler

20. FILED Nov. 11, 1936 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental due to fire in Cabin, causing Suffocation	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Doehler Coroner
(Address) Salmon Idaho

MARGIN RESERVED FOR BINDING

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Not on Pumpkin Cr. at Nashland Ranch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100955

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 170
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert D. Adams

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 24th, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch Hand

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER

13. NAME John M. Adams

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lovina Marshall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) R P Reddin

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 11/3/1936

19. UNDERTAKER Wm C. Haeble
(Address) Salmon Ida

20. FILED Nov. 11, 1936 Clio C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Gun Shot wound in left forehead	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm C. Haeble Coroner
(Address) Salmon Idaho

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100956

NOV 13 1936 RECEIVED

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daniel Coles

(a) Residence. No. Salmon Ida St. Main
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Daniel Coles
6. DATE OF BIRTH (month, day, and year): November 14th 1844
7. AGE: Years 92 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Livestock Rancher
10. Date deceased last worked at this occupation (mo. and yr.): 10
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER
13. NAME: Daniel Coles
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): John H. Coles Salmon Idaho
18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Idaho Date: 10/30 1936
19. UNDERTAKER (Address): Wm C. Hobby Salmon Idaho
20. FILED: Nov 11, 1936 Orpha E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 24 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Possibly Suffocation from Burning Residence	
Origin of fire unknown	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) Wm C. Hobby Coroner M. D.
(Address) Salmon Idaho

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100957

County of Lapwai

City of Winchester Registration District No. 30

Primary Registration District No. 275 Local Registrar's No. 13

NOV 4 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louie Johnson 74 a

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9-1880

7. AGE: Years 56 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Planer Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sawmill Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Jens Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Hanna Jurgson

16. BIRTHPLACE (city or town) [redacted] (State or country) Sweden

17. INFORMENT (Address) Mrs L. O. Osborn Bingham Mont

18. BURIAL, CREMATION, OR REMOVAL Place Draigmont Date Sept 27, 193 6

19. UNDERTAKER E E Long (Address) Craigmont

20. FILED 10/5, 193 6 O. P. Duncan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...

I last saw h alive on ——, 193...: death is said to have occurred on the date stated above, at about 11 a.m. PM

The principal cause of death and related causes of importance were as follows: Date of onset

Hemorrhage Cerebral 9/22/36

(Found Dead in Bed)

Other contributory causes of importance:

Epileptoy Grand Mal

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) F. L. Mapes, M.D.

(Address) Winchester Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Nov [illegible]

PLACE OF DEATH

County of Lewis

City of Craigmont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE

State File No. 100958

Local Registrar's No. 14

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louis Monroe Costley.

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of Mariah Ludema Estes

6. DATE OF BIRTH (month, day, and year) Nov 26 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Monet, Missouri.

FATHER

13. NAME Young E. Costley.

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Cassie Elizabeth Ethridge

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMENT (Address) W. J. Costley Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Lewiston, Ida. Date 10-14, 1936.

19. UNDERTAKER C. E. Cloon (Address) Craigmont, Idaho.

20. FILED 10-14, 1936 R. E. Dunaka Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 28 Oct 11, 36, 193.... to ...., 193.... I last saw him alive on July 10, 36, 193.... death is said to have occurred on the date stated above, at 11:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1928
Other contributory causes of importance:	

Name of operation none Date of ....
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ...., 193.
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ....

(Signed) W. E. Cloon M. D.
(Address) Craigmont Idaho

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100959

PLACE OF DEATH
County of Lewis
near Westlake
or near

Registration District No. 50
Primary Registration District No. 2129
Local Registrar's No. 6

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Cyrus Norton

(a) Residence. No. ( ) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or ~~divorced~~
HUSBAND of
~~(or) WIFE~~ of Mary Ann Strohm

6. DATE OF BIRTH (month, day, and year) Sept 16 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	0	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pike County Ill

FATHER

13. NAME Thomas Norton

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Emmaline Davis

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Myrtle M Cooper

18. BURIAL, CREMATION, OR REMOVAL Place Morrow Town Date 10 17, 1936

19. UNDERTAKER (Address) Perry "Ellis Westlake Idaho

20. FILED 10/19, 1936 P E Deuel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Oct. 2, 1936
I last saw him alive on Oct. 2, 1936; death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Sept 20, 36
Mitral Insufficiency	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. A. Collins, M. D.
(Address) Craigmont Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100960

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 20
Primary Registration District No. 2129
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Virgil James Foss

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 26 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Idaho

FATHER

13. NAME Arlie Foss

14. BIRTHPLACE (city or town) (State or country) Pendleton Idaho

MOTHER

15. MAIDEN NAME Grace Leona Olson

16. BIRTHPLACE (city or town) (State or country) Ebberg Alta Canada

17. INFORMENT (Address) Arlie Foss Winchester Ida

18. BURIAL, CREMATION, OR REMOVAL Place Reubens Date 10/28, 1936

19. UNDERTAKER (Address) C. E. Clover Craigmont, Idaho

20. FILED 10/29, 1936 P. C. Dueth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1936, to Oct. 28, 1936.
I last saw him alive on Oct 28, 1936: death is said to have occurred on the date stated above, at 2:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	Oct 26
Inanition	
Other contributory causes of importance:	

Name of operation no Date of no
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 193.
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) F. A. Marsh, M. D.
(Address) Winchester

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100961

Registration District No. 4-9

OCT 14 1936 RECEIVED

Registrar's Registration District No. 2127 Local Registrar's No.

(No.) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles J. Brooks

(a) Residence. No. St. Kamiah - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Stella Brooks

6. DATE OF BIRTH (month, day, and year): 11/14/1873

7. AGE — Years: 62 | Months: 9 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harlan County Nebraska

MOTHER FATHER

13. NAME: Nathaniel Brooks

14. BIRTHPLACE (city or town) (State or country): ? Indiana

15. MAIDEN NAME: Amanda Melton

16. BIRTHPLACE (city or town) (State or country): Grundy County Missouri

17. INFORMANT (Address): Stella Brooks Kamiah Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Kamiah Ida Date: 9/22, 193..

19. UNDERTAKER (Address): Kamiah Undertaking Co By J.H. Kelly

20. FILED: 10-11..., 193.6. Nell Roberts, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-19-1936 193

22. I HEREBY CERTIFY, That I attended deceased from January ....., 193.4..., to Aug. 19 ....., 193.6..
I last saw him alive on Aug. 19, 193.6.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral-Insufficency	Don't Know
Other **contributory causes** of importance:	
None	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) A.S. Bryan, M. D.

(Address) Kamiah - Idaho

exact copy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100962

JUL 1 - 1937

Registration District No.
Primary Registration District No. 16 & 17 Local Registrar's No. 70
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Harris (unknown)

(a) Residence. No. ? (Usual place of abode) St. 1100 - 4th St. Hickory N.C.
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Ring Maker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) March 14 - 1904 Hickory N.C

FATHER

13. NAME J. E. Harris

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Hickory N.C. Mar 14 - 1904

17. INFORMANT (Address) Information See over

18. BURIAL, CREMATION OR REMOVAL Burial
Place Shoshone Date 7/16, 193..

19. UNDERTAKER Purcell Funeral Home
(Address) Myrtle C. Purcell #2290 Shoshone

20. FILED 7-16, 193.6 J.O. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... did not attend ....., 193...
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowning	7/14 - 36

Other **contributory causes** of importance:

—	

Name of operation ..... Date of .....
What test confirmed diagnosis? Ax. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following: Accident, suicide or homicide? accident Date of injury .., 193.
Where did injury occur? Shoshone - Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Wood River
Manner of injury Drowned while swimming
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Purcell M. D.
(Address) Shoshone Idaho

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100963

NOV 4 1936 RECEIVED

Registration District No. 1617

Primary Registration District No. ____ Local Registrar's No. 71

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Henry Baugh

(a) Residence. No. ____ St. ____
(Usual place of abode) Shoshone
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Maude Louise Baugh

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Physician

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Boonville Mo

FATHER

13. NAME Henry Clay Baugh

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Steger

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Mrs. Maude Baugh
(Address) Shoshone Ida

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Ida Date Aug. 6, 1936

19. UNDERTAKER R. C. Thompson
(Address) Gooding Ida

20. FILED Aug 6, 1936 J. O. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year) Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Aug 4, 1936.
I last saw him alive on Aug 3, 1936 death is said to have occurred on the date stated above, at 11 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) F. E. O. Burnett M. D.
(Address) Shoshone Ida

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 16-17

Primary Registration District No. ..... Local Registrar's No. 72

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 100964

NOV 4 1936 RECEIVED

2. FULL NAME Franklin Walker Gowell.

(a) Residence. No. ..... St. 164

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs ... mos ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Gowell.

6. DATE OF BIRTH (month, day, and year): Nov 2 1865

7. AGE: Years 70 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): Aug 1936

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Utah Iowa

MOTHER/FATHER

13. NAME: Gowell

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Eashouse Gowell, ...

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Shoshone Date Aug 6, 1936

19. UNDERTAKER (Address): Thompson Funeral Home

20. FILED Aug 6, 1936 J. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Aug 4, 1936.

I last saw him alive on Aug 4, 1936; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senility.	

Other **contributory causes** of importance:

Arteriosclerosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Shoshone, Idaho.

E

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100965

NOV 4 1936 RECD

Registration District No. 16-17
Primary Registration District No. ..... Local Registrar's No. 7

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Moody

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10 Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Shoshone
(State or country)

FATHER

13. NAME Earl Moody

14. BIRTHPLACE (city or town) Shoshone
(State or country)

MOTHER

15. MAIDEN NAME Melissa Godby

16. BIRTHPLACE (city or town) .....
(State or country) Missouri

17. INFORMANT Earl Moody
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place. Shoshone Date. 7-20, 1936

19. UNDERTAKER Sexton-B. Terry
(Address)

20. FILED 8-17, 1936 J. A. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to July 19, 1936.
I last saw him alive on July 19, 1936: death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth, Hemophilia	
Other **contributory causes** of importance:	
Blood dyscrasia	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lincoln

City of Shoshone

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100966

Registration District No. 16-17

Primary Registration District No. ____ Local Registrar's No. 74

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles John Sanford Whitesack 88

(a) Residence. No. Shoshone St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Zelda Weaver Whitesack

6. DATE OF BIRTH (month, day, and year) Dec 14 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State

10. Date deceased last worked at this occupation (mo. and yr.) July 25-36

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Alton Illinois

FATHER

13. NAME Matthias Thorpe Whitesack

14. BIRTHPLACE (city or town) (State or country) Jacksonville Illinois

MOTHER

15. MAIDEN NAME Virgie Belle Murphy

16. BIRTHPLACE (city or town) (State or country) Alton Ill

17. INFORMANT (Address) T. P. McGuire

18. BURIAL, CREMATION OR REMOVAL
Place Burial Date Sept 7, 1936

19. UNDERTAKER Burnett Funeral Home
(Address) Myrtle C. Burnett #E290

20. FILED Sept 7, 1936 J. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to Sept 5, 1936
I last saw him alive on Sept 5, 1936: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1934
Other contributory causes of importance:	

Name of operation none Date of ____
What test confirmed diagnosis? Dr Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) T. E. Burnett, M. D.
(Address) Shoshone Ida

MARGIN RESERVED FOR BINDING

...ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln.

City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100967

SEP 4 1936

Registration District No.

Primary Registration District No. 16-17 Local Registrar's No. 75

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Spracher

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Unknown		about 70	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Butcher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME //

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME //

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT Dr. Barrett
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date Sept 15 1936

19. UNDERTAKER Myrtle C. Burdett
(Address)

20. FILED 9-15-, 1936 J. D. Butler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/14 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Sept 14, 1936
I last saw him alive on Sept 13, 1936. death is said to have occurred on the date stated above, at 1 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Barrett, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100968

Registration District No. 16-17
Primary Registration District No. Local Registrar's No. 76

NOV 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabell McFall

(a) Residence. No. Shoshone St.
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matthew McFall
6. DATE OF BIRTH (month, day, and year): May - 20 - 1854
7. AGE: Years 82 | Months 4 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: 5-9

12. BIRTHPLACE (city or town) (State or country): Nova Scotia

FATHER
13. NAME: John Campbell
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Jessie Blue
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Stella McFall

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 9/29, 1936

19. UNDERTAKER: Myrtle C. Byrdett
(Address) Shoshone E-290

20. FILED 9-28, 1936 J. P. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Sept 26 1936
I last saw h[e]r alive on Sept 26, 1936: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1930
Other contributory causes of importance:	
Chronic Nephritis	1932

Name of operation ..... Date of .....
What test confirmed diagnosis? Dr Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. E. Garrett, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100969

Registration District No. 16-17
Primary Registration District No. ____ Local Registrar's No. 77

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Lee Sims

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Sims
6. DATE OF BIRTH (month, day, and year): Apr. 29 - 1844
7. AGE: Years 92 | Months 5 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): ____
11. Total time (years) spent in this occupation: 72

12. BIRTHPLACE (city or town) (State or country): Syracuse N.Y.

FATHER
13. NAME: Horn
14. BIRTHPLACE (city or town) (State or country): ____

MOTHER
15. MAIDEN NAME: Horn (Hown)
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Mrs J Garner

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date ____, 193...

19. UNDERTAKER (Address): Mayfield Burdett

20. FILED Oct 6, 1936 J C Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1936 to Oct 4, 1936
I last saw her alive on Oct 3, 1936: death is said to have occurred on the date stated above, at 1:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Obstruction of Pulmonic Valve	Aug 1-36
Other contributory causes of importance:	
Senility	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) T. E. D. Burdett, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100370

NOV 4 1936 RECEIVED

Registration District No. 16-17
Primary Registration District No.
Local Registrar's No. 78
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Domingo Sologaga

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonia Sologaga
6. DATE OF BIRTH (month, day, and year): Aug 4 1881
7. AGE: Years 55 Months 4 Days 1 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheep Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Sept 35
11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (city or town) (State or country): Aulustia Spain

FATHER
13. NAME: Martin Sologo
14. BIRTHPLACE (city or town) (State or country): Aulustia Spain

MOTHER
15. MAIDEN NAME: Madlipe
16. BIRTHPLACE (city or town) (State or country): Aulustia Spain

17. INFORMANT (Address): Domingo Sologaga Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Date, 193...

19. UNDERTAKER: Mrs. M. C. Burdett
(Address): Shoshone Idaho

20. FILED Oct 8, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1936, to Oct 3, 1936
I last saw him alive on Oct 3, 1936: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	Sept 30-36
b	
c	
d	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Mrs. M. C. Burdett, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100971

Registration District No. 1617
Primary Registration District No. ____ Local Registrar's No. 79
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 4 1936 RECEIVED

2. FULL NAME Charles Frederick Borden

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 19 - 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Town Plot Canard Nova Scotia

FATHER
13. NAME Charles Henry Borden
14. BIRTHPLACE (city or town) (State or country) Town Plot Nova Scotia

MOTHER
15. MAIDEN NAME Charlotte D Wentworth
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ross P. Borden (Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date 10/13, 1936

19. UNDERTAKER Myrtle C. Burnett (Address) #E292

20. FILED Oct 13, 1936 J O Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Oct-11, 1936
Last saw him alive on Oct-11, 1936: death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	
Duration	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Laboratory Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Myrtle C. Burnett, M. D.
(Address) Shoshone Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln.
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100972

NOV 12 1936 RECEIVED

Registration District No. 16-17
Primary Registration District No. ____ Local Registrar's No. 81

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Carl Wilkins

(a) Residence. No. Shoshone Idaho St. 170
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Ann

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mailclerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. P. R. R.
10. Date deceased last worked at this occupation (mo. and yr.) Oct 31-36
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Cameron Idaho

FATHER
13. NAME Herman Wilkins
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Amelia?
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Geo. E. Weeks
(Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ft. Sunset Cem. Idaho Date ____, 193__

19. UNDERTAKER Myrtle C. Burdett
(Address) #E290

20. FILED Nov 3, 193 6 20 Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1 193 6

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, 193__, to ____, 193__
I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at about 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Brain	11/1/36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11/1, 193 6
Where did injury occur? Shoshone
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Gunshot wound
Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) T. E. Burnett, M. D.
(Address) Shoshone

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100973

Registration District No. 16 - 17
Primary Registration District No. ____ Local Registrar's No. 82
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

NOV 12 1936 RECEIVED

43

2. FULL NAME Neil Morrison

(a) Residence. No. Shoshone - Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Morrison

6. DATE OF BIRTH (month, day, and year) April - 11 - 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and farmer
10. Date deceased last worked at this occupation (mo. and yr.) Oct 31-36
11. Total time (years) spent in this occupation 6 yrs farmer

12. BIRTHPLACE (city or town) (State or country) Chiselhurst Canada

FATHER
13. NAME Peter Morrison
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Barbara McGill
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Margaret Morrison (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Date Nov - 8, 1936

19. UNDERTAKER Myrtle C. Burdett (Address) Shoshone - Idaho

20. FILED Nov 7, 1936 J. O. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov - 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 193 6, to Nov 6, 193 6
(last saw him alive on Nov 6, 193 6) death is said to have occurred on the date stated above, at 9:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mouth	1931
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? X Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) T. C. Burdett, M. D.
(Address) Shoshone Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Shoshone

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 16-17
Primary Registration District No.

DO NOT WRITE IN THIS SPACE
State File No. 100974

Local Registrar's No. 83

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Esther Rose Dochter

(a) Residence. No. Jerome St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27-1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	8.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 7
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls Idaho

FATHER
13. NAME George Dochter
14. BIRTHPLACE (city or town) (State or country) South Russia

MOTHER
15. MAIDEN NAME Rosina Dochter
16. BIRTHPLACE (city or town) (State or country) South Russia

17. INFORMANT Geo Dochter
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Date Nov. 10 1936

19. UNDERTAKER Myrtle C. Burdett
(Address) # 290

20. FILED Nov 9, 1936 J. A. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 1936, to 11/8, 1936.
I last saw her alive on 11/7, 1936: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Acidosis	
Brain injury	
Other contributory causes of importance:	
Shock	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1936
Where did injury occur? on highway 93 Jerome
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Ran into end of log on highway
Nature of injury Brain concussion & other injuries

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Lincoln

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100975

Registration District No. 16-17
Primary Registration District No. ____ Local Registrar's No. 84
(No. ____)
NOV 9 1936 RECEIVED
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Brownsritters

(a) Residence. No. 2d Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/4/1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Help
10. Date deceased last worked at this occupation (mo. and yr.) 10/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Yankton
(State or country) So Dak

FATHER
13. NAME Andrew Brownsritters
14. BIRTHPLACE (city or town) See.
(State or country)

MOTHER
15. MAIDEN NAME Pauline Winters
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Carl J Brownsritters
(Address) Onawa S D.

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date 10/91, 1936

19. UNDERTAKER Jerome Funeral Parlors
(Address) D & F Harmon Jerome Ida

20. FILED Nov 10, 1936 J O Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936

22. I ~~HEREBY~~, CERTIFY, That I attended ~~deceased~~ from Did not attend
..... 193..., to ....., 193...
I last saw h..... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Frontal Skull Fractures	Oct 24 36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury ..... 193...
Where did injury occur? Lincoln Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Struck by truck
Nature of injury Skull fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. E. Barrett, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100976

NOV 12 1936 RECEIVED

Registration District No. 100
Primary Registration District No. 2128
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

153

2. FULL NAME Grant Taylor Christensen

(a) Residence. No. ..... St. Rexburg, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1920

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rexburg. (State or country) Idaho

FATHER
13. NAME Oswald Christensen
14. BIRTHPLACE (city or town) Manti. (State or country) Utah

MOTHER
15. MAIDEN NAME Nettie Lavina Taylor
16. BIRTHPLACE (city or town) Salem. (State or country) Utah

17. INFORMANT Oswald Christensen (Address) Rexburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg. Date 10/24, 193.6

19. UNDERTAKER Bruse O. Clawson (Address) Rexburg, Idaho

20. FILED 10-26, 193.6 Mrs. A. Heyrend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8-6, 193.6, to Oct. 22, 1936
I last saw [illegible] alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Brain	Oct 6-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Parley Madson M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison

City of Rexburg

NOV 16 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100978

Registration District No. 100

Primary Registration District No. 3178

Local Registrar's No. 66

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Krogue

(a) Residence. No. ..... St. Rexburg, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 23 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Cosmetest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME Lenard Krogue

14. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

MOTHER

15. MAIDEN NAME Elizabeth Thorn[illegible]

16. BIRTHPLACE (city or town) Bloomington
(State or country) Idaho

17. INFORMANT Elizabeth Krogue
(Address) Rexburg

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Date 10/15, 1936

19. UNDERTAKER Russel F. Clawson
(Address) Rexburg, Idaho

20. FILED 11-6, 193[illegible] Mia Heyrman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-3-, 1936, to 10 12, 1936.

I last saw h[illegible] alive on 10 12, 1936: death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	10 5 36
Encephalitis lethargica	10 5 36
Other contributory causes of importance:	
Cleolescipleotomy	10 5 36
us abdominal drainage,	
wound healed normally	
No after symptoms related to	

Name of operation ..... Date of 10 5 36

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

10/14/36 (Signed) Lora [illegible] M. D.

(Address) Rexburg Idaho

NOTE B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Beneficial

PLACE OF DEATH

County of Madison

City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100979

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 67

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo Wright

(a) Residence. No. ....
(Usual place of abode) Sugar city Idaho St. ....
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Leverna McCulloch Wright

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mech Idaho Sugar Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar

10. Date deceased last worked at this occupation (mo. and yr.) Oct 24-36

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Sugar city Madison

FATHER

13. NAME R. L. Wright

14. BIRTHPLACE (city or town) (State or country) Maryland California

MOTHER

15. MAIDEN NAME Lea Ann Woodey

16. BIRTHPLACE (city or town) (State or country) Kansas with

17. INFORMANT (Address) R. L. Wright Sugar City

18. BURIAL, CREMATION OR REMOVAL
Place Ririe Idaho Date Oct 26, 1936

19. UNDERTAKER (Address) Vern J. Keller Rexburg Idaho

20. FILED 11-6, 1936 Mae Fegreus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936 to Oct 24, 1936

I last saw him alive on Dead, 1936: death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Skull - neck & back	
ribs - both arms	
& legs.	10-24-36
Death instantaneous.	
Other contributory causes of importance:	
Caught in belt of	
machine in	
Sugar factory	10-24-36

Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following: accident 10-24

Accident, suicide, or homicide? ... Date of injury ..., 1936

Where did injury occur? Mch Idaho Sugar Co Sugar City Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. industry

Manner of injury machine

Nature of injury as above in 22.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify accident

10/26/36 (Signed) Vern J. Keller, M. D.

(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Sugar City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100980

NOV 12 1936 RECEIVED

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. 68

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kathryn Anne Peterson

(a) Residence. No. St. Sugar City, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
f	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	3	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Anthony
(State or country) Idaho

FATHER
13. NAME John R. Peterson
14. BIRTHPLACE (city or town) Lehi
(State or country) Utah

MOTHER
15. MAIDEN NAME Johannah Bauerle
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. John R. Peterson
(Address) Sugar City, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date 10/19 1936

19. UNDERTAKER Russell A. Lamm
(Address) Rexburg, Idaho

20. FILED 11-6, 1936 Mrs. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1936, to 10-15, 1936
I last saw her alive on 10-15, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-8-36
Other contributory causes of importance:	
Chronic Nephritis	?-36

Name of operation — Date of —
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. H. Gulbransen M. D.
(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100981

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 59

NOV 3 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Cotter

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1919

7. AGE: Years 17 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** CCC worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. ~~MAIDEN~~ NAME Mrs Elizabeth Cotter

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Thompson
(Address) Rupert Idaho

18. ~~BURIAL~~, CREMATION ~~OR~~ REMOVAL
Place Brooklyn N.Y. Date Oct 7 1936

19. UNDERTAKER W.A. Goodman
(Address) Rupert Idaho

20. FILED 10-7-1936 C.A. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Oct 5, 193.6.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 3.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Skull	
from being run over	
by truck	

Other **contributory causes** of importance: Pvt. 2 T. CCC.

L. Foster Surgeon CCC Contract 3334 Rupert, Idaho.

Burton

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, ~~or homicide~~? ..... Date of injury .., 1936
Where did injury occur? .... Rupert .... Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .... Industry
Manner of injury. falling from truck
Nature of injury. Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify riding in truck

(Signed) W.A. Goodman Owner

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100982

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 60

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Use name) Lena Mary Knight

(a) Residence. No. Rupert Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

101 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 21 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Sept

12. BIRTHPLACE (city or town) (State or country) Rupert Ida

FATHER

13. NAME Chas. R. Knight

14. BIRTHPLACE (city or town) (State or country) Briggs Ida

MOTHER

15. MAIDEN NAME (Use name) Lena Dockstader

16. BIRTHPLACE (city or town) (State or country) Marysville Ida

17. INFORMANT (Address) Chas. R. Knight Rupert Ida

18. BURIAL, CREMATION OR REMOVAL

Place Rupert Date 10-4, 1936

19. UNDERTAKER Chas. R. Rupert

(Address) Burley Ida

20. FILED 10-13, 1936 Ella E. Lance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Oct 1st, 1936

I last saw her alive on Oct 1st, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Sept 19, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193....

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Mortimer, M. D.

(Address) Rupert Ida

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100983

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 66)

2. FULL NAME Lloyd A. Davidson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): May 19 1916
7. AGE: Years 20 | Months 4 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER FATHER

13. NAME: W. T. Davidson
14. BIRTHPLACE (city or town) (State or country): Indiana
15. MAIDEN NAME: Jessie Carter
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Leonard Davidson Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Oklahoma Date ....., 193..

19. UNDERTAKER (Address): W. A. Goodman Rupert Idaho

20. FILED 10-19-, 1936 E. R. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day and year): Oct 16 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart attack	
following Alcoholism	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. A. Goodman Coroner M. D.
(Address) Rupert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Heyburn

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100984
State File No.

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 62

(No. 5) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Almon Maggard

(a) Residence. No. Heyburn St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed or Divorced (write the word)~~
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah M. Maggard

6. DATE OF BIRTH (month, day, and year) May 13-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --11
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 2-9

12. BIRTHPLACE (city or town) Charleston W. Va.
(State or country)

FATHER
13. NAME Freeman W. Maggard
14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER
15. MAIDEN NAME Cathryn Watkins
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. Hannah M. Maggard
(Address) Heyburn Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Heyburn Date 11-2, 1936

19. UNDERTAKER Hoyt Taylor
(Address) Burley Ida

20. FILED 11-2, 1936 E. E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1935, to 10-27, 1936
I last saw him alive on 10-27, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Lobar	10-20-36
Other contributory causes of importance:	
Myocarditis	Years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. Hawes, M. D.
(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100985

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Irene Elizabeth Pullman

(a) Residence. No. Heyburn Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Herman L. Pullman

6. DATE OF BIRTH (month, day, and year): April-20-1908

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
28	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): July

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): New Mexico

FATHER

13. NAME: John B. Dunlap

14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER

15. MAIDEN NAME: Basha C. E. Dunlap

16. BIRTHPLACE (city or town) (State or country): U. S. A.

17. INFORMANT (Address): Herman L. Pullman Heyburn Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida Date 9/30/, 193 6

19. UNDERTAKER: L. C. Johnson
(Address) Burley Idaho

20. FILED 9/28/, 193 6 Ed E. Elmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/27/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to Sept 27, 1936
I last saw her alive on Sept 27, 193 6; death is said to have occurred on the date stated above, at 5:00 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Disease	1934

Other **contributory causes** of importance:

Name of operation: None Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank ? Dean M. D.

(Address) Burley Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100986

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 64

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baska Cordelia Dunlap,

(a) Residence. No. Los Angeles, California

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1½ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John B. Dunlap.

6. DATE OF BIRTH (month, day, and year): Jan 13 1880

7. AGE — Years: 56 Months: 8 Days: 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 9 27 36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Not known

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): U.S.A.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): U.S.A.

17. INFORMANT (Address): John B. Dunlap, Los Angeles, Calif

18. BURIAL, CREMATION OR REMOVAL. Place: Heyburn Cem. Date: 9/30, 1936

19. UNDERTAKER (Address): C. C. Johnson, Burley Idaho

20. FILED 9/30, 1936 W. E. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/28/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Sept 28, 1936.

I last saw her alive on Sept 28, 1936.: death is said to have occurred on the date stated above, at 3:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cr. Myocarditis	1935

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Dwight E. Dean, M. D.

(Address) Burley

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Culdesac

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100987

NOV 4 1936 RECEIVED

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME John Warren Goodall

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hettie Goodall

6. DATE OF BIRTH (month, day, and year) March 20, 1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own ranch

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Pleas Ephraim Goodal

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Mrs. Hettie Goodall
(Address) Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Culdesac, Idaho Date Aug 29, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Aug. ..., 1936 George Gaignard M.D.
By L. L. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1936, to Aug. 28, 1936.
I last saw him alive on Aug. 27, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-26-36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City or near Culdesac Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100988

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital, or institution, give its name instead of street and number)

49

2. FULL NAME Tom Brisco Bass

(a) Residence. No. Juliaetta Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1853

7. AGE: 82 Years | 11 Months | 20 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sue Stowers

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs Bass Culdesac Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston Wn Date 7-22 1936

19. UNDERTAKER (Address) Merchant Undertaking Co Clarkston Wn

20. FILED July 23 1936 George Jagmin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7 20 1936 193

22. I HEREBY CERTIFY, That I attended deceased from 6-1- ....., 1936 to 6-19- ....., 1936

I last saw him alive on 6-19- 1936; death is said to have occurred on the date stated above, at 3:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cervical Carcinoma	7-1933
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo Jagmin M. D.

(Address) Culdesac Idaho

Gaignard

PLACE OF DEATH

County of Nez Perce

City of Lapwai

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100990

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

161

2. FULL NAME Richard Ezekiel

(a) Residence. No. ..... St. 1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 20, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~0~~	~~0~~	~~16~~	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

FATHER

13. NAME Robert Ezekiel

14. BIRTHPLACE (city or town) (State or country) Kamiah Idaho

MOTHER

15. MAIDEN NAME Bessie Pinkham

16. BIRTHPLACE (city or town) (State or country) Lapwai Idaho

17. INFORMANT Robert Ezekiel
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Aug. 22, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Aug. ....., 1936 George Gaignard M.D.
Registrar.
By J.H.L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 months	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) George Gaignard M. D.

(Address) Culdesac, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Gaignard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

NOV 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100991

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Victor Mathews

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Oct. 3, 1918

7. AGE — Years: 17 | Months: 11 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Kamiah, Idaho

FATHER

13. NAME: Simon Mathews

14. BIRTHPLACE (city or town) (State or country): Slickpoo, Idaho

MOTHER

15. MAIDEN NAME: Edna Newman

16. BIRTHPLACE (city or town) (State or country): Kamiah, Idaho

17. INFORMANT (Address): Edna Newman Ramsey

18. BURIAL, CREMATION OR REMOVAL
Place: Near Spalding, Ida. Date: Sept. 8 1936

19. UNDERTAKER (Address): Brower Wann Co. Lewiston, Idaho

20. FILED Aug. ..., 1936 George Gaignard M. D. Registrar.
By J. K. L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from July ..., 1936, to August ..., 1936.
I last saw him alive on August 28, 36 death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Gaignard M. D.
(Address) Culdesac, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069 Local Registrar's No. 36

DO NOT WRITE IN THIS SPACE

State File No. 100992

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

57

2. FULL NAME Mary Jane Williams Dalton

(a) Residence. No. .... Malad Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Albert Dalton

6. DATE OF BIRTH (month, day, and year): February 2 1855

7. AGE: Years 81 | Months 9 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Home

10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1936

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER

13. NAME: Evan A Williams

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Mary Ann Tompkins

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): George Dalton Malad Ida

18. BURIAL, CREMATION OR REMOVAL: Burial

Place: Malad Idaho Date: Oct. 12 193 6

19. UNDERTAKER (Address): J. Guy Benson Malad Idaho

20. FILED: Oct 31, 193 6 M. J. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): October 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..0 to Oct 9, 193..6

I last saw h....alive on Oct 7 193..6 death is said to have occurred on the date stated above, at 7:40PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	.....
	7
	1
	.....
	.....

Other **contributory causes** of importance:

None
Only
age -

Name of operation: ..... Date of: .....

What test confirmed diagnosis? urine Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) .....

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NO. 1936

PLACE OF DEATH

County of Oneida

City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 100993

Local Registrar's No. 37

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74 N

2. FULL NAME Alice Evans

(a) Residence. No. .... Malad Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Richard M Evans

6. DATE OF BIRTH (month, day, and year) Jan 27 1865

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
71	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Logan
(State or country) Utah

FATHER

13. NAME Edwrad D Evans

14. BIRTHPLACE (city or town)
(State or country) Wales

MOTHER

15. MAIDEN NAME Alice Richards

16. BIRTHPLACE (city or town)
(State or country) Wales

17. INFORMENT (Address) Mrs Mabel James Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Malad Idaho Burial Date Oct 31, 1936

19. UNDERTAKER (Address) J. Sam Keenan Malad Idaho

20. FILED Oct 31, 1936 M J Terms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1935, to Oct 28, 1936

I last saw her alive on Oct 20, 1936 death is said to have occurred on the date stated above, at 7:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1935
Essential Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marion J Kerns, M. D.

(Address) Malad Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Owyhee

City of Marsing

OCT 26 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100994

Registration District No. 107

Primary Registration District No. ____ Local Registrar's No. 3

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa Jane Mowbray

(a) Residence. No. ____ Marsing, Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Mowbray

6. DATE OF BIRTH (month, day, and year) April 15 - 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Ripley, (State or country) Ontario, Canada.

FATHER

13. NAME Bill Wm Harris

14. BIRTHPLACE (city or town) ____ (State or country) England

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) ____ (State or country) ____

17. INFORMANT Alice Murphy (Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Oct 1, 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Idaho

20. FILED 10/6, 1936 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 - 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1936, to 9/29, 1936

I last saw her alive on 9/28, 1936: death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 yrs.
Chronic Cholelithiasis	4 yrs. ago

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) A. G. Newberry M. D.

(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100995

PLACE OF DEATH
County of Owyhee
City of Bruneau
Registration District No. 74
Primary Registration District No. 2251
Local Registrar's No. 6
OCT 15 1936 RECEIVED
(No.) 50
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Holmes Crocheron

(a) Residence. No. Bruneau, Idaho, St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Rose Crocheron

6. DATE OF BIRTH (month, day, and year) 6-1-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-7-36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Silver City Idaho

FATHER
13. NAME John Crocheron
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Mary Jane Crow
16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMENT (Address) Rose Crocheron Bruneau Ida

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Bruneau Ida Date 9-25, 1936

19. UNDERTAKER Rackham Funeral Home
(Address) Mountain Home Ida

20. FILED Oct. 15, 1936 Alice C. Erkenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-23- 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1936, to Sept 9, 1936
I last saw him alive on Sept 6, 1936: death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the neck	Jan. 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Davis M. D.
(Address) Glenns Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100996

Registration District No. 74
Primary Registration District No. 215-1
Local Registrar's No. 7

OCT 15 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maryon Colleen Lawson

(a) Residence. No. Bruneau St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

177

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-21-1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bruneau
(State or country)

FATHER

13. NAME Lee Lawson

14. BIRTHPLACE (city or town) Bruneau
(State or country)

MOTHER

15. MAIDEN NAME Ina Graves

16. BIRTHPLACE (city or town) Bruneau
(State or country)

17. INFORMANT Mrs Lee Lawson
(Address) Bruneau Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bruneau Ida Date 10-4, 1936

19. UNDERTAKER Yoakley Funeral Home
(Address) Mtn Home Ida

20. FILED Oct 15, 1936 Alice C. Erkenbrack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1936, to 10-2, 1936

I last saw her alive on 10-2, 1936: death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison	
Poisoning, Probably from Strychnine	10-2-1936

Other contributory causes of importance:

Name of operation Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-2 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. E. Evans M. D.

(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner.
City of Bonners Ferry

OCT 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100997

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 67

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie Lee Thomas

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Jan 20-1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bayville (State or country) Idaho

FATHER
13. NAME Elza J Thomas
14. BIRTHPLACE (city or town) McCrosk (State or country) Ill.

MOTHER
15. MAIDEN NAME Bernice Hill
16. BIRTHPLACE (city or town) Schuyler (State or country) Neb.

17. INFORMANT E. J. Thomas (Address) Bayview Ida. RR 1

18. BURIAL, CREMATION OR REMOVAL
Place Mrs Plymouth Ida Date Oct 15 1936

19. UNDERTAKER Reese C. Sanders (Address) Bayview Idaho

20. FILED 10/19/36 1936 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-13-, 1936, to Oct-13-, 1936
I last saw her alive on Oct-13 1936: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident-	
suicide, gun shot- wound	
entering left breast	
causing fatal right breast.	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct-13- 1936
Where did injury occur? Bonners Ferry Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury gun shot
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none
(Signed) Edith Sanders Co. Coroner
(Address) Bayview Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Rest Plymouth

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4.

Primary Registration District No. 1008.

DO NOT WRITE IN THIS SPACE

State File No. 100938

Local Registrar's No. 68.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mrs Caroline Orion Gardner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel G. Gardner

6. DATE OF BIRTH (month, day, and year) June 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER FATHER

13. NAME Alfred Orion

14. BIRTHPLACE (city or town) (State or country) Eng.

15. MAIDEN NAME Rebecca Dean

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Jane B Campbell
(Address) Rest Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rest Plymouth Date 10-7, 193 6

19. UNDERTAKER Glenn C Sanders
(Address) Moscow Idaho

20. FILED Oct 19, 193 6 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 193 6 to Oct 14, 193 6

I last saw her alive on Oct 14, 193 6: death is said to have occurred on the date stated above, at 3 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 5, 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Popma, M. D.

(Address) Rest Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette.
City of Payette.

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100999

Registration District No. 4
Primary Registration District No. 1008.
Local Registrar's No. 69.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr Henry M. Sutfin.

(a) Residence. No. 718 Boise Ave St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Effie Jane Sutfin.

6. DATE OF BIRTH (month, day, and year) Dec 31st 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurence Co. Ind.

FATHER
13. NAME John Sutfin.
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Mary Ellen Nichols.
16. BIRTHPLACE (city or town) (State or country) Ind. Switzerland

17. INFORMANT Mrs. H. M. Sutfin
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Oct 19 1936

19. UNDERTAKER Glenn C. Gardner.
(Address) Payette Idaho

20. FILED 10/16/36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 16, 1936
I last saw him alive on Oct 16, 1936 death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	1
Other contributory causes of importance: Hypertension	

Name of operation none Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Peake, M. D.
(Address) Physician

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette
No. [illegible] PRECINCT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101000

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 70

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Adelbert Lawson Gorham

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Gorham

6. DATE OF BIRTH (month, day, and year) Nov 5, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kalamazoo (State or country) Mich

FATHER
13. NAME John Gorham
14. BIRTHPLACE (city or town) not known (State or country)

MOTHER
15. MAIDEN NAME Lucy Baker
16. BIRTHPLACE (city or town) N. Y. (State or country)

17. INFORMANT S A Gorham (Address) 763 Elm Bellingham

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Nov 4, 1936

19. UNDERTAKER Glenn C Saunders (Address) Payette Idaho

20. FILED 11/3/36 193 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 2-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2-, 1936, to Nov 2-, 1936.
I last saw him alive on Nov 1-, 1936: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Last season
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Payton, M.D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fayette.
City of Fayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101001

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 71.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jno Victor Ogden Wainwright

(a) Residence. No. 619 - 7th ave. St.
(Usual place of abode)

St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Francis S Wainwright

6. DATE OF BIRTH (month, day, and year) Mar 29 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Wakefield
(State or country) Eng.

FATHER

13. NAME Mark Wainwright
14. BIRTHPLACE (city or town)
(State or country) Texas

MOTHER

15. MAIDEN NAME Elizabeth Ogden
16. BIRTHPLACE (city or town) Wakefield
(State or country) Eng.

17. INFORMANT Frances Wainwright
(Address) Fayette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fayette, Idaho Date Oct 28, 1936

19. UNDERTAKER Glenn C Gooden
(Address) Fayette Idaho

20. FILED 11/7/36, 193 J C Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/26 1936

22. I HEREBY CERTIFY, That I attended deceased from at time of death only, 193
I last saw him alive on 10/26, 1936: death is said to have occurred on the date stated above, at 9 45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W M Clark, M. D.
(Address) Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

NOV 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101002

Registration District No. 4
Primary Registration District No. 1006
Local Registrar's No. 72

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles I Holtz

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Holtz

6. DATE OF BIRTH (month, day, and year) July 6 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anton Diedesheimer Payette Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Idaho Date 11-6 1936

19. UNDERTAKER Glenn C Saunders
(Address) Payette Idaho

20. FILED 11/7/36, 193... J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 -, 1936, to Nov 5 -, 1936
I last saw him alive on Nov 4, 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of Rt Brach Femoral and Popl	Cannot say
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. C. Payton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette.

City of New Plymouth.

NOV [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101003

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 73

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Sarah Alice Bloch

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr A. E. Bloch

6. DATE OF BIRTH (month, day, and year) 11-29-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nashville
(State or country) Lewis Co. Iowa.

FATHER

13. NAME E. W. Burbee

14. BIRTHPLACE (city or town) Danville
(State or country) Ind.

MOTHER

15. MAIDEN NAME Mary M. Quigley

16. BIRTHPLACE (city or town) .....
(State or country) Perry Co. Ohio

17. INFORMANT A. E. Bloch
(Address) New Plymouth Ida.

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Ida. Date Nov. 9, 1936

19. UNDERTAKER Glenn C. Landers
(Address) Caldwell Idaho

20. FILED 11/10/36, 193.... J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936, to Nov 7, 1936

I last saw h.. alive on Nov 7, 1936: death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1929
Myocarditis	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Calvin M. Toma, M. D.

(Address) New Plymouth, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of 4 mi. So. Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101004

NOV 4 1936 RECEIVED

Registration District No. 4

Primary Registration District No. 1008 . Local Registrar's No. 39

(No.) 88

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy Evan Dunbar

(a) Residence. No. Payette St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
m	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2-14-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 6-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prescott (State or country) Wis.

FATHER

13. NAME Ed Dunbar

14. BIRTHPLACE (city or town) Muscatine (State or country) Iowa

MOTHER

15. MAIDEN NAME Jennie McD Smith

16. BIRTHPLACE (city or town) Prescott (State or country) Wis.

17. INFORMANT Alvin Snyder (Address) Payette, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Ontario, Ore. Date Sept. 26 1936

19. UNDERTAKER Asa L. Richardson (Address) Ontario, Oregon

20. FILED 9/28/ 1936 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1936, to Sept. 24, 1936

I last saw him alive on Sept. 23, 1936; death is said to have occurred on the date stated above, at 2 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. Reese M. D.

(Address) Ontario, Ore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette.

City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101005

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 60

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Attilie Patrick.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. H. Patrick.

6. DATE OF BIRTH (month, day, and year) Jan 28 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Rolf Gardner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Ed R. Woodward Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Ida. Date Sept 26 1936

19. UNDERTAKER Ryan & Gardner
(Address) Payette Ida.

20. FILED Oct 2, 1936 E. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1936, to 9-24, 1936

I last saw h.. alive on 9-24, 1936; death is said to have occurred on the date stated above, at 12 mon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Bilateral)	9-20-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. H. Parkinson, M. D.
(Address) Payette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101006

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 61

NOV 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Theodora Tschirgi

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

185

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arnold Tschirgi

6. DATE OF BIRTH (month, day, and year) Sept 8 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	—	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER
13. NAME Christian Buechner
14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT (Address) Mrs Hubert Tschirgi Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mrs Plymouth Ida Date Sept 28, 1936

19. UNDERTAKER Reuse C. Vaughn (Address) Payette Idaho

20. FILED Oct 2, 1936 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-23-1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Sept 24, 1936
I last saw her alive on Sept 24, 1936: death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following fracture of 2 ribs	9-21-36
Other contributory causes of importance:	
senility	1934

Name of operation None Date of —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accid Date of injury 9-21-1936
Where did injury occur? at home Payette Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Fall
Nature of injury Fract of 2 ribs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Alfred M. Cook M. D.
(Address) Mrs Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 4 1936 RECEIVED

PLACE OF DEATH

County of Payette

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101007

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 625

(No. 1½ miles south of Payette)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lelia May Tilden

(a) Residence. No. 1½ miles south of Payette St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Tilden

6. DATE OF BIRTH (month, day, and year) June 11, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redbluff (State or country) Calif.

FATHER

13. NAME Robert J. Martin

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Rebecca Anderson

16. BIRTHPLACE (city or town) (State or country) Calif.

17. INFORMANT John F. Tilden (Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery Date Oct. 3, 1936

19. UNDERTAKER Summers Funeral Home (Address) Boise, Idaho

20. FILED Oct 10, 1936 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1936, to 9-30, 1936

I last saw her alive on 9-30, 1936: death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
My sciatic	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. B. Catron M.D., M.D.

(Address) Payette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101008

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 63

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Frances Marian Satorio.

(a) Residence. No. 330 N. 10th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Belle Satorio

6. DATE OF BIRTH (month, day, and year) Feb 11 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Treasurer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wisc.

FATHER
13. NAME not known.
14. BIRTHPLACE (city or town) (State or country) France.

MOTHER
15. MAIDEN NAME not known.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Belle Satorio
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Oct 7, 1936

19. UNDERTAKER Glenn C Landon
(Address) Payette Idaho

20. FILED 10/10/36, 193.... J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5- 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

Deceased was dead when I reached his residence at 5.40 a.m. Oct. 5th, 1936. Cause of death was probably an embolus

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Woodward, M. D.
(Address) Payette, Idaho.

I A. woodward.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

C. C. Taylor

PLACE OF DEATH
County of Payette
City of Payette

NOV 4 1936 KLGG WED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101009

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 65

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Mrs Hannah J. O'Flynn

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Alfa Elen Flynn

6. DATE OF BIRTH (month, day, and year) July 27-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not known.

FATHER
13. NAME Jacob Flynn.
14. BIRTHPLACE (city or town) (State or country) not known.

MOTHER
15. MAIDEN NAME not known.
16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT Myrtle Fowler. (Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Cem. Payette Oct 13 193 6

19. UNDERTAKER Glenn C Sanders. (Address) Payette Idaho.

20. FILED 10/19/36 193 J. O. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Oct 11, 1936
I last saw h[im] alive on Oct 11, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Several Days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Mrs. J. C. Bartlett.

NOV 4 1936 RECEIVED

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101010

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 66

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. John Cooper Giesler.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ella McKeen Giesler

6. DATE OF BIRTH (month, day, and year) Jan 5 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Travis Co.

FATHER
13. NAME Julius Giesler.
14. BIRTHPLACE (city or town) (State or country) not known.

MOTHER
15. MAIDEN NAME Mary Josie Cooper
16. BIRTHPLACE (city or town) (State or country) not known.

17. INFORMANT (Address) Cordia Twosing Fruitland

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date Oct 13, 1936

19. UNDERTAKER (Address) Glenn C. Saunders Payette Idaho

20. FILED 10/19/36 193 J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 - 11 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Aug 2, 1936
I last saw him alive on Aug 2, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcenoma	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. H. Clark M. D.
(Address) Payette.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Am. Falls

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 101011

Registration District No. 25

OCT 14 1936 **RECEIVED**

Primary Registration District No. 2072 Local Registrar's No. 76

(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME E. L. Baughman

(a) Residence. No. Not Known St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1110

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of not Known

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** not Known

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** " "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) " (State or country)

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Am Dans Coroner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Dodd Date 9-2 193 6

19. UNDERTAKER Am Dans
(Address) Am Falls Ida

20. FILED Aug. 12.., 193 6 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-28 1936

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1936, to August 28, 1936.
I last saw him alive on August 28 1936.; death is said to have occurred on the date stated above, at 9:30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Septic Ulcer,	about
Duodenal, perforated	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) C. L. Swaney M. D.
(Address) Arco Butte Co. Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

OCT 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 77

(No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. X 101012

2. FULL NAME Lyn Newton Barton

(a) Residence. No. American Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6. DATE OF BIRTH (month, day, and year): March 31/1911

7. AGE — Years: 25 — Months: 5 — Days: 11 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.): 9/12/36

11. Total time (years) spent in this occupation: All his Life.

12. BIRTHPLACE (city or town) (State or country): Elma Wash

FATHER

13. NAME: Alfred N. Barton

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Stella Melba

16. BIRTHPLACE (city or town) (State or country): Neb

17. INFORMANT (Address): Stella F. Harvey American Falls, Ida

18. BURIAL, CREMATION OR REMOVAL

Place: Hegler Date: 9/16/36

19. UNDERTAKER (Address): A. N. Davis American Falls, Idaho

20. FILED: 9/16, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/12/36

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

Date of onset

...Accidental Death, Was leading a Horse on the American Falls Dam, a Car Came up behind, struck the Horse, the horse struck the boy, Fracturing the spine, & three Ribs, Lacerated Liver, Hemorrhage

Other **contributory causes** of importance:

Coroners Juros found cause of death From --Carelessness of the Auto Driver.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?..On Am Falls Dam.....
(Specify city or town, county, and state)
At American Falls, Ida.

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public High Way.....

Manner of injury....Discribed above.....

Nature of injury Fracture of Spine & three Ribs

24. Was disease or injury in any way related to occupation of deceased?.....If so, specify.....

(Signed) ..... Coroner

(Address) ...American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 20

DO NOT WRITE IN THIS SPACE

State File No. 101013

OCT 14 1936 RECEIVED

Primary Registration District No. 2072 Local Registrar's No. 28

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Liza Ann Sherman

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 13--1858

7. AGE: Years 78 | Months 5 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Invilad 3 years

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Brigham City Utah

FATHER

13. NAME: Porter Barnard

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Liza Ann Wiychoff

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT: Mrs. Bert Sherman
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Rockland, Ida. Date. 9/18., 1936.

19. UNDERTAKER: A. N. Davis
(Address) American Falls, Idaho

20. FILED. 9/18...., 1936.. Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29., 1935., to Sept. 13., 193.6.
I last saw h[illegible] alive on 9-13., 1936.: death is said to have occurred on the date stated above, at 4:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
Hemiplegia	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
Uraemia	.....
.....	

Name of operation. None Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. G. Logan, M. D.

(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.....

DO NOT WRITE IN THIS SPACE

State File No. 101014

OCT 14 1936 RECEIVED

Primary Registration District No..... Local Registrar's No. 79

1. (No. Schiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine E. Payne

(a) Residence. No. Neeley, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James O. Payne Jr.

6. DATE OF BIRTH (month, day, and year)
April 30, 1933

7. AGE: Years 23 | Months 5 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME William Kreiter

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Elizabeth Maisch

16. BIRTHPLACE (city or town) (State or country) South Dakota

17. INFORMANT (Address) James Oscar Payne Jr. Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Am. Falls, Date Oct. 4, 1936.

19. UNDERTAKER A. W. Davis.
(Address) Am. Falls, Ida.

20. FILED Oct. 4, 1936. Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct-1 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-28, 1936, to Oct-1-, 1936.
I last saw her alive on Oct-1, 1936.; death is said to have occurred on the date stated above, at 5:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uterine infection (Septicemia)	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Oscar L. Beckham M. D.

(Address) American Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101015

Registration District No.....
Primary Registration District No..... Local Registrar's No. 82

(No. Chiltz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Robinson

(a) Residence. No. Rockland, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara A. Tyler Robinson
6. DATE OF BIRTH (month, day and year): July 1, 1861
7. AGE: Years: 75 | Months: 4 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm home
10. Date deceased last worked at this occupation (mo. and yr.): March, 1933
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Dimock, Pennsylvania

FATHER
13. NAME: Culbert Byron Robinson
14. BIRTHPLACE (city or town) (State or country): Mashoppen, Penn

MOTHER
15. MAIDEN NAME: Eunice Eliza Mowery
16. BIRTHPLACE (city or town) (State or country): Mashoppen, Penn.

17. INFORMANT (Address): Mrs. John J. Robinson, Rockland, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rockland, Idaho Date: 10/20 1936
A. W. Davis

19. UNDERTAKER (Address): American Falls, Idaho

20. FILED 10-20-, 1936. Gertrude Thornhill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1936, to Oct. 20, 1936.
I last saw him alive on Oct. 19, 1936.; death is said to have occurred on the date stated above, at 5:10A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Erysipelas	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. G. Logan, M. D.
(Address) American Falls, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Wallace

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101016

Registration District No. 70

Primary Registration District No. 1911

Local Registrar's No. 33

(No. Providence Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie Frances Hendry

(a) Residence. No. [illegible] St. Wardner Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Roy Hendry

6. DATE OF BIRTH (month, day, and year) Oct 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wife

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lamar Mo.

FATHER

13. NAME D. L. Duvall

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Duvall

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Roy Hendry Wardner Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Ida Date Aug 29, 1936

19. UNDERTAKER (Address) R-S Stark Kellogg Ida

20. FILED Sept 9, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Aug 26, 1936

I last saw ~~him~~ her alive on Aug 26 1936, death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edith Tyrrell, M. D.

(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101017

NOV 4 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 34

(No. Residence. If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas O. Clark. 90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Clark.

6. DATE OF BIRTH (month, day, and year) Feb-3-1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flume Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Mining Co.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah.

FATHER
13. NAME Jessie T Clark.
14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER
15. MAIDEN NAME Margaret Edwards
16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Mattie Clark. (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida. Date Nov 13, 1936

19. UNDERTAKER J A Bever (Wards) (Address) Wallace Ida.

20. FILED Nov 4-1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....
I last saw him alive on Sept 10, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Arteriosclerosis	2 yrs
Uremia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. D. McVey Coroner
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101018

Registration District No. 10

Primary Registration District No. 1011

Local Registrar's No. 35

161

(If death occurred in a hospital or institution, give its name instead of street and number) Frances E. Hand

2. FULL NAME Baby Walters

(a) Residence. No. Northern Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7-1936

7. AGE: Years | Months | Days: 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER

13. NAME Frank Edmunds Walters

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Selma Edquardson

16. BIRTHPLACE (city or town) (State or country) Wash

17. INFORMANT (Address) Mrs. Maggie Walters

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Ida Date Sept 11, 1936

19. UNDERTAKER (Address) R. L. Stanley Kellogg Ida

20. FILED Sept 12 1936 Grace Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936, to Sept 11th, 1936.

I last saw her alive on Sept 10th, 1936; death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Lindsay, M. D.

(Address) Kellogg Idaho

Dr Mowery

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101019

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 36

(No.) Providence Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

70

2. FULL NAME Elizabeth M. Ball

(a) Residence. No. 12 Second St. Wallace Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 10th 1876

7. AGE — Years: 59 | Months: 10 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME: ——— Fortune

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Mrs Ball Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Wallace Ida. Date: Nov 15, 1936

19. UNDERTAKER (Address): Bruce G. Worstell Wallace Ida.

20. FILED: Nov 16, 1936. John Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9/12/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept ..., 1936 to Sept 9, 1936.

I last saw her alive on 9/12, 1936. Death is said to have occurred on the date stated above, at 6:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cerebral Thrombosis	
Coma	7 days
Pneumonia	
Other contributory causes of importance:	
Arteriosclerosis	
Myocarditis	
Senility	

Name of operation: None Date of:

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ... Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

Signed: Bruce G. Worstell M.D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101020

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 37

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hiersit Bradley

(a) Residence. No. Wardner Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Bradley

6. DATE OF BIRTH (month, day, and year) Nov 26-1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harnett (State or country) Mo.

FATHER
13. NAME Wm Robert Bradley
14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Jane Mullins
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs Nora Bradley (Address) Wardner Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Sept 17, 1936

19. UNDERTAKER R. L. Trout (Address) Kellogg Ida

20. FILED Sept 20, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 193 6, to Sept 14, 193 6
I last saw him alive on Sept 14, 193 6: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Lindsay, M. D.
(Address) Kellogg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101021

NOV 4 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 7011
Local Registrar's No. 38
(If death occurred in a hospital or institution, give its name instead of street and number) Providence Hospital.

2. FULL NAME Eliza Jane Adams

(a) Residence. No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Geo E Adams

6. DATE OF BIRTH (month, day and year) Nov 3 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fontanelle Iowa

FATHER
13. NAME John Tate
14. BIRTHPLACE (city or town) (State or country) Leeds England

MOTHER
15. MAIDEN NAME Jane Davis
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Geo E Adams
(Address) Mullan Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wash. Date Nov 2 1936

19. UNDERTAKER C A Byer (Wash)
(Address) Wallace Ida

20. FILED Nov 2 1936 John Byer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936, to Sept. 20, 1936.
I last saw her alive on Sept 20, 1936: death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	?

Other contributory causes of importance:

Pneumonia, hypostatic	9/6/36
Arteriosclerosis	?
Hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. H. Herrold, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

NO. A 1936

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101022

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 39
(No. Providence Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura A Baxter. 1011a

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josie Baxter.

6. DATE OF BIRTH (month, day, and year) Oct-25-1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drink.
10. Date deceased last worked at this occupation (mo. and yr.) .....
M. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER
13. NAME Amos Baxter.
14. BIRTHPLACE (city or town) (State or country) Rhode Island.

MOTHER
15. MAIDEN NAME Minerva Emory
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Mrs Josie Baxter. (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Sept 25 1936.

19. UNDERTAKER J A Bever (works) (Address) Wallace Ida

20. FILED Sept 24 1936 John Bever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Sept 22, 1936
I last saw him alive on Sept 22, 1936; death is said to have occurred on the date stated above, at 12 25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	9/19/36
Other contributory causes of importance:	

Name of operation X-Ray Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. Fitz Gerald, M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101023

NOV 4 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1911 Local Registrar's No. 40
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Veronica Fleming.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) Aug 23 - 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER
13. NAME Michael Murphy.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Leo Fleming.
(Address) Wallace Ida.

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Spokane Wash. Date Nov. 29, 1936.

19. UNDERTAKER J A Bower (Words)
(Address) Wallace Ida

20. FILED Nov 21, 1936 John A Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1936.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Sept 28, 1936
I last saw ~~him~~ her alive on Sept 28, 1936; death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4-10 da
Arteriosclerosis	
Other contributory causes of importance:	
Hypostatic Pneumonia	2 da
Coronary Occlusion	

Name of operation ..... Date of operation .....
What test confirmed diagnosis: Clinical, Autopsy, or Microscopic .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Wood, M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101024

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 41

NOV 4 1936 RECEIVED

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Filbourne James Rivera

117

(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 8-1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mont.

FATHER

13. NAME E W Rivera
14. BIRTHPLACE (city or town) (State or country) Mexico.

MOTHER

15. MAIDEN NAME Katherine Riddle
16. BIRTHPLACE (city or town) (State or country) Mont.

17. INFORMANT E W Rivera (Address) Wallace Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Missoula Mont. Date Oct 2, 1936

19. UNDERTAKER J A Boyer (Laundsl) (Address) Wallace Ida.

20. FILED Oct 1, 1936 John Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1936, to 9-29, 1936
I last saw h~~im~~ alive on Sept 29, 1936: death is said to have occurred on the date stated above, at 1:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	9-18
acute appendicitis	
Other contributory causes of importance:	
Ruptured appendix	

Name of operation Laparotomy Date of 9-18
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Rivera Wells, M. D.
(Address) Wallace Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101025

NOV 10 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 43
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rufus E Dunlap.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	0	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME William Dunlap.
14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMANT Wm Sellers
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date Oct 7, 1936

19. UNDERTAKER J J Bowe (Mrs)
(Address) Wallace Ida

20. FILED Oct 6, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Oct 4, 1936
I last saw ~~him~~ alive on Oct 4, 193..: death is said to have occurred on the date stated above, at 10:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cause Pneumonia	Oct 4
Myocarditis	"
Hypostasis	"
Other contributory causes of importance: Arterio Sclerosis	4 years

Name of operation ..... Date of .....
What test confirmed diagnosis: Clinically, Microscopically or autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Mary Sellers M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101026

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 44

NOV 10 1936 (Rec'd)

1. (a) PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) No. Wallace St.
2. FULL NAME Alta J Dixon
(a) Residence. No. Main Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12-1916.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida

FATHER
13. NAME Ezra Dixon
14. BIRTHPLACE (city or town) (State or country) Neb.

MOTHER
15. MAIDEN NAME Lillian Nelson
16. BIRTHPLACE (city or town) (State or country) Ore

17. INFORMANT Mrs Lillian Dixon
(Address) Main St Wallace Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Ida Date Oct 8, 1936
19. UNDERTAKER J A Bever (ward)
(Address) Wallace Ida
20. FILED Oct 7, 1936 John Bever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h..... alive on [redacted], 193.. death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	Several Months
Cerebral Edema	
Coronary Occlusion	
Acute Cardiac Failure	
Chronic Nephritis	
Other contributory causes of importance:	
None Known	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No) If so, specify .....
(Signed) A Thornton Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101027

Registration District No. 10
1936 Primary Registration District No. 1011 Local Registrar's No. 45

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

186

2. FULL NAME Melvin J Barton.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Barton.

6. DATE OF BIRTH (month, day, and year) Dec 28 - 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mine.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sand Point Idaho.

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Beatrice Barton (Address) Wallace Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Wallace Ida Date Oct 8, 1936

19. UNDERTAKER Beyer (Ward) (Address) Wallace Ida

20. FILED Oct 9, 1936 John Beyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Fracture of Pelvis	

Other contributory causes of importance:

Compound Fracture	
Left Femur	
Surgical Shock	
Hemorrhage	

Name of operation None Date of ....
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 5, 1936
Where did injury occur? Underground Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. Industry Mine
Manner of injury Cave or Fall of Rock
Nature of injury. Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. W. Howard Walker M. D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101028

No. 1, 1936 REVISED
Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 46

(No. Morning Mine, Mullan, Idaho)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Dominick Micheletta

(a) Residence. No. Mullan, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 30 | Months — | Days — | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cle Elum Wash

MOTHER FATHER
13. NAME: Jos. Micheletta
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Theresa Bruna
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Jos. Micheletta Cle Elum Wash
18. BURIAL, CREMATION OR REMOVAL
Place Cle Elum Date Oct 6, 1936
19. UNDERTAKER (Address): Bruce G. Worstell Wallace Ida.
20. FILED Oct 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h....alive on Oct 6, 1936. Death is said to have occurred on the date stated above, at 12 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed to death in Morning Mine Mullan Ida.	
Coal fell on him	
Other **contributory causes** of importance:	
Shock	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1936
Where did injury occur? Morning Mine
(Specify city or town, county and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Morning Mine
Manner of injury Fell on Coal
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? Yes or no, specify
(Signed) Wm. O'Connell Coroner
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101029

Registration District No. 70
Nov 10 1936 RECEIVED
Primary Registration District No. 1011
Local Registrar's No. 47

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Robert Phelan

(a) Residence. No. Osborne Ave. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Phelan

6. DATE OF BIRTH (month, day, and year): Feb-16-1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Missoula Mont.

FATHER

13. NAME: Robert A Phelan
14. BIRTHPLACE (city or town) (State or country): Canada.

MOTHER

15. MAIDEN NAME: Marion Holmes
16. BIRTHPLACE (city or town) (State or country): Minn.

17. INFORMANT (Address): James Phelan Missoula Mont.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place: Missoula Mont Date: Oct 8, 1936

19. UNDERTAKER (Address): J A Boyer (words) Wallace Ida.

20. FILED: Oct 7, 1936 John Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193.....
I last saw h..... alive on ....., 193.... death is said to have occurred on the date stated above, at 1220 a m.
The principal cause of death and related causes of importance were as follows:

Crushed to death in Morning Mine
when Cage fell in Morning Shaft

Date of onset
Oct 6

Other contributory causes of importance:

None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 6, 1936
Where did injury occur? Morning Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place: Morning Mine
Manner of injury: Fell in Shaft
Nature of injury: Crushed to death

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Morning Coroner
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101030

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 48

NO. 1 1936 REGISTERED

(No. ..... St. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis A Boff.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 3 - 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mica Wash

FATHER

13. NAME Lemmon Boff.

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Edu Thorp.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Lemmon Boff. (Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Wash Date Oct 9 1936

19. UNDERTAKER J A Bower (wonda) (Address) Wallace Ida

20. FILED Oct 7, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw h..... alive on ....., 193.. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Crushed to death in coal mine

Other contributory causes of importance: None

Date of onset: Oct 6

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place.
Manner of injury Fell down shaft
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Moderwell M.D.
Address Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101031

No. 20 1936 Registration District No. 20
Primary Registration District No. 21 Local Registrar's No. 49

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry McGowan

(a) Residence. No. Mullan St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys McGowan
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 39; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Federal Mining & Smelting Co. Mullan Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burke Cem. Date Oct 8, 1936

19. UNDERTAKER (Address): J. A. Bower Wallace Ida

20. FILED Oct 7, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h... alive on ....., 193.., death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed to death in underground fall of ore & rock	Oct 6
Other contributory causes of importance: None	

Name of operation ..... Date of ...
What test confirmed diagnosis? ..... Was there an a...

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 193..
Where did injury occur? Underground Mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Underground Mine
Manner of injury Crushed by Fall of Ore & Rock
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? ..... If so, state how.

(Signed) Harry McGowan M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101032

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 50

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Siponen

(a) Residence. No. Mullan Ida St. Mullan Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of divorced

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mine
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER
13. NAME Peter Siponen
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Hannah Hiltunen
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Peter Siponen
(Address) Mullan Ida

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Hancock Mich. Date Oct 8, 1936

19. UNDERTAKER J A Beer (words)
(Address) Wallace Ida.

20. FILED Oct 7, 1936 John Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193.....
I last saw h..... alive on Oct 6 1936 death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury, 193..
Where did injury occur? (Specify city or town, county and state)
Specify whether injury occurred in industry, in home or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, when?
(Signed) ..... M.D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Mullan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101033

NOV 1 1936 RECEIVED
Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 51

(No. 6) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Elmer Woodworth

(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 46; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Mining
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME "
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Records
(Address) Wallace Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Oct 10, 1936

19. UNDERTAKER J. A. Bower (Wards)
(Address) Wallace Ida

20. FILED Oct 8, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....
I last saw h..... alive on 10/6, 1936; death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

Crushed to death in Morning Star Mine Cage fell in Morning Shaft — Date of onset Oct 6

Other contributory causes of importance:
None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Oct 6 1936
Where did injury occur? Morning Mine (Specify city or town, county, and state)
Specify whether injury occurred in industry, home or in public place. Morning Mine
Manner of injury Fell in Cage
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Miner Lead Operator
(Signed) Wm. Rose M. D.
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7o

DO NOT WRITE IN THIS SPACE
State File No. 101034

No. [illegible] 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 52

(No.) Morning Mine Mullan Ida
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Rese

(a) Residence. No. Mullan Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Aug. 15 1882
7. AGE: Years 54 | Months 1 | Days 21 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): " "
15. MAIDEN NAME: " "
16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Jos. Visconic Ravenna Dale Mash
18. BURIAL, CREMATION, OR REMOVAL
Place: Wallace Ida Date: Oct 9th, 1936
19. UNDERTAKER (Address): Bruce G. Marshall Wallace Ida
20. FILED: Oct 10, 1936 John Beven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw h... alive on Oct 6, 1936; death is said to have occurred on the date stated above, at 12 00 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed to death in Morning Mine Mullan Ida	Instant
When coal fell in stope	
Other **contributory causes** of importance: None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to **external causes (violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1936 Oct 6
Where did injury occur? Morning Mine (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**: Morning Mine
Manner of injury: Fell in stope
Nature of injury: Crushed to death

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Morning Operations
(Signed) Jos. Visconic Coroner
(Address) Wallace Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jan 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101035

PLACE OF DEATH

County of Shoshone

City of Wallace

Registration District No. 70

Primary Registration District No. 1011 Local Registrar's No. 53

(No.) Morning Nine Mullan Ida.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cleo Purcell

(a) Residence. No. Mullan, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Ruby Purcell

6. DATE OF BIRTH (month, day, and year): March 9th 1909

7. AGE: Years 27 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Timberman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Purcell Missouri

FATHER

13. NAME: Samuel Purcell

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Fay Ford

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Ruby Purcell Mullan Id

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Mullan Date: Oct 9th 1936

19. UNDERTAKER (Address): Bruce G. Marshall Wallace Ida

20. FILED Oct 10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw h... alive on Oct 6, 1936 death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension Mitral	
Insufficiency	
Coronary Sclerosis	

Other **contributory causes** of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to external causes (**violence**), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 6, 1936

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in home, or in **public place**. Sporting Event

Manner of injury Fell on floor

Nature of injury Fell on floor Struck head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Wallace Ida Coroner

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10

DO NOT WRITE IN THIS SPACE
State File No. 101036

Primary Registration District No. 1011 Local Registrar's No. 54

NOV 10 1936 RECEIVED

(No.) Morning Mine Mullan, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William R. Buchanan

(a) Residence. No. Mullan, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec 10, 1913.
7. AGE: Years 23 | Months 9 | Days 26 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Wash State College
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wallace Idaho

FATHER
13. NAME: Wm James Buchanan
14. BIRTHPLACE (city or town) (State or country): Ontario Canada

MOTHER
15. MAIDEN NAME: Anna Frazier
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Wm J. Buchanan 1112 W 5th Ave Spokane

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane Wn Date Oct ..., 1936

19. UNDERTAKER (Address): Bruce G. Nesbitt Wallace Ida

20. FILED Oct 10, 1936 John Burk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to Oct 6, 193....
I last saw h....alive on Oct 6, 193.... Death is said to have occurred on the date stated above, at 12 M. a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed to death in Morning Glory Mine Mullan Ida	Instant
Other contributory causes of importance: Broken Leg Left Ankle	Instant
None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Oct 6, 193....
Where did injury occur? Morning Mine Mullan Ida
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Morning Mine
Manner of injury Falling Rock
Nature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Bruce G. Nesbitt M. D.
(Address) Wallace Ida Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101038

NOV 13 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 56

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Elizabeth Kelso

57

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edgar Kelso

6. DATE OF BIRTH (month, day, and year) Nov. 15-1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sapaon Bridge
(State or country) West Virginia

FATHER

13. NAME Harrison Brill.

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Nixon

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Earl Kelso
(Address) Kellogg Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Deary Ida. Date Dec. 19, 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Idaho

20. FILED Dec. 18, 1936 John Power
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1936, to 10-16, 1936

I last saw her alive on 10-16, 1936: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Cerebral hemorrhage	

Other contributory causes of importance:

Gangrene of foot	

Name of operation Amputation Date of 10-13

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Osborne

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101039
State File No.

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 57

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Watson

(a) Residence. No. 0 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA Project.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Relief Records
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Oct 23, 1936

19. UNDERTAKER E.A. Bauer Funeral
(Address) Wallace Ida

20. FILED Oct 22, 1936 John Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..
I last saw him alive on Oct 21, 1936 death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	
Arterio Sclerosis	
Other contributory causes of importance:	
Bronchitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) .....
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101040

Registration District No. 123

Primary Registration District No. 3201

9-23-36 9:45 P
9-23-36 9:40 P

Local Registrar's No. 63

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert James Lennon

(a) Residence. No. 47 Task Avenue St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 20 1923

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Trail, B.C. Canada
(State or country)

FATHER

13. NAME Arthur Patrick Lennon

14. BIRTHPLACE (city or town) County Armagh
(State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Gallacher

16. BIRTHPLACE (city or town) Govan
(State or country) Lanarkshire, Scotland

17. INFORMANT Mrs. Mary Drake
(Address) 209 West Elder

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Cem. Date Sept. 26 1936

19. UNDERTAKER Pat. J. Stout
(Address) Kellogg Idaho

20. FILED Nov. 10, 1936 Mrs. Helen M. Bridle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-23-36, 1936 to 9-23-36, 1936

I last saw him alive on 9-23-36, 1936: death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	9-23-36

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-23-1936

Where did injury occur? Kellogg, Shoshone Co.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Auto Accident

Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard T. Cudworth M. D.

(Address) Kellogg, Idaho

NOV 12 1936 RECEIVED

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101041
State File No.....

PLACE OF DEATH

County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 3201
Local Registrar's No. 64

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Raymond Wood

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 10-8-36

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kellogg Ida

FATHER
13. NAME: J. R. Wood
14. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER
15. MAIDEN NAME: Lillian Palmer
16. BIRTHPLACE (city or town) (State or country): Oklahoma

17. INFORMANT: J. R. Wood
(Address): Burke, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Kellogg Ida. Date: Oct 9, 1936

19. UNDERTAKER: M. S. Thornhill
(Address): Kellogg Idaho

20. FILED: Nov. 10 1936. Mrs. Helen M. Bride, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1936, to 10-8, 1936.
I last saw him alive on 10-8, 1936: death is said to have occurred on the date stated above, at 1:35A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other **contributory causes** of importance:	

Name of operation. none Date of.....
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....
(Signed) Harold T. Anderson M. D.
(Address) Kellogg

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101042

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 65

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Gordon Bracking

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 21 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farming

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME J. W. Bracking

14. BIRTHPLACE (city or town) (State or country) Bonneville, Missouri

MOTHER

15. MAIDEN NAME Carey Bracker

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Mrs. Jordan Short Spokane, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Medimont Idaho Date Oct. 19 1936

19. UNDERTAKER (Address) M. C. Thornhill Kellogg Idaho

20. FILED Nov. 10 1936. Mrs. Helen M. Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1936, to 10-16, 1936.
I last saw him alive on 10-16, 1936; death is said to have occurred on the date stated above, at 10:50 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10 hours.
Myocardial Degeneration	1 year
Aortic Regurgitation	10 years.
Silicosis, 3 Grade	

Other **contributory causes** of importance:

Name of operation. none Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold T. Anderson, M. D.
(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 133

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 101044

Local Registrar's No. 67

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Benjamin Fast

31

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Fast

6. DATE OF BIRTH (month, day, and year): January 7 1878

7. AGE: Years 58 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Carpenter

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Canton Illinois

FATHER

13. NAME: Butler Banks Fast

14. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER

15. MAIDEN NAME: Mary Pritchard

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT (Address): Margaret Fast Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Kingston, Idaho Date: Oct 31, 1936

19. UNDERTAKER (Address): M. J. Thornhill Kellogg Idaho

20. FILED Nov. 10 1936. Mrs. Helen M. Brandt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 ..., 1936.., to Oct. 28..., 1936.

I last saw him alive on 10.28..., 1936.: death is said to have occurred on the date stated above, at 2:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia	10-7-36

Other **contributory causes** of importance:

Diseo Tuberculosis	

Name of operation: none Date of: ....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Mine and Mill Worker

(Signed) C. Harold Anderson M. D.

(Address) Kellogg

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Little North Fork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101046

Registration District No. 123

Primary Registration District No. 2201 Local Registrar's No. 70

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stogan Stakich

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Jan 31, 1894
7. AGE: Years 42 | Months 9 | Days 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logger
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

FATHER
12. BIRTHPLACE (city or town) (State or country): Austria
13. NAME: Stakich

MOTHER
14. BIRTHPLACE (city or town) (State or country): Austria
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Mrs. Thomkins Kellogg Idaho
18. BURIAL, CREMATION OR REMOVAL. Place Kellogg Idaho Date Nov 5, 1936
19. UNDERTAKER (Address): M. C. Thomkins Kellogg Idaho
20. FILED Nov. 10., 1936. Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 9:07 ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Crushed Wh. Skull	Instant

Other **contributory causes** of importance:
Accidental Fall Caught by Logs on Logging Train
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 1936
Where did injury occur? Camp Timber Camp
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Logging Camp
Manner of injury Caught by Logs
Nature of injury Crushed Skull
24. Was disease or injury in any way related to occupation of deceased? If so, what? Accidental Logging
(Signed) W. C. Howard Jr. M. D.
(Address) Wallace Ida.

NOV 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101048

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 220
(No. Twin Falls Co. Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

137

2. FULL NAME Cathrine Theresa Frame

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin F. Frame

6. DATE OF BIRTH (month, day, and year) Feb. 16-1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chicago, (State or country) Ill

FATHER
13. NAME H.S. Sweetland,
14. BIRTHPLACE (city or town) Marshalltown, (State or country) Iowa.

MOTHER
15. MAIDEN NAME Cora Herbert
16. BIRTHPLACE (city or town) Covington, (State or country) Ky.

17. INFORMANT B.F. Frame (Address) Hagerman, Ida.

18. ~~XXXXX~~ CREMATION OR REMOVAL
Place Portland, Ore. Date 10/7/1936.

19. UNDERTAKER Evans & Johnson, (Address) Buhl.

20. FILED 10-2-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2-1936

22. I HEREBY CERTIFY, That I attended deceased from March ..., 193. 6 to Oct 2nd ..., 193. 6
I last saw her alive on Oct 2 ..., 1936.: death is said to have occurred on the date stated above, at 11.30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemorrhage from ruptured Hemorrhagic left ovarian Cyst	10-2-36
Other **contributory causes** of importance: Pregnancy 9th Labor at term	1-6-36

Name of operation Caesarean Date of 10-2-36
What test confirmed diagnosis? ~~X~~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John H. Hughes M. D.
(Address) Twin Falls Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101050

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 223
(No. Twin Falls Co.Gen.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101 6

2. FULL NAME Hoyt Houston

(a) Residence. No. Hansen, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Clinnie Houston

6. DATE OF BIRTH (month, day, and year) Feb. 12, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock House, Ark.

FATHER
13. NAME R.C. Houston
14. BIRTHPLACE (city or town) (State or country) Rock House, Ark.

MOTHER
15. MAIDEN NAME California Hall
16. BIRTHPLACE (city or town) (State or country) Rock House, Ark.

17. INFORMANT W.J. Houston
(Address) Hansen, Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Berryville, Ark. Date Oct. 7, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Oct 6, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to 10/5/, 1936
I last saw him alive on 10/5/, 1936: death is said to have occurred on the date stated above, at 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pneumococcic)	Oct. 3 '36
Other contributory causes of importance:	
Lobar Pneumonia	Sept 24

Name of operation Spinal puncture Date of Oct 4
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. Langenwalter M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls.
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101051

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 225
(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

118

2. FULL NAME Mrs. Victoria Brooks.

(a) Residence. No. ..... St. Hazelton, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. S. Brooks.

6. DATE OF BIRTH (month, day, and year) Sept., 28, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Linn Co., Oregon.

FATHER
13. NAME Elias Forgey
14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER
15. MAIDEN NAME Calestine Holman
16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT (Address) S. S. Brooks, Hazelton, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 10-10, 1936

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED 10-9, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct. 8th, 1936
I last saw her alive on Oct 7, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Paralysis	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 10-4-36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Hazelton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls,

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101052

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 226

(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharon Anne Milligan

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/9/36

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	9 hrs.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

FATHER
13. NAME Claude Milligan,
14. BIRTHPLACE (city or town) Springfield,
(State or country) Oregon

MOTHER
15. MAIDEN NAME Aurora Hall
16. BIRTHPLACE (city or town) American Falls,
(State or country) Idaho

17. INFORMANT Mrs. O. C. Hall
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 10-13-1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 10-13-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9/, 1936, to 10/9/, 1936
I last saw her alive on 10/9/, 1936: death is said to have occurred on the date stated above, at 9:30p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Prematurity	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. F. Parsons, M. D.
(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101053

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 227

Nov 12 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dennis LaRue Thompson

(a) Residence. No. Murtaugh, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, (State or country) Ida.

FATHER
13. NAME R.C. Thompson
14. BIRTHPLACE (city or town) La Plata, (State or country) Missouri

MOTHER
15. MAIDEN NAME Essie Rose
16. BIRTHPLACE (city or town) Murtaugh, (State or country) Ida.

17. INFORMANT R.C. Thompson
(Address) Murtaugh, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 10/15/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 10-13 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct. 12, 1936
I last saw him alive on 10/10/, 1936: death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Respiratory Infection	
Other contributory causes of importance:	
Bronchial Pneumonia	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Dale B. Swendsen M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101054

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 228

(No.) Twin Falls County General Hospital.
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Fred Kruger

(a) Residence. No. Main St. Buhl, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 21 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known (State or country)

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT D.M.Cheney (Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date 10/14, 193 6

19. UNDERTAKER Evans & Johnson (Address) Buhl, Ida.

20. FILED 10-13, 193 6 J. P. Quigley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 193 6, to Oct 12, 193 6
I last saw h.m. alive on 10-12, 193 6: death is said to have occurred on the date stated above, at 4:10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug 10-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. A. Weaver M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101055

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 229

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

98 P

2. FULL NAME Mrs. Bertha Dorresteyn

(a) Residence. No. Hollister, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. Dorresteyn

6. DATE OF BIRTH (month, day, and year) December 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Loosdrecht Holland

FATHER

13. NAME C. Meijers

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME K. Serberden

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) S. Dorresteyn

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida. Date 10/13, 1936

19. UNDERTAKER (Address) S.C. Phillips Twin Falls, Idaho

20. FILED 10-13-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Oct 10, 1936

I last saw h[illegible] alive on Oct. 10, 1936: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1933
Other contributory causes of importance:	
Cardio-renal-vascular disease	1934

Name of operation None Date of

What test confirmed diagnosis? Clinical & Patient history Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Parker, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2065
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101056
Local Registrar's No. 230

NOV 12 1936 RECEIVED

90

2. FULL NAME Loran Alvin Mothershead

(a) Residence. No. ____ St. Hansen, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan., 10, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paradise, Kansas

FATHER
13. NAME O. F. Mothershead,
14. BIRTHPLACE (city or town) (State or country) Newton, Kansas

MOTHER
15. MAIDEN NAME Charlotte Henry,
16. BIRTHPLACE (city or town) (State or country) Paradise, Kansas

17. INFORMANT (Address) O. F. Mothershead Hansen. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 11-14-1936

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED 10-13, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1935, to 9-21, 1935
I last saw him alive on 9-21, 1935; death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Preparation of Superior vena Cava	10-10-36
Other contributory causes of importance: Right coronary occlusion Arteria-sclerosis	9-30-36

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Harwood L. Stowe, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101057

NOV 14 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 231

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura Bertha MacClure

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9 86

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Ben MacClure

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Elsie Simpson

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Ben MacClure
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Oct 14, 1936

19. UNDERTAKER Fred E. Drake
(Address) Twin Falls

20. FILED 10-14-, 193 6 J. Humphreys
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 12, 1936
I last saw her alive on Oct 12, 1936: death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestional Hemmorage	Oct. 5. 1936

Other contributory causes of importance:

Cholera Infantum	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Floyd Evans, M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101058

NOV 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 25 2
(No. Twin Falls County Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mell Roylance

(a) Residence. No. Hazelton, Idaho. St. Hazelton, Idaho
(Usual place of abode) 12 hrs. (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.
Hazelton, Idaho 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Roylance (deceased)

6. DATE OF BIRTH (month, day, and year) Nov., 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springville, Utah

FATHER
13. NAME Thomas Roylance
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Phillinda Cutler,
16. BIRTHPLACE (city or town) (State or country) Nauvoo, Illinois

17. INFORMANT (Address) T. L. Roylance, Eden, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Burley, Idaho Date 10-15, 193 6

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED 10-15, 193 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 193 6 to Oct 14, 193 6
I last saw him alive on Oct 14, 193 6; death is said to have occurred on the date stated above, at 5:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Carcinoma of stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Hopkins M. D.
(Address) Hazelton Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101059

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 233

NOV 12 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (Twin Falls County General Hospital)

2. FULL NAME Cora F. Meigs

(a) Residence. No. 517 4th Ave E. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 11, 1922

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME C.O. Meigs

14. BIRTHPLACE (city or town) Dubuke
(State or country) Iowa

MOTHER

15. MAIDEN NAME Louise Dorow

16. BIRTHPLACE (city or town) Ann Arbor
(State or country) Michigan

17. INFORMANT C.O. Meigs
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida. Date 10/10, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-16, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1936, to Oct. 7, 1936

I last saw her alive on Oct 7, 1936 death is said to have occurred on the date stated above, at 3:17 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyn-Acute	Aug 26-

Other contributory causes of importance:

Endocarditis	

Name of operation Pharyngotomy Date of 9-3-36

What test confirmed diagnosis Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W.B. Greenhalgh M.D.

(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101060

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 234

Nov 12 1936 RECEIVED

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clyde Hiram Willgrodt

(a) Residence. No. Enterprise, Oregon St. Enterprise, Oregon

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 21 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 27, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cascade Lock, Oregon

FATHER

13. NAME Charles Wm. Willgrodt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Georgia L. Miller

16. BIRTHPLACE (city or town) (State or country) Jollict Ill.

17. INFORMANT Mrs. Eveline Willgrodt
(Address) Enterprise, Oregon

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Enterprise, Ore Date Oct 19, 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED Oct 20, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 193 6 to Oct 18, 193 6

I last saw him alive on Oct 18, 193 6: death is said to have occurred on the date stated above, at 12:50P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar pneumonia	Oct 16 36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. H. Drake, M. D.

(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101061

NOV 3 1936

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 235
(No.) Twin Falls Co. Gen. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Jackson

(a) Residence. No. Rural Route # 3 St. Twin Falls, Ida.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred. yrs. 35 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crane, Missouri

FATHER
13. NAME Brady Jaekson
14. BIRTHPLACE (city or town) (State or country) Stone Co., Mo.

MOTHER
15. MAIDEN NAME Minnie Eaton
16. BIRTHPLACE (city or town) (State or country) Stone Co., Mo.

17. INFORMANT Brady Jackson
(Address) Twin Falls, Idaho

18. BURIAL, [redacted]
Place Twin Falls Cem. Date 10/22/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 10/22, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1936, to October 21, 1936
I last saw him alive on Oct. 21, 1936; death is said to have occurred on the date stated above, at 12:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	10-1
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. Lowe, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls.

City of Twin Falls

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 101062

Local Registrar's No. 236

(No. 153 -- 9th Ave., E. Twin Falls, Idaho.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Julia Elizabeth Donnelly

(a) Residence. No. ____ St. Nampa. Idaho
(Usual place of abode)

Length of residence in city or town where death occurred. 2 wks. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: married

6. DATE OF BIRTH (month, day, and year): Aug., 5th, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (mo. and yr.): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Alberta, Canada

FATHER

13. NAME: John Walsh,

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Walsh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. John Kauffman, McCall, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 10-24, 1936

19. UNDERTAKER (Address): White Mortuary, Inc., Twin Falls, Idaho

20. FILED 10-26-, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Oct. 22, 1936.

I last saw her alive on Oct. 20, 1936; death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1933 ca.

Other contributory causes of importance:

Hypostatic Pneumonia	1936

Name of operation: ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101063

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 237

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Della Mae Crist

(a) Residence. No. 641 3rd Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) February 17, 1936 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairberry (State or country) Nebraska

FATHER

13. NAME Adam Crites

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Charity Williams

16. BIRTHPLACE (city or town) California (State or country) Missouri

17. INFORMANT Mrs. Elmer Crist (Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Filer, Idaho Date 10/27, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 10-29, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24 1936

22. I ~~HEREBY CERTIFY~~, That I attended deceased from Oct 11, 1936, to 10-24, 1936

I last saw h~~im~~ alive on 10-24, 1936: death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10-24-36

Other contributory causes of importance:

Streptococcus infection of blood stream, Lobar pneumonia	10-1-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John P. Caughlan, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101064

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 238

NOV 12 1936 RECEIVED

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence H. Christensen

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 11, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richfield Utah

FATHER

13. NAME Hans Christensen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Johannah Jensen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Leonard Christensen Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls, Ida Date 10/28, 1936

19. UNDERTAKER (Address) S.C. Phillips Twin Falls, Idaho

20. FILED 10-29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936 to Oct 25, 1936

I last saw h[illegible] alive on 10-25, 1936 death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	10-25-36
Other contributory causes of importance:	
Hemiorraphy	

Name of operation Hemiorraph Date of Oct 19.

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, [illegible]

(Signed) [signature]

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101065

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 239

(No. Twin Falls R.F.D. 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J.W. Sutton

(a) Residence. No. Twin Falls R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) March 13, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mittown
(State or country) Indiana

FATHER
13. NAME Jess Sutton
14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER
15. MAIDEN NAME Mary Ellis
16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT J.E. Sutton
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 10/29, 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10-29, 193 6 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/28 193 6

22. I HEREBY CERTIFY, That I attended deceased from Not Seen to alive, 193..
I last saw h.. alive on ..., 193..: death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10/28/36
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193..
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Howard L. Stowe, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Filer

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Registration District No.

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 101066

Local Registrar's No. 240

(No. Filer, Idaho R.F.D.)

(If death occurred in a hospital or institution, give its name instead of street and number)

45

2. FULL NAME John C. Holeman

(a) Residence. No. Filer, Idaho R.F.D. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Holeman

6. DATE OF BIRTH (month, day, and year) January 10, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quincy
(State or country) Illinois

FATHER

13. NAME Chas. C. Holeman

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Nancy Willard

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Nancy Curry
(Address) Fort Scott, Kansas

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Fort Scott Kan Date 11/1, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10 31, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct 2, 1936~~ to Alive, 193...

I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma colon	
Other contributory causes of importance:	
Chr. hypertrophic prostatitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. L. Stowe, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

NO. [illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101067

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. Hailey 241

(No. Twin Falls General Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bobby Dale Phinney
Bobby Dale Phinney

(a) Residence. No. [illegible] St. Filer, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, and year): Oct 4 1930

7. AGE: Years / Months — / Days 28 [illegible]; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER

13. NAME: Wm Phinney

14. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER

15. MAIDEN NAME: Mary Dacy

16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Wm Phinney Twin Falls

18. ~~BURIAL, CREMATION OR REMOVAL~~

Place: Butler Missouri Date 11-4 1936

19. UNDERTAKER (Address): Fyfe & Drake Twin Falls

20. FILED 11-9-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1936, to Oct 31, 1936

I last saw h.i.M. alive on Oct 31, 1936: death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis ulcerative, hemorrhagic - cause undetermined	

Other contributory causes of importance:

Rickets	
Malnutrition - Extreme	

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Woodson Creed, M. D.

(Address) Filer, Idaho

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Filer

NO [illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101068

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 242

(No. Filer, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sara Troyer Kaufman

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J.J. Kaufman

6. DATE OF BIRTH (month, day, and year) March 16, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kokomo
(State or country) Indiana

FATHER

13. NAME Jonatha Troyer

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Maried Schmucker

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT J.J. Kaufman
(Address) Filer, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 11/4, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 11-3-, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936, to Nov 1, 1936

I last saw her alive on Nov 1, 1936: death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure
Arteriosclerosis, generalized
Nephritis, chronic, arteriosclerotic

Date of onset

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Wrodson Creed, M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 101069

Primary Registration District No. 2085 Local Registrar's No. 243

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

155

2. FULL NAME Lois Louise Miller,

(a) Residence. No. Twin Falls, Idaho St. Wegener's Tourist Camp
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15, 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coyvill, Kansas

FATHER

13. NAME Herbert Miller

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Florence Smith,

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Herbert Miller, Twin Falls, Idaho.

18. BURIAL, [illegible] Place Twin Falls, Date 11-7-, 1936

19. UNDERTAKER (Address) White Mortuary, Inc. Twin Falls, Idaho.

20. FILED 11-4-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to Oct., 31, 1936
I last saw her alive on Oct. 31, 1936: death is said to have occurred on the date stated above, at 4:25 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	10-23-36
Staphylococcus-albus	
Other contributory causes of importance:	
Pneumonia-bronchial	10-26-36

Name of operation Incision & drainage of hip Date of 10-28-36
What test confirmed diagnosis? Post operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Russell Weaver, M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101070

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 244

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Dixon Robinson

(a) Residence. No. 151 Sidney Street St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~Husband~~ Gertrude Robinson

6. DATE OF BIRTH (month, day, and year) June 22, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER, FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. J. D. Robinson
(Address) Twin Falls Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 11-4-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 11-4-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to 11-1, 1936
I last saw him alive on 10-30, 1936: death is said to have occurred on the date stated above, at 1:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary occlusion	

Other contributory causes of importance:

Arteria-sclerotic	
myocarditis	
Arteria-sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No / If so, specify .....
(Signed) W. L. Stowe, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101071

NOV 29 1936

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 245

(No.) St. Twin Falls General Hosp
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Lee Kimball

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 4/1933
7. AGE: Years: 3 | Months: 2 | Days: 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Idaho

FATHER
13. NAME: Guy Kimball
14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER
15. MAIDEN NAME: Fay Clifton
16. BIRTHPLACE (city or town) (State or country): Ida

17. INFORMANT (Address): Fay Clifton Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place: Filer Date: Nov 2 1936

19. UNDERTAKER (Address): Fred E Drake Twin Falls

20. FILED: 11-5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-27-, 1936, to 10-28, 1936
I last saw him alive on 10-28, 1936: death is said to have occurred on the date stated above, at 9A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Pancreas	10-27-36
Run over by loaded farm wagon	

Other contributory causes of importance:

Name of operation: Repair of Pancreas Date of: 10-27-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 10-27 1936
Where did injury occur? Filer, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home or in public place. In field near house
Manner of injury: Run over by loaded wagon
Nature of injury: Rupture of Pancreas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101072

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 285

NOV 12 1936

(No. ; If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. North,

(a) Residence. No. 204 - 7th Ave. N. St.

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

Corrected 1-89

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Murray North

6. DATE OF BIRTH (month, day, and year) Feb., 3, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5 0	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Geneva, Indiana

FATHER

13. NAME Henry North

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Florida Bone

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. Rose Murray North, 204 - 7th Ave. N.

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Date Nov., 5, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 11-5, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to Nov., 1 1936

I last saw him alive on Nov., 1st 1936.: death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	11-1-36
Other contributory causes of importance:	
Oedema of Lungs	11-1-36

Name of operation 0 Date of 0

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Laughlin, M. D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101073

Registration District No. 37

NOV 12 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 247

(No.) Twin Falls County General Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sam Scott

(a) Residence. No. Twin Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Chloye Scott

6. DATE OF BIRTH (month, day, and year) Feb., 14th, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME James Scott,
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sam. O. Scott.
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Idaho Date 11-5- 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 11-6- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11- 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/14/ 1934, to 11-1 1936
I last saw him alive on 11-1 1936: death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	3 years duration.
Other contributory causes of importance:	
Dilitation of the heart Chronic	10 mo.
Acute Mediate nephritis,	
secondary.	10 mo.

Name of operation None. Date of
What test confirmed diagnosis? Lab & clinical findings. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 1936
Where did injury occur? None.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None.
Manner of injury None.
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan L. Alexander M. D.
(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101074

NOV 12 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 248
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tony A. Colbert

(a) Residence. No. Eden, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
44	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bollinger Co., Missouri

FATHER
13. NAME Joseph Colbert
14. BIRTHPLACE (city or town) (State or country) Tazewell Co., Ill.

MOTHER
15. MAIDEN NAME Angeline Acre
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Barney Colbert
(Address) Eden, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Co. Date 11/5/, 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 11-6, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3, 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 193 6, to Nov 3, 193 6.
I last saw him alive on Nov 3, 193 6: death is said to have occurred on the date stated above, at 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Pneumococcus	
Meningitis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Hagerman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Hansen

City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101075

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 249

NOV 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Sadie McCarty Carter,

(a) Residence. No. Hansen, Idaho St. Hansen, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced—HUSBAND of (or) WIFE of L. R. Carter,

6. DATE OF BIRTH (month, day, and year) Nov., 26, 1881

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
54	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

FATHER

13. NAME John W. McCarty

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Alice Hardin,

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT L. R. Hardin (Address) Hansen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 11-8-, 1936

19. UNDERTAKER White Mortuary, Inc, (Address) Twin Falls, Idaho.

20. FILED 11-6-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-31 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Oct., 31, 1936

I last saw her alive on Oct. 27, 1936; death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Stomach	Oct 1936
Primary infection due to [illegible]	
Other contributory causes of importance:	
Chronic cystitis and	1930
Chronic Nephritis	1936

Name of operation Cholecystotomy Date of 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) [illegible], Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101076

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 250
(No. Twin Falls Co.Gen.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joel Thomas Knowlen

(a) Residence. No. Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracter & Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Mrs. Zelda Burkhart
(Address) Adelanto, California

18. BURIAL/~~CREMATION~~ OR REMOVAL
Place Twin Falls Cem. Date 11/7/ 193 6

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 11-6-, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 193 6, to Nov. 4, 193 6
I last saw him alive on Nov. 3, 193 6: death is said to have occurred on the date stated above, at 6:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Other contributory causes of importance: Uremia.	Nov. 1/36

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) George C. Kelley, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101077

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 251

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sophia Jane Warde

(a) Residence. No. 422 4th N. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Ward

6. DATE OF BIRTH (month, day, and year) Feb 14 - 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME ? Dee
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT E C Brown
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date Nov 4, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls Idaho

20. FILED 11-7-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to ....., 193..
I last saw her alive on 10/29, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General	
with senility; neuritis.	Approximately 4 years.
Other contributory causes of importance:	
None.	

Name of operation None. Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.
Clinical findings.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 193..
Where did injury occur? None.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None.
Manner of injury None.
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Duncan L. Hepworth M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

NOV 12 1936 R[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101078

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 252

(No. Twin Falls, Idaho R.F.D. 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME Beverly Ann Ruegsegger

(a) Residence. No. Twin Falls, Idaho R.F.D. 1 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) May 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
--	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME Curtis Reugsegger

14. BIRTHPLACE (city or town) Beloit
(State or country) Kansas

MOTHER

15. MAIDEN NAME Frances Johnston

16. BIRTHPLACE (city or town) Green
(State or country) Kansas

17. INFORMANT Curtis Reugsegger
(Address) Twin Falls, Idaho R.F.D. 1

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 11/7, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 11-9-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 4, 1936

I last saw her alive on Nov 3, 1936; death is said to have occurred on the date stated above, at ~~10~~ 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	Nov 3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J.C. Langenwalter M. D.

(Address) Twin Falls, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA... MARGIN RESERVED FOR information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer (Burl)
R. F. D

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101079

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

NOV 3 1936 RECEIVED

(No.) 16 12
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Frazier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 10/6/36
7. AGE: Years: 0 | Months: 0 | Days: 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: 0
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Filer Ida

FATHER
13. NAME: Ralph E. Frazier
14. BIRTHPLACE (city or town) (State or country): Sublett Ida

MOTHER
15. MAIDEN NAME: Mary Jean Tanner
16. BIRTHPLACE (city or town) (State or country): Robin Ida

17. INFORMANT (Address): Ralph E. Frazier Filer Ida

18. BURIAL, CREMATION OR REMOVAL: American Falls Date Oct 6, 193..

19. UNDERTAKER (Address): Grace Johnson Burley Ida

20. FILED Nov 1, 1936. L. L. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1936, to ..., 193..
I last saw her alive on Oct. 6, 1936; death is said to have occurred on the date stated above, at 2:45 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
prematurity	
6 mo. baby	

Other **contributory causes** of importance: none

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. G. Drake M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101080

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lula Matilda Kallusky 31

(a) Residence. No. [redacted] 9th ave N
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. 11 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of F. A. Kallusky

6. DATE OF BIRTH (month, day, and year) Jan. 30 - 1896

7. AGE: Years 40 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation?

12. BIRTHPLACE (city or town) Montevideo Minn.
(State or country)

FATHER
13. NAME Henry Bergerd
14. BIRTHPLACE (city or town) Norway
(State or country)

MOTHER
15. MAIDEN NAME Anna Alfson
16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT F. A. Kallusky
(Address) Buhl

18. ~~BURIAL,~~ ~~CREMATION~~—OR REMOVAL
Place Minneapolis Date 10/12, 1936

19. UNDERTAKER Evans & Johnson
(Address) Buhl

20. FILED Nov. ..., 1936. L. T. Atkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. ..., 1935, to Oct. 1, 1936.
I last saw her alive on Oct. 10, 1936: death is said to have occurred on the date stated above, at 2:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926
(Pulmonary Hemorrhage)	

Other **contributory causes** of importance:
none

Name of operation none Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation deceased? no If so, specify.....
(Signed) M. A. Drake M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Castleford
R. F. D.

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101081

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Jane Webb
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: D. F. Webb
6. DATE OF BIRTH (month, day, and year): Aug. 31- 1854
7. AGE: Years 82 | Months 1 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sherman Texas

FATHER
13. NAME: William Felton
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Doyle Webb Castleford Ida
18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Buhl Date 10/26 193 6
19. UNDERTAKER Evans & Johnson
(Address) Buhl Ida E Johnson
20. FILED Oct 26, 1936 G T Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/23 193 6
22. I HEREBY CERTIFY, That I attended deceased from 9-1- 193 6 to 10-23 193 6
I last saw her alive on 10-23 193 6 death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Nephritis	about 1933
Senility	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ira Fleming, M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Valley.
City of McCall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101082

Registration District No. 15

NOV 12 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. 6
(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L Williams

(a) Residence. No. McCall Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Pennsylvania

FATHER

13. NAME not known to informant
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs Fred Williams
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place McCall Idaho Date 10/7/36 193...

19. UNDERTAKER [illegible]
(Address) McCall Idaho

20. FILED Oct 7, 1936. M Gardner Ready
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1936, to 10-4, 1936
I last saw h[illegible] alive on 10-4, 1936 death is said to have occurred on the date stated above, at 8.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
—sa	9-30-36
Acute myocarditis	9-28-36
Other contributory causes of importance:	
Arteriosclerosis Vascular	1930
Renal disease	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. B. Prewett, M. D.
(Address) McCall, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Valley
City of Near Donnelly Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101084

Registration District No. 15
Primary Registration District No. 3
Local Registrar's No. 8

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Walter Takala

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 3rd, 1910

7. AGE Years 26 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McCall Idaho

FATHER
13. NAME Henry Takala
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER
15. MAIDEN NAME Aliina Maki
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT John Takala
(Address) McCall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Finish Cem. Date 10/11 1936

19. UNDERTAKER A.D. Robb
(Address) Cascade, Idaho

20. FILED Oct 10, 1936 M. Gardner Keady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
See cycle-gunshot wound to brain. Death was instantaneous	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) ~~fill in also the following:~~
~~Accident,~~ suicide, or ~~homicide~~? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Forrest O. Ward M. D.
(Address) Valley County Coroner Cascade, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Donnelly

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101085

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 9

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

1612

2. FULL NAME Elden Wayne Miles

(a) Residence. No. Donnelly St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
		1	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Donnelly
(State or country) Idaho

FATHER

13. NAME Oliver Jay Miles

14. BIRTHPLACE (city or town) Elwood
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Kristina Carolyn Lyngquist

16. BIRTHPLACE (city or town) Fayetteville
(State or country) Ark.

17. INFORMANT Oliver Jay Miles
(Address) Donnelly,

18. BURIAL, CREMATION OR REMOVAL
Place ____ Date ____, 193__

19. UNDERTAKER None
(Address)

20. FILED Oct 10, 1936 M. Gardner Ready
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1936 to 9-9-, 1936
I last saw ~~him~~ alive on 9-7, 1936: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	9-7-36
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) L. B. Barnett, M. D.
(Address) McCall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of Donnelly

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101086

Registration District No. 15
Primary Registration District No.
Local Registrar's No. 10

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elberg Walter Miles

(a) Residence. No. Donnelly St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9-7-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Donnelly Idaho.

FATHER

13. NAME Oliver Jay Miles
14. BIRTHPLACE (city or town) (State or country) Elwood Nebraska

MOTHER

15. MAIDEN NAME Christina Carolyn Jungquist
16. BIRTHPLACE (city or town) (State or country) Haldrige Nebraska.

17. INFORMANT Oliver Jay Miles
(Address) Donnelly,

18. BURIAL, CREMATION OR REMOVAL
Place Date 193

19. UNDERTAKER None.
(Address)

20. FILED Oct 15, 1936 H. Gardner Keady
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1936, to 10-13, 1936
I last saw him alive on 10-12, 1936. death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	10-7-36.
Jaundice of Newborn	10-11-36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Barnett, M. D.
(Address) McCall Idaho.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Nampa

DO NOT WRITE IN THIS SPACE
State File No. 101087

NOV 3 1936

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 16

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Gallant

(a) Residence. No. 46 W. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

94a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Andrew Gallant

6. DATE OF BIRTH (month, day, and year) June 2 - 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73.	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lodging House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 12 yr

12. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER FATHER

13. NAME Henry Abbaan
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Pearl Day
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 10-22- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Nov 4, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20-1936 10-20-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936, to Oct. 20, 1936.
I last saw h~~im~~ alive on Oct. 20, 1936.: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 6, 1936
Other contributory causes of importance:	
Hypertension	For years

Name of operation None Date of -
What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hyers Hawley, M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Schunk

DO NOT WRITE IN THIS SPACE

State File No. 101088

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 17

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Joseph McAuliffe

(a) Residence. No. 1132 West 5th St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Gladys McAuliffe

6. DATE OF BIRTH (month, day, and year) Sept 3 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Pueblo Colorado

FATHER
13. NAME Michael McAuliffe
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary A. Burke
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mary McAuliffe Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 10-23, 1936

19. UNDERTAKER (Address) L. C. Markham Weiser

20. FILED Nov 7, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21-1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Oct 21, 1936
I last saw him alive on Oct 21, 1936: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~	
Cerebral Hemorrhage	Oct 21-1936
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. Schunk, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of WASHINGTON.
City of WEISER (VICINITY)

NOV 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 2112
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101089
Local Registrar's No. 1

2. FULL NAME RUBY GERTRUDE TURNIDGE

(a) Residence. No. WASHINGTON COUNTY, IDAHO. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Oliver Turnidge

6. DATE OF BIRTH (month, day, and year) September 8, 1899.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
37	1	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berthoud
(State or country) Colorado.

FATHER
13. NAME Robert Sylvester Williamson.
14. BIRTHPLACE (city or town) Boulder
(State or country) Colo.

MOTHER
15. MAIDEN NAME Naomi Burch.
16. BIRTHPLACE (city or town) Louisville
(State or country) Iowa.

17. INFORMANT W. O. Turnidge
(Address) Weiser.

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date Nov 2, 1936

19. UNDERTAKER Weiser Funeral Home
(Address) Main St. Weiser, Idaho.

20. FILED Nov 7, 1936. Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/31/36

22. I HEREBY CERTIFY, That I attended deceased from October 14 '36, to October 31 '36
I last saw her alive on October 30, 1936; death is said to have occurred on the date stated above, at 7.15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF THE SIGMOID	
GENERAL ABDOMINAL CARCINOMATOSIS	

Other contributory causes of importance:
Patient had three operations prior to this her final illness.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. O. Woodward, M. D.
(Address) Payette, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

101090

DO NOT WRITE IN THIS SPACE 101090

State File No. [redacted]

PLACE OF DEATH

County of Ada

City of Boise

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 130

(No. Veterans Administration Facility)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph J. Smith

(a) Residence. No. 2103 Cleveland Blvd. St. Caldwell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs. Anna M. Smith

6. DATE OF BIRTH (month, day, and year) May 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician-Band Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Betchroars

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Doris M. Crawforth, Boise, Idaho

18. ~~[illegible]~~ REMOVAL Place Caldwell, Idaho Date 11-13-36 193...

19. UNDERTAKER McBratney Funeral Home (Address) Boise, Idaho

20. FILED 11-12, 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to November 10, 1936

I last saw him alive on November 10, 1936: death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	Unknown
Other contributory causes of importance:	
Toxemia	Unknown
Infection, Ulcer Decubitus Sacral Area	Unknown

Name of operation None Date of ---

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.

(Address) V.A. Facility, Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101091

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101091

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 131

(No. Veterans Administration Facility)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas W. Cross

(a) Residence. No. State Soldiers' Home St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, and year) May 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

FATHER

13. NAME Ethan W. Cross

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Mary Harrison

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Doris M. Crawforth
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho Date 11/12/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 11-12-, 193.6. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1936, to November 8, 1936
I last saw him alive on November 8, 1936: death is said to have occurred on the date stated above, at 12:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction with perforation	11-6-36
Other contributory causes of importance:	
Myocarditis with acute	
Cardiac Failure	11-8-36
General Peritonitis	11-7-36

Name of operation Resection of ilium with intra / interostomy Date of 11-7-36
What test confirmed diagnosis? Clinical findings & operation Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. E. BAKER, M. D.
(Address) V.A. Facility, Boise, Idaho

101092

PLACE OF DEATH
County of Canyon.
City of Nampa

NOV 25 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101092

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wells A. Byers

(a) Residence. No. 1004 - 14th Ave. So., St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-15-67

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Newton
(State or country) Idaho

FATHER

13. NAME George P. Byers

14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) Penna
(State or country)

17. INFORMANT Mrs. Margaret Barbuschi
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 11-20, 1936

19. UNDERTAKER F. R. Robinson
(Address) Nampa Idaho

20. FILED Nov. 23, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936, to 11-17, 1936
I last saw him alive on 11-17, 1936; death is said to have occurred on the date stated above, at 730 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Edema Lungs	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace P. Elkins, M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101093

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101093

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 71

NOV 2 1936 RECEIVED

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur B Wadsley

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Wadsley

6. DATE OF BIRTH (month, day, and year): Sept. 3 1890

7. AGE — Years: 46 — Months: 2 — Days: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Building
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Hull England

FATHER
13. NAME: William Henry Wadsley
14. BIRTHPLACE (city or town) (State or country): Hull England

MOTHER
15. MAIDEN NAME: Elizabeth Bell
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Ann Wadsley Kellogg Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place. Portland Ore. Date. 11/16/36 193..

19. UNDERTAKER (Address): M C Chamberlain Kellogg Idaho

20. FILED Nov. 23 1936. Jno. Helen M Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 193.6, to Nov. 13, 193.6.

I last saw him alive on Nov. 13, 193.6; death is said to have occurred on the date stated above, at 11 ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Uremia following	
Influenza	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) J. A. Nixon, M. D.
(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101094

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101094

Registration District No. 37
1936 Registered No. Primary Registration District No. 2085
Local Registrar's No. 261

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Wells Howard

(a) Residence. No. Filer, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

101 ½

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winnie F. Howard

6. DATE OF BIRTH (month, day, and year) June 14 - 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Massachusetts

FATHER

13. NAME Alfred Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Winnie F. Howard Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date Nov. 21, 1936

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED Nov. 21, 1936 J. Russell Mays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1936 to Nov. 17, 1936
I last saw him alive on Nov. 17, 1936: death is said to have occurred on the date stated above, at 12:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Pericarditis, acute	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James W. Creed, M. D.
(Address) Filer, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101095

101095

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 72

NOV 30 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME LeRoy Overholt

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 28, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spokane Wash

FATHER
13. NAME: O. L. Overholt
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMENT (Address): O. L. Overholt Elk, Washington

18. BURIAL, CREMATION, OR REMOVAL. Place: Greenwood Date: 11/19, 1936

19. UNDERTAKER (Address): W. C. Thornhill Kellogg, Idaho

20. FILED Nov. 27, 1936 Mrs. Helen M. Brede Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/8/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Frac base Skull	instant
Auto Collision	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 1936
Where did injury occur? Tubbs Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Tubbs Highway
Manner of injury: Auto Collision
Nature of injury: Frac Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) W. C. Wood Coroner
(Address) Wallace Ida

Pittenger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10096

DO NOT WRITE IN THIS SPACE

State File No. 101096

Registration District No. 2

DEC 1 1936 RECEIVED

Primary Registration District No. 1004

Local Registrar's No. 390

(No. St Alphonsus Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Gerald Kenney

(a) Residence. No. East Land Ore. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Kenney.

6. DATE OF BIRTH (month, day, and year) 5-31-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 10-15-36

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Tulsa Okl.

FATHER

13. NAME Edgar Kenney

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Alice E. Scott.

16. BIRTHPLACE (city or town) (State or country) Kansas -

17. INFORMANT Alice E. Kenney (Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Glenns Ferry Date 11-25-1936

19. UNDERTAKER Jacklin Funeral Home (Address) Nampa Idaho

20. FILED 12-1-1936 L. E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1936, to 11/25, 1936.

I last saw him alive on 11/25, 1936: death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurated Abscess Ruptured	
Other contributory causes of importance:	
Peritonitis	

Name of operation appendectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101097

101097

DEC [illegible] RED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 393

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Effie Grace Rosevear

(a) Residence. No. Glenns Ferry, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Rosevear

6. DATE OF BIRTH (month, day, and year) 4-8-1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayfield, Ore
(State or country)

FATHER
13. NAME John W. Pigg
14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER
15. MAIDEN NAME Smith
16. BIRTHPLACE (city or town) Tenn.
(State or country)

17. INFORMANT Ruby Simalot
(Address) Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry, Ida Date 12-1-36, 193

19. UNDERTAKER Zacher Funeral Home
(Address) Mt. Home, Idaho

20. FILED 12-3, 193 6 R. Sharpe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1-36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 193 6, to 12/1/, 193 6
I last saw her alive on 12/1/, 193 6: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	
Auto accident	
Broken Pelvis	
Transverse Processes of Lumbar	
Broken — Bladder	
Other contributory causes of importance:	
Puncture	

Bladder Drainage Date of 11/28/36
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 11/26 193 6
Where did injury occur? Hwy 30 Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred A. Adams M. D.
(Address) Boise Idaho

101098

DO NOT WRITE IN THIS SPACE

State File No. 101098

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DEC 4 1936 Primary Registration District No. 2085 Local Registrar's No. 267

(No. Twin Falls Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William E. DeKlotz

(a) Residence. No. Filer Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Bell

6. DATE OF BIRTH (month, day, and year) Feb 12 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurens (State or country) Iowa

FATHER

13. NAME Frank DeKlotz

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Anna Bell Trion

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Mrs Anna Bell DeKlotz (Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Filer Idaho Date Nov 30, 1936

19. UNDERTAKER F. E. Drake (Address) Twin Falls Idaho

20. FILED 11-30, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 27, 1936

I last saw him alive on Nov. 27, 1936: death is said to have occurred on the date stated above, at 12 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Oct 20-36

Other contributory causes of importance:

None

Name of operation None attempted Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 193....

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Gaynor, M. D.

(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

DO NOT WRITE IN THIS SPACE
State File No. 101099

DEC 3 1936 RECEIVED

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 58

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Eliza Chandler.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James J. Chandler.

6. DATE OF BIRTH (month, day, and year) Sept. 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 11/36
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Willard, Utah.

FATHER

13. NAME Alfred Cordon.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Emily Pridmore.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT W. D. Chandler
(Address) Idaho Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 11/25, 1936

19. UNDERTAKER C. B. Eskersell
(Address) Rigby, Idaho.

20. FILED Nov 27, 1936 C. B. Eskersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Nov 21, 1936
I last saw her alive on Nov 21, 1936: death is said to have occurred on the date stated above, at 6:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Nephrosis and Dilatation	
Other contributory causes of importance:	
Old age	

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. A. Gradon, M. D.
(Address) Rigby, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101100

DO NOT WRITE IN THIS SPACE

State File No. 101100

DEC 7 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 389

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willard Lynch.

(a) Residence. No. 2720. Madison Street. St.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Corda. J. Lynch.

6. DATE OF BIRTH (month, day, and year) December. 19. 1876.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59.	11.	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME John. F. Lynch.

14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Cochrun.

16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT Mrs. Corda. J. Lynch.
(Address) 2720. Madison Street.

18. BURIAL, CREMATION OR REMOVAL
Place Nyssa, Oregon. Date Dec. 2 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 12-1, 1936 R. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1936, to , 193

I last saw dead alive on 11-29, 1936: death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Probably	
Coronary thrombosis	11-29-36
Died en coma - Millions	
previous death cept Cell	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Sharp, M. D.

(Address) Boise, Idaho.

101101

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101101

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 186

DEC 8 1936 RECEIVED

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MRS ADOLPH (Mary) ROY

(a) Residence. No. St. TWIN FALLS, IDAHO

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) December 20th, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME Peter Toupin

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 12/21, 1936

19. UNDERTAKER S. B. Phillips
(Address) Twin Falls Idaho

20. FILED Dec. 19, 1936 Mrs. Wallace Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from November 5th, 1936, to November 19, 1936

I last saw her alive on November 18, 1936. death is said to have occurred on the date stated above, at 12:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION	no data present upon admission here
Other contributory causes of importance: OBESITY	

Name of operation None Date of ----

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 193...
Where did injury occur? ----
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----
Manner of injury ----
Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----

(Signed) Olive R. Lewis, M. D.

(Address) Blackfoot, Idaho.

101102

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101102
State File No.

Registration District No. 34
Primary Registration District No. 2020 Local Registrar's No. 38
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Sidney Hazle Bliss
(a) Residence. No. Mountain Home, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Bliss

6. DATE OF BIRTH (month, day, and year) 12-27-1904

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboror
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12-3-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bliss Idaho
(State or country)

FATHER
13. NAME James Bliss
14. BIRTHPLACE (city or town) Bellevue
(State or country) Ida.

MOTHER
15. MAIDEN NAME Effie Vaden
16. BIRTHPLACE (city or town) Soldier
(State or country) Ida.

17. INFORMANT James Bliss
(Address) Mtn. Home, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mtn. Home, Ida. Date 12-6, 1936.

19. UNDERTAKER Zacher Funeral Home
(Address) Mtn. Home, Idaho

20. FILED Dec 9, 1936. H. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1936, to 12-3, 1936
I last saw her alive on 12-3, 1936: death is said to have occurred on the date stated above, at 7. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental crushing	
Right arm & Chest	12-3-1936
by log being run over	
by truck	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-3, 1936
Where did injury occur? Mountain Home Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Crushed by truck which run over
Nature of injury Right arm & Chest Crushed

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Construction work
(Signed) H. E. Evans, M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101103

10110 3

PLACE OF DEATH
County of Payette
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 76

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Belle Randle

(a) Residence. No. New Plymouth Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Whit	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) One year
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME McCalip
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT J O Randle
(Address) New Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 11/21, 193 6

19. UNDERTAKER C O Buckmaster
(Address) Emmett Idaho

20. FILED 11/22/36 193.... J O Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934, to Nov 18, 1936
I last saw her alive on Nov 18, 1936; death is said to have occurred on the date stated above, at 6 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1934
Other contributory causes of importance:	

Name of operation Colostomy Date of Oct 1936
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) Orpha M Brown M. D.
(Address) New Plymouth Idaho

101104

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Near Moscow, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101104

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 179

Dec 7 1936 RECEIVED

(No. Latah County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Isabel Easton

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarding house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (mo. and yr.) May 1930

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Osakis
(State or country) Minn.

MOTHER FATHER

13. NAME Mathew Easton

14. BIRTHPLACE (city or town) .....
(State or country) Scotland

15. MAIDEN NAME Margaret Stevenson

16. BIRTHPLACE (city or town) .....
(State or country) Scotland

17. INFORMANT Dan Easton
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date 12/6, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED 12/11/36, 193. Harry Enhouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1936, to Dec. 3, 1936

I last saw her alive on Nov. 30, 1936: death is said to have occurred on the date stated above, at 5:55 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	Nov. 26,
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lorin J. Klages, M. D.

(Address) Moscow Idaho

101105

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 101105

DEC 14 1936 RECEIVED

Registration District No.

Primary Registration District No. 2085 Local Registrar's No. 271

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Hranac

(a) Residence. No. Hansen, Idaho St. Hansen Ida 20 yrs
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hranac (deceased)

6. DATE OF BIRTH (month, day, and year) September 14, 1855

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
81	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT (Address) Manuel Hranac, Hansen, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12-7, 1936

19. UNDERTAKER (Address) White Mortuary, Inc., Twin Falls, Idaho.

20. FILED 12-7, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936, to 12-5, 1936
I last saw him alive on Dec., 4th, 1936; death is said to have occurred on the date stated above, at 12:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue, left, tongue & mouth	1929

Other contributory causes of importance:
Self inflicted Super-ficial gun shot wound of chest.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12-5 1936
Where did injury occur? His home-Hansen Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. At home
Manner of injury Self Inflicted Gunshot
Nature of injury Gunshot Wound Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Hamilton M. D.
(Address) Twin Falls, Idaho

101106

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101106

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 188

DEC 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME GUY FRANCIS

(a) Residence. No. ____ St. BOISE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 7 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): November 23rd, 1888

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
47	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

FATHER
13. NAME: Sam Francis
14. BIRTHPLACE (city or town) ---
(State or country) Maine

MOTHER
15. MAIDEN NAME: Dora Farriman
16. BIRTHPLACE (city or town) ---
(State or country) Maine

17. INFORMANT (Address) Records of State Hospital South, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Cem. Date Nov. 24 1936

19. UNDERTAKER (Address) C. W. Stanger, Blackfoot, Idaho

20. FILED Nov. 24 1936 Wm. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1935, to November 22, 1936
[last saw him alive on Nov. 22nd, 1936 : death is said to have occurred on the date stated above, at 9:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	1934

Other contributory causes of importance:

Name of operation None Date of ---
What test confirmed diagnosis? Clinical symptoms & Wassermann Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ____, 193__
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---

(Signed) Chas. K. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101107

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101107

Registration District No. 2

Primary Registration District No. 1008

Local Registrar's No. 398

(No. 1918 N. 30th St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Wallace Starks

(a) Residence. No. 1918 N. 30th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myra P.

6. DATE OF BIRTH (month, day, and year) 12/10/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Delano Starks

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Clara Brewer

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT (Address) Myra P. Starks. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/8/36 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 12-7 1936 193 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5-36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 5, 1936

I last saw him alive on Dec 5, 1936: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	?
several years duration	
Other contributory causes of importance:	
Mitral Lesion	
& insufficiency of valve.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.M. Holverson, M. D.

(Address) .....

Holverson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101108

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101108

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 404

(No. Soldiers Home

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James J. McAllister

(a) Residence. No. Soldiers Home St. Boise Ada

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rodora J. Smith

6. DATE OF BIRTH (month, day, and year) April 16 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Holly Springs Miss

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. E. Waldrop (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery Date 12-9 1926

19. UNDERTAKER Schreyer & McClaran (Address) Boise Idaho

20. FILED 12-9 1926 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1926

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1926 to Dec 7, 1926

I last saw him alive on Dec 4, 1926; death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block.	

Other contributory causes of importance: Myocarditis Chronic

Name of operation None Date of

What test confirmed diagnosis? Clinical History No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred M. Tittsworth, M. D.

(Address) Boise Idaho

101109

PLACE OF DEATH

County of Canyon

City of Nampa (Nampa)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101109
State File No.

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 191

(No. 44)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma C. Johnson

(a) Residence. No. Nampa Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. C. Johnson

6. DATE OF BIRTH (month, day, and year) 12-25-80

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mankato Kas.

FATHER

13. NAME John Tillery

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Kurtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT C. C. Johnson
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date Dec 5, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec. 16, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1936, to 12-2, 1936

I last saw h[illegible] alive on 12-1, 1936; death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the liver	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) J. C. Hartung M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi

City of Salmon, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101 110

DO NOT WRITE IN THIS SPACE

State File No. 101110

DEC 16 1936 RECEIVED

Registration District No. 41

Primary Registration District No. 2116

Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1018

2. FULL NAME Lina Hewitt Emigh

(a) Residence. No. Salmon, Idaho. Rose Hospital St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin L. Emigh

6. DATE OF BIRTH (month, day, and year) Feb, 17-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 3 Dec

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Carmi (State or country) Illinois

FATHER

13. NAME Henry Hewitt

14. BIRTHPLACE (city or town) Not known (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Mrs. Fleetwood

16. BIRTHPLACE (city or town) Not known (State or country) U.S.A.

17. INFORMANT Martin L. Emigh (Address) Salmon, Idaho

18. BURIAL, CREMATION OR REMOVAL Ida
Place Gibbonsville Date 12-13th 193 6

19. UNDERTAKER William C. Doebler (Address) Salmon, Idaho

20. FILED Dec 14 1936 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/9th 193 6.

22. I HEREBY CERTIFY, That I attended deceased from 12-9-1936, 193..., to 12-9-1936, 193...

I last saw her alive on 12-9-1936, 193...: death is said to have occurred on the date stated above, at 6 p. m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:

Operation for abdominal hernia	

Name of operation Laparotomy Date of 12-3-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Pearce M.D., M. D.

(Address) Salmon, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101111

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 137

DEC 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Ada County Hospital

2. FULL NAME Myra Phillips Gehrman

(a) Residence. No. 1023 Grand St.

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Gehrman

6. DATE OF BIRTH (month, day, and year) 3-10-1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Gilbert Phillipps

14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER

15. MAIDEN NAME Melissa Mathesia Rankin

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Ralph G. Gehrman

(Address) c/o State Auto Stage Boise

18. BURIAL, CREMATION OR REMOVAL Boise, Ida.

Place Morris Hill Date 11-24-, 1936

19. UNDERTAKER Schreiber & McCausland

(Address) Boise, Ida.

20. FILED 11-25, 1936 R. Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30-, 1936, to 11-20-, 1936

I last saw her alive on 11-20, 1936.: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura of the Larynx	
Nose also Skin	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Greenwalt M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101112

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 138

(No. Route #1, Boise Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel L. Shields

(a) Residence. No. Rt. 1 Boise Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Fay Shields

6. DATE OF BIRTH (month, day, and year) Dec. 12 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " " " "

17. INFORMANT Mrs. Gladys Fitzgerald (Address) Boise Ida. Rt 2.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 11/25, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 11-30, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1936, to 11-23, 1936

I last saw him alive on 11-22, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other contributory causes of importance:

Senility

Convulsions

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. W. Toney, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101113

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 326

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Mace

(a) Residence. No. ..... St. Eagle
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/12/36

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	-0	-0	-0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER
13. NAME L. C. Mace
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Dorothy Huss
16. BIRTHPLACE (city or town) Wyoming
(State or country)

17. INFORMANT L. C. Mace
(Address) Eagle

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Date 10/13/36 193..

19. UNDERTAKER None
(Address)

20. FILED 10-13 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/12/36

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 193 6, to Oct 13, 193 6
I last saw h[illegible] alive on Oct 13, 193 6; death is said to have occurred on the date stated above, at 3 45 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth
Baby at 7 months
gestation

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. V. Boeck, M. D.
(Address) Boise Idaho

Boeck

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101114

Registration District No. 2
DEC 9 1936 RECEIVED
Registration District No. 1004
Local Registrar's No. 354
(No. 414)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Shaw Thomas

(a) Residence. No. 612 State St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Henry Thomas

6. DATE OF BIRTH (month, day, and year) April 24 1861

7. AGE 75 Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eau Claire
(State or country) Wisconsin

FATHER
13. NAME Noah Shaw
14. BIRTHPLACE (city or town)
(State or country) Maine

MOTHER
15. MAIDEN NAME Mary Ann Hepler
16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT Mrs Geo W Emerd
(Address) Boise Idaho

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~
Place Portland Ore. Date 11/2/ 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-2-1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to 10/30, 1936
I last saw her alive on 10/30, 1936; death is said to have occurred on the date stated above, at 9 30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
Exhaustion	
Other contributory causes of importance:	

Name of operation Lap. Exploratory Date of 9/26/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank A. Thomas M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

DEATH RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101115

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 355

(No. 107 South 13th)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Jane Perkins

(a) Residence. No. 107 South 13th St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — John Perkins

6. DATE OF BIRTH (month, day, and year) Nov. 5 1874

62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife

10. Date deceased last worked at this occupation (mo. and yr.) ½

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Tuscaloosa (State or country) Alabama

FATHER

13. NAME Samuel J. Woods

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Margret Friece

16. BIRTHPLACE (city or town) Marshall (State or country) Arkansas

17. INFORMANT W M Woods (Address) Caldwell Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date 11-4-, 1936

19. UNDERTAKER Schrieber and McKeen (Address) 609 Bannock Boise

20. FILED 11-5, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31-36, 1936, to Nov 4, 1936

I last saw her alive on Oct 31, 1936; death is said to have occurred on the date stated above, at 2300 a. m.

The principal cause of death and related causes of importance were as follows:

Dilatation of heart

Other contributory causes of importance:

Grippe & bronchial pneumonia — contributory

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 13 Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101116

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 357

DEC 9 1936 RECEIVED

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Horace Nelson Aldrich

(a) Residence. No. Route 2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie B.

6. DATE OF BIRTH (month, day, and year) 12/12/1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

FATHER

13. NAME Hazen Aldrich

14. BIRTHPLACE (city or town) (State or country) Mich.

MOTHER

15. MAIDEN NAME Sara Jackson

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT H. Burton Aldrich, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 11-7-36, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 11-6-, 1936 L. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/4/36 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 193 6 to Nov 4 193 6

I last saw him alive on Nov 4, 193 6: death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria following Prostatectomy	

Other contributory causes of importance:

Anuria following Prostatectomy	

Name of operation Prostatectomy Date of Nov 2 36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Wahle, M. D.

(Address)

Wahle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101117

DEC 5 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 358
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John Franklin Koelsch
(a) Residence. No. 109 East Bannock St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anne Koelsch

6. DATE OF BIRTH (month, day, and year) 7-17-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automotive
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayfield, Wis
(State or country)

FATHER
13. NAME Peter Koelsch
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Sophia Schuknecht
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Clara Koelsch
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place St. Johns Cem. Date 11-7, 1936

19. UNDERTAKER Schreiber & McLaren
(Address) Boise Idaho

20. FILED 11-7, 1936 R. E. Karp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1936, to November 4, 1936.
I last saw h[illegible] alive on Nov. 4, 1936.: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Other contributory causes of importance:	

Name of operation Prostatectomy Date of 9/25/36
What test confirmed diagnosis? A. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A. B. Jeppesen, M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 9 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101118

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 3591
205

Hotel Boise 8th. & Bannock St.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ABRAHAM M. ROCKLIN (30 years)

(a) Residence. No. ..... St. Saint Paul, Minnesota
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) (Unknown) 1884

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
52	?	?	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minnesota Knitting Company
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Duluth
(State or country) Minnesota

FATHER
13. NAME J. E. Rocklin
14. BIRTHPLACE (city or town) .....
(State or country) Russia

MOTHER
15. MAIDEN NAME Rosa Fryschot
16. BIRTHPLACE (city or town) .....
(State or country) Russia

17. INFORMANT Mrs. Bessie Pavian (Sister)
(Address) Saint Paul, Minnesota

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place St. Paul, Minn. Date Nov. 13 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause unknown. But natural	
Found dead in Hotel Room	
No indication of foul play	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. McCain Coroner, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101119

NOV 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 361

(If death occurred in a hospital or institution, give its name instead of street and number) 1708 N. 20th

2. FULL NAME Francis Edwin Dowd

(a) Residence. No. 609 Dearborn Caldwell
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Effie L. Dowd

6. DATE OF BIRTH (month, day, and year): Sept. 11 1867

7. AGE: Years 69 | Months — | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER
13. NAME: Josephus Dowd
14. BIRTHPLACE (city or town) (State or country): Mich.

MOTHER
15. MAIDEN NAME: Emily Mather
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT (Address): Mrs. E. G. Adams Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cemetery Date 11-4 1936

19. UNDERTAKER (Address): E. V. Peckham Caldwell Ida

20. FILED 11-9 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Oct 31, 1936.
I last saw h[illegible] alive on Oct 31, 1936; death is said to have occurred on the date stated above, at 9-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 yrs previous to date
Acute Bronchitis (secondary)	9 days previous

Other contributory causes of importance: Age, habits (smoking) work etc

Name of operation: None Date of:
What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert E. Cochran M.D.
(Address) 320 Idaho Bldg Boise Idaho

Stone

DO NOT WRITE IN THIS SPACE

State File No. 101120

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 9 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 362

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian. M. Shore.

(a) Residence. No. 1315. Franklin Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley. A. Shore.

6. DATE OF BIRTH (month, day, and year) February. 5. 1871.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65.	9.	0.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ray County
(State or country) Missouri.

FATHER

13. NAME Marcellus White.

14. BIRTHPLACE (city or town) Virginia.
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Wesley. A. Shore.
(Address) 1315. Franklin Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Cem. Nov 13 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 11-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to November 5, 1936

I last saw her alive on Nov 4, 1936: death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Rt. lobes	Oct. 27, 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harold W. Hays, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

DEC 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101121

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 363

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Jemima Alice Phillibar.

(a) Residence. No. Emmett, Idaho. St. Emmett, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Seperated but not divorced.

6. DATE OF BIRTH (month, day, and year) February. 11. 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	8	26.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Polk County
(State or country) Iowa.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. T.A. Breshears.
(Address) R.D. # 4. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Nov.10, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 11-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/7/ 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to Nov. 7, 1936
I last saw he alive on Nov. 7, 1936; death is said to have occurred on the date stated above, at 6.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma	1934
Other contributory causes of importance:	
Cancer of Sigmoid	1934

Name of operation Resection of Sigmoid Date of 10/6/1936
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Truman K. Hoyt, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101123

DEC 5 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 365

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Addams Payton

(a) Residence No. 2012 N 19th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seneva Payton

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grump Co Ga

MOTHER, FATHER

13. NAME J. H. Payton

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Trussman

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) L O Payton Boise Ida

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-7, 1936

19. UNDERTAKER Schryer McCann
(Address) Boise Idaho

20. FILED 11-12, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1936, to Nov 4 1936, 1936
I last saw him alive on Nov 4 1936; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
shock	
Other contributory causes of importance:	
Hypertension and	
Coronary sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Boutz M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101124

NOV 6 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 124

(No. Ada County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jess Caldwell

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 5th 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	—	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME ✓ "
14. BIRTHPLACE (city or town) ✓ "
(State or country)

MOTHER
15. MAIDEN NAME ✓ "
16. BIRTHPLACE (city or town) ✓ "
(State or country)

17. INFORMANT ✓ "
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ada Co. Plat Date 10-24 1936 Mountain View

19. UNDERTAKER Schneider & McCann
(Address) Boise Ida

20. FILED 10-26 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1935, to 10-21-, 1936
I last saw him alive on 10-20-, 1936: death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Failing Constitution	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) M. Cavanaugh M. D.
(Address) Boise Idaho

Revision

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101125

DEC 8 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 128

(No. 1012 N)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Leroy Kiehl

(a) Residence. No. 2502 W 28th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 28 / 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho

FATHER

13. NAME Ray Kiehl

14. BIRTHPLACE (city or town) (State or country) Wichita, Kansas

MOTHER

15. MAIDEN NAME Ruby Ferrenburg

16. BIRTHPLACE (city or town) (State or country) Wenatchee, Washington

17. INFORMANT Ray Kiehl
(Address) 2462 No. 25th

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-5 1936

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 11-6, 1936 R. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1936, to 11-4, 1936.

I last saw him alive on 11-4, 1936; death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lung	11-2-36

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. P. Hamilton, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near City Of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101126

DEC 9 1936 RECEIVED

Registration District No. 2004
Primary Registration District No. Local Registrar's No. 129

(No. Ada Co. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Crouch 164

(a) Residence. No. Ada County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Crouch

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
About 83			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Carl E Chester
(Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Joplin Cemetery Date 11/9, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-15-, 1936, to 11-5, 1936
I last saw him alive on 11-4, 1936. death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. Casassa M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10112

DEC 9 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2004 Local Registrar's No. 133
(No. Sand Pit One Mile No Of City Limits)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles J. Brown 1898

(a) Residence. No. Boise Ida Rt. 4. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 5th. 1923

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	13	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert (State or country) Idaho

MOTHER FATHER

13. NAME Melvin A. Brown

14. BIRTHPLACE (city or town) Wellsville (State or country) Utah

15. MAIDEN NAME Elizabeth Stewart

16. BIRTHPLACE (city or town) Benjamin (State or country) Utah.

17. INFORMANT Mayne A Brown
(Address) Rt. 4. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Memorial Park Date 11/21, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-20 1936 E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19th. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..... to ....., 193.....
I last saw him alive on Dead 11/ 19 193 6. death is said to have occurred on the date stated above, at About 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head and Body injuries caused by a cave in the Sand Pit, One Mile No. of Boise. (Accident)	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. T. McCann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101128

DEC 5 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 134

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Al E. Johnson

(a) Residence. No. ..... St. Cowley, Wyoming

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

6. DATE OF BIRTH (month, day, and year) 11/17/1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Utah (State or country)

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs. Madge Bevans, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Cowley, Wyo. Date 11/21/36 193...

19. UNDERTAKER McBratney Funeral Home (Address) Boise.

20. FILED 11-21, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/20/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1936, to 11/20/, 1936.

I last saw ~~him~~ alive on 11/20/36, 1936; death is said to have occurred on the date stated above, at 7:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
Other contributory causes of importance:	

Name of operation Fulguration Date of 10/4/36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Jeppesen, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

DEC 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101129

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 135

(No. Ada Co. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernst Keller

(a) Residence. No. 511 Bannock St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 9th 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Baden Germany

FATHER

13. NAME Mathias Keller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John B. Dickson, Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL Place St. Johns Cem. Boise, Ida. Date 11-23, 1936

19. UNDERTAKER (Address) Schreiber & Wm. Cogan Boise, Ida.

20. FILED 11-25, 1936 L. Skaro Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1936, to 11-21-, 1936

I last saw him alive on 11-20, 1936: death is said to have occurred on the date stated above, at 8 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Calloway M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Stewart

DO NOT WRITE IN THIS SPACE

State File No. 101131

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 367

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabel Shelton

(a) Residence. No. 1111 State Street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Shelton

6. DATE OF BIRTH (month, day, and year) 7/18/1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walla Walla
(State or country) Washington

FATHER

13. NAME Jessie K. Saling

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Edith Rudge
(Address) 1111 State St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bear, Idaho Date 11/17/36

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-16 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14/1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1936, to Nov 14, 1936

I last saw h/ alive on Nov 14, 1936; death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General metastasis	
from Carcinoma	
of Left breast	April 1934

Other contributory causes of importance:

Name of operation Complete Mastectomy Left Breast Date of April 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard M Pheloung M.D.

(Address) 411 Eastman Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

DEC 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101132

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 368

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles N Brearley

(a) Residence. No. 438 Thatcher St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dawn Brearley

6. DATE OF BIRTH (month, day, and year) June 1st. 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Internal Revenue
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheatland (State or country) Mich.

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) U.S.A

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) U.S.A

17. INFORMANT Mrs Dawn Brearley (Address) 438 Thatcher St Boise Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 11/15, 1936

19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho

20. FILED 11-16 1936 N. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to Nov 14, 1936
I last saw h[illegible] alive on Nov 13, 1936: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Angina Pectoris	1917
Coronary Thrombosis	1936
Other contributory causes of importance:	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify POINDEXTER

(Signed) [illegible] M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101133

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 369
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 1936 RECEIVED

2. FULL NAME Baby Brandenburg

(a) Residence. No. St. Meridian Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	—	14 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Boise Ida
(State or country)

FATHER
13. NAME Clyde Brandenburg
14. BIRTHPLACE (city or town) Kingsland
(State or country) Arkansas

MOTHER
15. MAIDEN NAME Ida King
16. BIRTHPLACE (city or town) Meridian
(State or country)

17. INFORMANT Clyde Brandenburg
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Bruneau Ida Date 11/17, 1936

19. UNDERTAKER E. W. Pearson
(Address) Meridian Ida

20. FILED 11-16, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Nov 15, 1936
I last saw her alive on Nov 15, 1936: death is said to have occurred on the date stated above, at 10 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity +	
Pulmonary Atelectasis	Nov 15 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? None there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. W. Bradbury, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101134

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 370

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron Ernest Hyatt

(a) Residence. No. 1010 North 17th Street St.
(Usual place of abode)
Length of residence in city or town where death occurred. 33 years (If nonresident give city or town and state)
yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice P. Hyatt

6. DATE OF BIRTH (month, day, and year) Sept. 3. 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mayor of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boise, Idaho
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clyde
(State or country) Kansas

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs Alice P. Hyatt
(Address) 1010 N. 17th St. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/14/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-16, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/11/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 193..., to 11-11, 1936
I last saw h alive on 11-10, 1936: death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease with mitral stenosis	1925

Other contributory causes of importance:

Bronchial Pneumonia	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. D. Springer, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101135

DEC 5 1936 RECEIVED

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 371

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME (Baby) Allen

(a) Residence. No. % R. L. Boise St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 11-14-36

7. AGE Years	Months	Days	If LESS than 1 day 1½ hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Boise
(State or country)

FATHER

13. NAME Edward Allen

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Della Johnson

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Edward Allen
(Address) R. # 1 Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date Dec 6 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-17, 1936 R. L. Karp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1936, to 11-15, 1936

I last saw him alive on Nov 14, 1936: death is said to have occurred on the date stated above, at about 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. Cuccaccia, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101136

Registration District No. 2
Registration District No. 1001
Local Registrar's No. 372

DEC 1936 RECEIVED

St. Alphonsus
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Nellie Barbara Ambrose. Sometimes Known As Mrs Fabian Alvey

(a) Residence. No. Raticans Auto Camp Rt. 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fabian Alvey,

6. DATE OF BIRTH (month, day, and year) Feb. 4th, 1900

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
36	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professional

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Walkerville
(State or country) Mont.

FATHER

13. NAME David F. Wampler

14. BIRTHPLACE (city or town) Vincennes
(State or country) Indiana

MOTHER

15. MAIDEN NAME Mary E. Phillips

16. BIRTHPLACE (city or town) Indiana
(State or country)

17. INFORMANT Jessie R. Smith
(Address) Butte, Montana

18. BURIAL, CREMATION OR REMOVAL
Place Los Angeles Cal. Date 11/18, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-17, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, to Nov 14, 1936

I last saw her alive on Nov 14, 1936: death is said to have occurred on the date stated above, at 8 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock due to head and body injuries caused by fall to accident	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 11/14/1936
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by car
Nature of injury Shock

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L Smith M.D.
(Address) 500 Eastman Bldg Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Korloch

DO NOT WRITE IN THIS SPACE
State File No. 101137

DEC [illegible] RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 373

(If death occurred in a hospital or institution, give its name instead of street and number) St. Lukes Hospital

2. FULL NAME Robert Davidson

(a) Residence. No. 1609 Warm Springs Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

92

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/25/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles A. Davidson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Mowbray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mowbray Davidson
(Address) 1609 Warm Springs Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/16/ 193 6

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-18, 193 6 L. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13/193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
He fell dead on the street	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. Korloch, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101138

DEC 5 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 374
(No. St. Alphonsus.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Patrick Doyle.
(a) Residence. No. 1022 State St St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3rd 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Locomotive
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Illinois

FATHER
13. NAME Mike Doyle.
14. BIRTHPLACE (city or town)
(State or country) U. S. A.

MOTHER
15. MAIDEN NAME Mary Anderson.
16. BIRTHPLACE (city or town)
(State or country) U. S. A.

17. INFORMANT James J. Doyle.
(Address) Minot N. Dak.

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 11/19, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-18, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1936, to Nov 17th, 1936
I last saw him alive on Nov 17th, 1936; death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
and Myocardial	
Heart Disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) Geo. W. Doyle M. D.
(Address) Boise Ida

Dr John Beach

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101139

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 375

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Keener

(a) Residence. No. 2117½ Bannock St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME Robert L. Keener

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER

15. MAIDEN NAME Grapelle C. Dickerson

16. BIRTHPLACE (city or town)
(State or country) Georgia

17. INFORMANT Robert L. Keener
(Address) 2117½ Bannock St. Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/18/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-18, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16/1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16- 1936 to 11-16-, 1936

I last saw him alive on 11-16-, 1936: death is said to have occurred on the date stated above, at ——— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Monstrosity	
& month getation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hall Beach M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Walk

DO NOT WRITE IN THIS SPACE
State File No. 101140

Registration District No. 2
DEC 5 1936 RECEIVED
Primary Registration District No. 1004 Local Registrar's No. 376
(No. St Alphonsus Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

139

2. FULL NAME Helen Legan Godfrey.
(a) Residence. No. 1207. Hays Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William. W. Godfrey.

6. DATE OF BIRTH (month, day and year) September. 24. 1902.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	1	23.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colorado.

FATHER
13. NAME Charles. T. Hawkes.
14. BIRTHPLACE (city or town) (State or country) Stafford Springs Conn.

MOTHER
15. MAIDEN NAME Hattie. L. Strode.
16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT (Address) William. W. Godfrey. 1207. Hays Streetm Boise.
18. BURIAL, CREMATION OR REMOVAL Place Caldwell, Idaho. Date Nov. 19 1936.
19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.
20. FILED 11-18, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936 to Nov 17, 1936
I last saw h[illegible] alive on Nov 17, 1936: death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	about Nov 15 1936
Other contributory causes of importance:	

Name of operation Hysterectomy Date of Nov 12 1936
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. H. Wake M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

A B Beach

DO NOT WRITE IN THIS SPACE
State File No. 101141

DEC 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 377

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christiana Bolle Brose.

(a) Residence. No. 1714. N. 25 Street. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Brose.

6. DATE OF BIRTH (month, day and year) March. 25. 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71.	7.	21.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Christian Bolle.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Fred Brose. (Address) 1714. N. 25 th Street.

18. BURIAL, CREMATION OR REMOVAL Morris Hill Cemetery, Nob. 18. 1936.
Place ..... Date ....., 193...

19. UNDERTAKER Summers Funeral Home. (Address) Boise, Idaho.

20. FILED 11-18, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936, to Nov 15, 1936
I last saw h[illegible] alive on Nov 15, 1936: death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	Nov 13-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A B Beach, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101142

DEC 1936

Registration District No. 2004
Primary Registration District No. St. Lukes
Local Registrar's No. 378

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Lola Woodruff

(a) Residence. No. 1122 Jefferson St Boise
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Woodruff

6. DATE OF BIRTH (month, day and year) May 5 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Morris Colorado

FATHER

13. NAME Jacob Longenecker

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Loretta McDonald

16. BIRTHPLACE (city or town) (State or country) Indianapolis Indiana

17. INFORMANT (Address) Mrs Hazel L. Baker Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL Place Sunset Hill Date 12-2 1936

19. UNDERTAKER (Address) C. V. Pemberton Caldwell Idaho

20. FILED 11-19, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Oct 31, 1936.

I last saw her alive on Oct 31, 1936; death is said to have occurred on the date stated above, at 8-30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Renal Disease	1932

Other contributory causes of importance: Chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harold T. Hopkins, M. D.

(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101144

Registration District No. 2
Primary Registration District No. 204 Local Registrar's No. 380
DEC 1936
(No. St Hospital Ephonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winnifred Jessie Phillips

(a) Residence. No. Ustick Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alec R. Phillips.

6. DATE OF BIRTH (month, day, and year) Oct. 11 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridian
(State or country) Idaho

FATHER
13. NAME Joseph Schott
14. BIRTHPLACE (city or town)
(State or country) Alsasce In Loraine

MOTHER
15. MAIDEN NAME Lulu Craig.
16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Alec R. Phillips.
(Address) Ustick Idaho

18. BURIAL, CREMATION OR REMOVAL Boise, Ida.
Place St. John's Date 11-24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Ida

20. FILED 11-23 1936 R. Clapp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to Death, 1936
I last saw he alive on 11-21, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma with diffuse abdominal metastases	unknown
Other contributory causes of importance: Jaundice	

Name of operation Complete hysterectomy Date of 6-17-36
What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. West, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101145

DEC 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 381

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

111 W

2. FULL NAME Tai B. Lee

(a) Residence. No. ..... St. Eagle Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Korean	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Seoul
(State or country) Korea

FATHER
13. NAME Dont Know
14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT W. Park
(Address) Eagle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) 11-24 Boise Idaho

20. FILED 11-24, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936 to 11/24, 1936
I last saw ~~him~~ alive on 11/21, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic ulcer	

Other contributory causes of importance:

Hypostatic pneumonia	
Gastritis	

Name of operation Gastro Enterostomy Date of 11/16
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A Turnipseed, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101146

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 382
(No.) St. Alphonsus Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia Ann Stevens

(a) Residence. No. Glenns Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-18-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11-2-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester Kentucky
(State or country)

FATHER
13. NAME Cox
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs. Lolcha Rogers
(Address) Glenns Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry, Ida. Date 11-19-1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mountain Home, Ida.

20. FILED 11-21-1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1936, to 11/19, 1936
I last saw her alive on 11/16, 1936 death is said to have occurred on the date stated above, at 8.50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer Perforation	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Exhaustion	

Name of operation Autopsy Date of 11/17/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred Patterson M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101147

DEC 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 383

(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Gwendolyn Jamison

(a) Residence. No. ..... St. Lewiston Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Maries, Idaho
(State or country)

FATHER
13. NAME Webster T. Jamison
14. BIRTHPLACE (city or town) Genesee, Idaho
(State or country)

MOTHER
15. MAIDEN NAME Eliz. Ann Wells
16. BIRTHPLACE (city or town) S. D.
(State or country)

17. INFORMANT St. Alphonsus Hospital
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 11/24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-24, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1934, to Nov 23, 1936
I last saw her alive on Nov 22, 1936.: death is said to have occurred on the date stated above, at 10:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933
Other contributory causes of importance: Tuberculosis of Bowel	Sept 1936

Name of operation None Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. F. Lamoreaux, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101148

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 384
(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johannah. M. Harrington.

(a) Residence. No. 1245. W. Jefferson Street. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October. 27. 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70.	0.	28.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allentown Penn.

FATHER
13. NAME Daniel Fischer.
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Rosa Hain.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. C.E. Hopewell. 1245. W. Jefferson Street.
18. BURIAL, CREMATION OR REMOVAL Place Tekamah Nebraska. Date Nov 26 1936
19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.
20. FILED 11-25, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25/1936

22. I HEREBY CERTIFY, That I attended deceased from 3/11/35, 193..., to 11/25/, 1936
I last saw her alive on 11/24/, 1936.; death is said to have occurred on the date stated above, at 3:20 @ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis Aortic + Mitral (Rheumatic)	1876
Other contributory causes of importance: Chronic Nephritis	(?)
Chronic Arthritis	(?)
Generalized Arteriosclerosis	(?)

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Frank E. Lanbaugh, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101149

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 385

(No. 1400 north 8th street)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judith Ann Jensen

24

(a) Residence. No. 1400 north 8th street St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28.1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER FATHER

13. NAME Bert A. Jensen

14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

15. MAIDEN NAME Dorthy A. Taylor

16. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

17. INFORMANT Bert A. Jensen
(Address) 1400, N. 8th Street, Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 11/28/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-30, 1936 L. R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1936, to Nov. 27, 1936

I last saw her alive on Nov. 27, 1936; death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal Meningitis	Nov. 24 36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Raymond Stevens M. D.

(Address) Boise Idaho

E-95-6

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101150

DEC 9 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 386

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Fred Murry

(a) Residence. No. 1315 Euclid St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/27/1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER
13. NAME Reece Murry
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Parthenia Ricketts
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Lucy Culver
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-30-, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 11-30, 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to 11-27, 1936
I last saw h alive on 11-27, 1936: death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-14-36

Other contributory causes of importance:

Bronchial-pneumonia	11-15-36
Nephritis-chronic	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W B Shaw, M. D.
(Address) Boise - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101151

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 387

(If death occurred in a hospital or institution, give its name instead of street and number)
St. Luke's Hospital

2. FULL NAME Louie Curtis Bradley

(a) Residence. No. Rt. 2. St. Boise Idaho
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6th, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Ralph Bradley
14. BIRTHPLACE (city or town) Beaver Co.
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Grace Curtis
16. BIRTHPLACE (city or town) Stigler
(State or country) Oklahoma

17. INFORMANT Ralph Bradley
(Address) Route 2 Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/30 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 11-30 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to Nov. 25, 1936.
I last saw living alive on Nov. 26, 1936; death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov. 23 36

Other contributory causes of importance:
Common cold poorly handled and neglected medical aid until critical

Name of operation ..... Date of Op.
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Harmon Freman M. D.
(Address) Boise Idaho

Please state the primary cause of the bronchopneumonia and return. Thanks

Bureau of vital Statistics

Primary cause not known except for a "common cold" poorly handled and neglected medical aid until critical

W.J.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 101152

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 388

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cecil Earl Alter.

(a) Residence. No. 5 th & Garden Avenue. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

70

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 18. 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	0	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise, Idaho.

FATHER

13. NAME Lester. K. Alter.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Della Ann Yensen.

16. BIRTHPLACE (city or town) (State or country) Oklahoma.

17. INFORMANT Lester. K. Alter.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Cemetery Date Nov. 28 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 11-30 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Nov 26, 1936
I last saw him alive on Nov 26, 1936: death is said to have occurred on the date stated above, at 1:0 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Nov 25 36
Other contributory causes of importance: Bronchopneumonia	Oct 24 36
Gallstone ileus	Nov 24 36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Gallstone ileus ? Accid
Nature of injury Appendicitis ? Accid

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harmon Swenson M. D.
(Address) Boise Idaho

m-59-(1)-2

PLACE OF DEATH
County of Ada
City of Near Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101153

Registration District No. 9+10
Primary Registration District No. 9+10
Local Registrar's No. 1

(No. Route 1, Eagle)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Washam

(a) Residence. No. Route 1. St. Eagle
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of D. H.

6. DATE OF BIRTH (month, day, and year) 2/4/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER
13. NAME Fred Pape
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Barbara Zeman
16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT D. H. Washam, Eagle
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/1/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12/3, 1936 Dorrea Washam
Registrar.
Geo. L. Budge, D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 193.5, to Nov. 28, 1936
I last saw h.r alive on 11-27, 1936: death is said to have occurred on the date stated above, at 9:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	11-10
Other contributory causes of importance:	
Chronic Bronchitis	?
Colloid Goitre	?
Hyper Thyroidism	?

Name of operation none Date of
What test confirmed diagnosis was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce L. Budge, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Star

DEC 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9+60

Primary Registration District No. 9+60 Local Registrar's No. 2

DO NOT WRITE IN THIS SPACE

State File No. 101154

(No. 88 Lincoln)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Warren Centurial Kelly

(a) Residence. No. Star, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Wm J. Kelly

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Fanning Smith

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs W C Kelly
(Address) Star Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Clover Dale Date 12-17, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED 12/16, 1936 Chris Johnson Registrar.
Eagle Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936 to , 193

I last saw h alive on 11-13, 1936: death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocardiotis	
Other contributory causes of importance:	
Endocarditis	2 mos
	yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Fontaine M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101155

NOV 4 1936 RECEIVED

Registration District No. 9-10
Primary Registration District No. 9-10
Local Registrar's No. 3

(No. Five miles west of Eagle, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Emma Jane Linder

(a) Residence. No. Five miles west of Eagle, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 7. 1855.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81.	0	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME James Wilson.
14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Nancy Perkins.
16. BIRTHPLACE (city or town) Indiana.
(State or country)

17. INFORMANT William. W. Goble.
(Address) R.D. # 1. Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Nov. 16, 1936.

19. UNDERTAKER Dr. McBride
(Address) Meridian Idaho

20. FILED 11/14, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936 to Nov 13, 1936.
I last saw her alive on Nov 4, 1936.: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7
Other contributory causes of importance:	
Senility	
Myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C Reno Number, M. D.
(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Meridian

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101156

Registration District No. 11

Primary Registration District No. 2003 Local Registrar's No. 12

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

880

2. FULL NAME Margaret- Lyda

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 1923

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs W-T-Evans Meridian Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cem Date Nov 17, 1936

19. UNDERTAKER W-S-Mateer
(Address) Meridian Idaho

20. FILED Nov 16, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/6/36, 193..., to 11/6, 1936
I last saw her alive on 11/6, 1936: death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	5 years
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene Schreiber, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah.
City of

NOV 14 1936 RECEIVED

THOMASON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 143.

DO NOT WRITE IN THIS SPACE
State File No. 101157

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J DOLAN 90

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day and year) Aug 22 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store
10. Date deceased last worked at this occupation (mo. and yr.) 10-30-36
11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) Rochester Minn.
(State or country)

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) unk.
(State or country)

MOTHER

15. MAIDEN NAME unk.
16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Hans Rheinlaut Genesee Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cold Fellow Cemetery Date 10-31- 1936

19. UNDERTAKER J.A. Hutchison Cemetery
(Address)

20. FILED NOV 9 1936, 193.....
DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-30- 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Oct 30 —, 1936.
I last saw h alive on Oct 26, 1936.: death is said to have occurred on the date stated above, at 2:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	1935

Other contributory causes of importance:

Anaemia - Generalized	4 m
Hypertension	"
arteriosclerosis	"

Name of operation 0 Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury....., 193...
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S Thurston MD, M. D.
(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Jamieson

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101158

DEC 5 1936 RECEIVED

Registration District No. 11
Primary Registration District No. ____ Local Registrar's No. 145

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ELMER WALLACE BOWEN.

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single -

6. DATE OF BIRTH (month, day and year) Oct 4th 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Labr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill.

10. Date deceased last worked at this occupation (mo. and yr.) 11/16/36

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Bellevue Idah.

FATHER

13. NAME Aaron Bowen

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Emma Beatty

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Frank Bowen - Jamieson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pierce - Date 11-22, 1936

19. UNDERTAKER Grimley
(Address)

20. FILED DEC 3 1936, 193... DR. ALVIN S. THURSTON COUNCIL, IDAHO
Registrar.

DEC 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19-, 1936, to 11-22-, 1936
I last saw him alive on 11-22-, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
11-14-36 - Sepsis -	
generalized -	11-14-36
Other contributory causes of importance:	
Pulmonary Tuberculosis -	3 yrs

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury....., 193..
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify
(Signed) Alvin S. Thurston M D, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of Mesa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101159

DEC 5 1936 RECEIVED

Registration District No. 71
Primary Registration District No.
Local Registrar's No. 146

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Augusta Catherine Ballard

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Ballard

6. DATE OF BIRTH (month, day, and year): March 23, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (mo. and yr.): 11-11-36
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Burlington Kansas

FATHER
13. NAME: Thomas Hughes
14. BIRTHPLACE (city or town) (State or country): Sheboygan Wis.

MOTHER
15. MAIDEN NAME: Mary Clark
16. BIRTHPLACE (city or town) (State or country): Sheboygan Wis.

17. INFORMANT (Address): John Ballard Mesa Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place: Columbia Park Date: , 193...

19. UNDERTAKER (Address): Floyd Nielsen Shiffer

20. FILED DEC — 3 1936 193...
DR. ALVIN S. THURSTON
COUNCIL, IDAHO
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936, to 11-22, 1936
I last saw her alive on 11-20, 1936: death is said to have occurred on the date stated above, at 6:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Collapse	under
secondary to Pneumonia	
Influenza	1wk
Other contributory causes of importance:	
Hypostatic	7

Name of operation: 0 Date of: 0
What test confirmed diagnosis? Clinic Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury....., 193...
Where did injury occur? ?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ?
Manner of injury: ?
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) Alvin S. Thurston, M. D.
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams.
City of Emmett

DEC 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101160

Registration District No. 71 -
Primary Registration District No. ____ Local Registrar's No. 147

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John L Burden

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 74 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ unknown

6. DATE OF BIRTH (month, day, and year) June 23, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5 ~~7~~ 9	~~30~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gold mines

10. Date deceased last worked at this occupation (mo. and yr.) 11/1/36

11. Total time (years) spent in this occupation 12 yrs 30

12. BIRTHPLACE (city or town) (State or country) Marathon N.Y.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Robert Young - friend
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Hillcrest Cemetery Date 11-23, 1936

19. UNDERTAKER Robt Young - Emmett
(Address)

20. FILED 11-28, 1936 Glenn L Hamilton M.D.
DEC - 3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 -, 1936, to Nov 23 -, 1936.
I last saw him alive on Nov 22 -, 1936: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-23-36
Other contributory causes of importance:	
Myocarditis. — Senility	about 2 mos.

Name of operation 0 Date of 0
What test confirmed diagnosis? ____ Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____
(Signed) Glenn L Hamilton MD, M. D.
(Address) Emmett Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Adams

City of Council

DEC 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101161

Registration District No. 71

Primary Registration District No. .....

Local Registrar's No. 148

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Edward Haines

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) McKay Haines

6. DATE OF BIRTH (month, day, and year) Feb 23 - 1881

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
55	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Augusta
(State or country) Maine

MOTHER FATHER

13. NAME W R Haines

14. BIRTHPLACE (city or town) Linn County
(State or country) Mo

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) .....
(State or country) .....

17. INFORMANT H. E. Haines
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cotton Wood Date 11-27, 1936

19. UNDERTAKER J. E. Hendelong
(Address) Cambridge

20. FILED DEC 3 1936, 193... DR. ALVIN S. THURSTON Registrar COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1936, to 11-24, 1936

I last saw him alive on 11-24, 1936; death is said to have occurred on the date stated above, at 5 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
R. Side Hemiplegia	11-24-36
Senile	
Other **contributory causes** of importance:	
Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? 0 Date of injury .., 193.

Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alvin S. Thurston M.D.

(Address) Council

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock.

City of Pocatello, Idaho, Route I

DEC 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101162

Registration District No. 28

Primary Registration District No. 3/61

Local Registrar's No. 816

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Guy Meyers

(a) Residence. No. Pocatello, Idaho, Route I St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone Indian 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - -

6. DATE OF BIRTH (month, day, and year) II-23-[illegible]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	I	I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) - - - -

11. Total time (years) spent in this occupation - - - -

12. BIRTHPLACE (city or town) Wells, Nevada (State or country)

FATHER

13. NAME Bill Meyers

14. BIRTHPLACE (city or town) Wells, Nevada (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Fort Hall, Idaho (State or country)

17. INFORMANT Records of Agency (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Cedars Date Oct. 23, 1936

19. UNDERTAKER Gus Anderson, Agency (Address)

20. FILED 11-6, 1936 D Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	
Far advanced	
Date of onset unknown	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) L. E. Nelson, M. D.

(Address) Agency Physician

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101164

Registration District No. 28
Primary Registration District No. 2761
Local Registrar's No. 818

DEC 1 1936 RECEIVED

(No) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carol-Jean Dittmer.

(a) Residence. No. 340½ North 7th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18 - 1935.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Shield

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho.

FATHER

13. NAME Jack L. Dittmer.

14. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

MOTHER

15. MAIDEN NAME Aletha Davp.

16. BIRTHPLACE (city or town) (State or country) American Falls Idaho.

17. INFORMANT (Address) Jack L. Dittmer Pocatello Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mt View Cemt. Date Nov. 4, 1936

19. UNDERTAKER (Address) McHan Funeral Home Pocatello Idaho.

20. FILED Nov 4, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Nov 2, 1936

I last saw her alive on 11-2, 1936: death is said to have occurred on the date stated above, at 9:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Infection	7d

Other contributory causes of importance:

Congenital heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~—~~ Was there an autopsy? ~~—~~

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101165

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 619

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carmela Del Guadrio

(a) Residence. No. 3 miles No of Pocatello St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Del quadri

6. DATE OF BIRTH (month, day, and year) Jan. 8, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Italy.

FATHER
13. NAME Angelo Lamos
14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER
15. MAIDEN NAME Rosa Bratolmeia
16. BIRTHPLACE (city or town) (State or country) Agnuone Italy.

17. INFORMANT (Address) Phillip Delquadre Pocatello

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mt. View Cemtry Date Nov. 9, 1936

19. UNDERTAKER (Address) McHan Memorial Home. Pocatello, Idaho.

20. FILED 11-6, 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 5, 1936
I last saw h[illegible] alive on Nov 3, 1936: death is said to have occurred on the date stated above, at 9:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Consumulation of whole right Anterior and of right lung also bronchial nodes of neck	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

DEC 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101166

Registration District No. 28
Primary Registration District No. 3161 Local Registrar's No. 820

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME S. C. Enzenauer

(a) Residence. No. Pebble, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 31, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Palmer, (State or country) Ohio.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) I. E. R. A. Releif Hdqts. Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov. 15, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 14, 1936. L. G. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dirf Suddenly following burning of his house	
Probable Myocarditis	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101167

DEC [illegible]
Registration District No. 29
Primary Registration District No. 2161
Local Registrar's No. 821

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William A. McHan

(a) Residence. No. 730 N. Arthur St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie McHan

6. DATE OF BIRTH (month, day and year) Oct. 19 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	—	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Macon
(State or country) Georgia

FATHER
13. NAME William R. McHan
14. BIRTHPLACE (city or town) .....
(State or country) Georgia

MOTHER
15. MAIDEN NAME Jane Reardon
16. BIRTHPLACE (city or town) .....
(State or country) Georgia

17. INFORMANT Jennie McHan
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date Nov 9, 1936

19. UNDERTAKER H. L. McGrew
(Address) Pocatello Idaho

20. FILED Nov 9, 1936 L. E. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 8, 1936
I last saw him alive on Nov. 7, 1936; death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	unknown

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Hoagland M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

DEC 14 1936 MULLINED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101168

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 822

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Asklof

(a) Residence. No. 401 N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 13, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with daughter

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falkoping Sweden

FATHER

13. NAME Larsen

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. L. Ryberg Pocatello Ida

18. BURIAL, CREMATION OR REMOVAL Place Ottumwa Iowa Date Nov 12 1936

19. UNDERTAKER (Address) A. L. McClung Pocatello Ida

20. FILED Nov 9, 1936 D. Cleary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 8, 1936

I last saw her alive on Nov 8, 1936; death is said to have occurred on the date stated above, at 2. P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. May, M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello
DEC 4 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101169

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 823

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amy Rupkalvis

(a) Residence. No. Inkom Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Halsey L. Rupkalvis

6. DATE OF BIRTH (month, day and year): Sept 25, 1872

7. AGE: Years 64 | Months 1 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boulder Mont.

FATHER
13. NAME: Monroe Dunks
14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER
15. MAIDEN NAME: Martha Collins
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Halsey L. Rupkalvis Inkom Idaho

18. BURIAL, CREMATION OR REMOVAL. Place Boulder Mont. Date Nov. 10, 1936

19. UNDERTAKER (Address): J. L. McCann Pocatello Idaho

20. FILED Nov 9, 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1936, to Nov. 8, 1936
I last saw h.. alive on Nov 9, 1936: death is said to have occurred on the date stated above, at 7.40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-9-36

Other contributory causes of importance:

High blood pressure	
Chronic nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. M. Newton, M. D.
(Address) Pocatello, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101170

Registration District No. 28
Primary Registration District No. 2461
Local Registrar's No. 824

DEC 14 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Leute

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME R. A Leute
14. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

MOTHER

15. MAIDEN NAME Helen V. Wheeley
16. BIRTHPLACE (city or town) St. Anthony
(State or country) Idaho

17. INFORMANT R. A Leute
(Address) Pocatello, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mt. View Cemet. Date Nov. 12, 1936

19. UNDERTAKER McHan Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-16, 1936 J C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936 to Nov 12 1936
I last saw ~~him~~ alive on Nov 12, 1936: death is said to have occurred on the date stated above, at 3a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 4½ mos	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? was there an autopsy? No

23. If death was due to external causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Hartshorn M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 216
Local Registrar's No. 825

DO NOT WRITE IN THIS SPACE
State File No. 101171

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Douglas Richard Chapin.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word):
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 28, 1936
7. AGE: Years —; Months —; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho.

FATHER
13. NAME: George E. Chapin
14. BIRTHPLACE (city or town) (State or country): Boise Idaho.

MOTHER
15. MAIDEN NAME: Audry Kay
16. BIRTHPLACE (city or town) (State or country): Hatle Idaho

17. INFORMENT (Address): George E. Chapin Pocatello, Idaho
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Mt. View Cemet. Date: Nov. 15, 1936
19. UNDERTAKER: McClain Funeral Home (Address): Pocatello Idaho.
20. FILED 11-14, 1936 D. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 13 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936, to Nov 13, 1936.
I last saw him alive on Nov 13, 1936: death is said to have occurred on the date stated above, at 7 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov 11

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) A. C. McDougall, M. D.
(Address) Pocatello Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101172

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 827

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred Orgill Byington

(a) Residence. No. 239 Jefferson Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of J. E. Byington

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1904.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): McCammon, Idaho.

FATHER

13. NAME: Nephi Orgill

14. BIRTHPLACE (city or town) (State or country): Paradise, Utah.

MOTHER

15. MAIDEN NAME: Ruby Lish

16. BIRTHPLACE (city or town) (State or country): Malad, Idaho.

17. INFORMANT: Nephi Orgill
(Address): Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place McCammon, Idaho. Date Nov. 18, 1936.

19. UNDERTAKER: Hall Mortuary
(Address): Pocatello, Idaho.

20. FILED Nov. 17, 1936. D. Riddy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 15, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 15, 1936
I last saw h[illegible] alive on Nov 15, 1936.: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	Sept 1933
Other contributory causes of importance: Secondary Carcinoma of Liver & Lungs	Sept 1936

Name of operation Radical Amputation Date of Oct 1933
What test confirmed diagnosis? Path Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ——
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ——
Manner of injury ——
Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. W. Gee Thurs, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101173

Registration District No. 28

DEC 1 1936 RECEIVED

Filing Registration District No. 216 Local Registrar's No. 828

(No. General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gordon A. Bradford

(a) Residence. No. 446 S. 4th St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, and year) Dec. 17, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. P. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shops.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Verndale Minnesota

FATHER

13. NAME John Bradford

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Anna Swanson

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT (Address) Mrs. Gordon A. Bradford 446 S. 4th

18. BURIAL, CREMATION, OR REMOVAL
Place Verndale Minn Date Nov. 17, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-17, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1936, to 11-16, 1936

I last saw h[illegible] alive on 11-16, 1936.: death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101174

Registration District No.
Primary Registration District No. Local Registrar's No. 829

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Christina Bridget Linderman

(a) Residence. No. N. 4 City St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James

6. DATE OF BIRTH (month, day, and year) July 27, 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Loup City
(State or country) Nebraska

FATHER
13. NAME Anton Dymack
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country) Poland

17. INFORMANT James Linderman
(Address) Pocatello Idaho R.R.

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date 11-22, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 11-18, 1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to Nov 18, 1936.
I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at dead on arrival 9 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Ray, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101175

Registration District No. 28
DEC 14 1936 RECEIVED
Primary Registration District No. 2161 Local Registrar's No. 830

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Farrel William Burrows

(a) Residence. No. 554 West Bonneville St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Malad, Idaho.

FATHER

13. NAME Thomas Burrows

14. BIRTHPLACE (city or town) (State or country) Logan, Utah.

MOTHER

15. MAIDEN NAME Pearl Kent

16. BIRTHPLACE (city or town) (State or country) Malad, Idaho.

17. INFORMANT (Address) Thomas Burrows Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Idaho. Date Nov. 21, 1936.

19. UNDERTAKER (Address) Hall Mortuary Pocatello, Idaho.

20. FILED Nov. 19, 1936. D. C. Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Nov 19, 1936
I last saw him alive on Nov 19, 1936: death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	5 days
Other contributory causes of importance:	
Influenza	10 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. C. Kay, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101176

Registration District No. 28
Primary Registration District No. 2164 Local Registrar's No. 831

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella May Bates

(a) Residence. No. 337 North Haves Ave. St. Pocatello, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife Of C. E. Bates

6. DATE OF BIRTH (month, day, and year): Jan. 29, 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Louis, Missouri.

FATHER

13. NAME: John Owens

14. BIRTHPLACE (city or town) (State or country): Missouri.

MOTHER

15. MAIDEN NAME: Lydia Hood

16. BIRTHPLACE (city or town) (State or country): Missouri.

17. INFORMANT (Address): C. E. Bates, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov 23, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Nov. 23, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 19—, 1936, to Nov 19, 1936

I last saw h.. alive on Nov 19, 1936; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Occlusion	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Bates, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101177

DEC 2 1936 RECEIVED

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 832

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob Schaeffer

(a) Residence. No. 1334 North Main St. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Eva Katherine Ganz

6. DATE OF BIRTH (month, day, and year): June 8, 1875.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia.

FATHER
13. NAME: Phillip Schaeffer
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Barbara ----------
16. BIRTHPLACE (city or town) (State or country): Russia.

17. INFORMANT (Address): Mrs. Jacob Schaeffer, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho. Date: Nov. 23, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Nov. 23, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Nov. 20, 1936.
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lip.	Unknown.
Extending Jaw and Tongue.	

Other contributory causes of importance:

Name of operation: Excision of gland. Date of: 2/24/1936
What test confirmed diagnosis? Section of tissue? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. N. Urquhart, M. D.
(Address): Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101178

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 833

(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aarus Elmer Warren

(a) Residence. No. Tyhee St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced. HUSBAND of (or) WIFE of Stella Fern Bergenson

6. DATE OF BIRTH (month, day, and year) December 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mapleton Utah

FATHER

13. NAME Amos B. Warren

14. BIRTHPLACE (city or town) (State or country) Springville Ut

MOTHER

15. MAIDEN NAME Caroline L. Fullmer

16. BIRTHPLACE (city or town) (State or country) Springville Ut.

17. INFORMANT Amos Warren (Address) Pocatello

18. BURIAL, CREMATION OR REMOVAL
Place Groveland Date Nov. 24, 1936

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Ida.

20. FILED Nov. 24, 1936 D. McKay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17/36, 193..., to 11/24, 1936.
I last saw him alive on 11/24, 1936.: death is said to have occurred on the date stated above, at 12:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Double	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. Hall, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock.

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101179

Registration District No. 28

Primary Registration District No. 216

Local Registrar's No. 835

DE[illegible]

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

1590

2. FULL NAME Marguerite Ann Johnson

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 21

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER

13. NAME Ry Johnson

14. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

MOTHER

15. MAIDEN NAME Marguerite Kimberling

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT Roy Johnson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Fern Cemetery Date Nov 23, 1936

19. UNDERTAKER E. F. Rich
(Address) Blackfoot Idaho

20. FILED Nov 22, 1936 H. L. Rich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1936, to 11/22, 1936

I last saw her alive on 11/22, 1936; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	

Other contributory causes of importance:

Name of operation none Date of ....

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) H. C. Whitehead, M. D.

(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

DEC 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 21
Primary Registration District No. 216

DO NOT WRITE IN THIS SPACE
State File No. 101180

Local Registrar's No. 236

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

159C

2. FULL NAME Francis Seaver Jr.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)

FATHER

13. NAME Francis H. Seaver.

14. BIRTHPLACE (city or town) Pocatello Idaho.
(State or country)

MOTHER

15. MAIDEN NAME Elaine Robinson

16. BIRTHPLACE (city or town) Salt Lake City, Utah
(State or country)

17. INFORMENT Francis H. Seaver
(Address) Pocatello, Idaho.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Int. View Cemt Date Nov. 25, 1936

19. UNDERTAKER McClary Funeral Home
(Address) Pocatello, Idaho.

20. FILED 11-25-36 W. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-22-, 1936, to 11-23, 1936
I last saw h alive on 11-23, 1936: death is said to have occurred on the date stated above, at 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Circulatory Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Graves, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101181

Registration District No. 28

DEC 1936 RECEIVED

Primary Registration District No. 216 Local Registrar's No. 837

(No.) Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harley James Ward Jr.

(a) Residence. No. Route #1 North of Pocatello City St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 18, 1932.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Harley J. Ward

14. BIRTHPLACE (city or town) (State or country) Sterling, Idaho.

MOTHER

15. MAIDEN NAME Wanda Lee

16. BIRTHPLACE (city or town) (State or country) Standrod, Idaho.

17. INFORMANT Harley J. Ward
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Nov. 28, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 27, 1936. D Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Nov 25, 1936.
I last saw h[illegible] alive on Nov 25, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Lobar pneumonia	Nov 20
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101182

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 838
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Wesley Ash Jr.
(a) Residence. No. N. Lincoln St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello (State or country) Idaho

FATHER
13. NAME John Wesley Ash
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Annie Margaret Barrett
16. BIRTHPLACE (city or town) Malad (State or country) Idaho

17. INFORMANT Mrs. Ambrose Barrett
(Address) 729 N. 12th

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Nov. 30, 1936

19. UNDERTAKER Quinard's Funeral Home
(Address) Pocatello Idaho

20. FILED 11-28, 1936 D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Date of Birth to , 193..
I last saw h.. alive on 11/21, 1936: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Atelectasis	
Congenital Heart Disease	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) , M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101183

DEC 14 1936 RECEIVED

Registration District No. 21
Primary Registration District No. 2161 Local Registrar's No. 839
(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles A. Sutter

(a) Residence. No. 622 S 5th St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U. P.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marshall
(State or country) Michigan

FATHER
13. NAME Jacob Sutter
14. BIRTHPLACE (city or town)
(State or country) Switzerland

MOTHER
15. MAIDEN NAME Jane Brewer
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. J. C. Elliott
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mount Mariah Date Dec. 3, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 12-7, 1936 D. C. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/25, 1936, to 11-30, 1936
I last saw h[illegible] alive on 11-30, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
as a	
Complication	
Other contributory causes of importance:	
Old arteriosclerosis	
[illegible]	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101184

Registration District No. 21
Primary Registration District No. 214 Local Registrar's No. 840
(No. Pocatello General Hosnital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Wilford Foster

(a) Residence. No. Downey, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Naomia Lowe

6. DATE OF BIRTH (month, day, and year): July 21, 1914.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

FATHER
13. NAME: Martin WM. Foster
14. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

MOTHER
15. MAIDEN NAME: Mary Wilding
16. BIRTHPLACE (city or town) (State or country): Salt Lake City, Utah.

17. INFORMANT (Address): Martin Wm. Foster, Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge, Idaho, Date Dec. 3, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Dec. 2, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov-18-, 1936, to Dec-1-, 1936.
I last saw him alive on Nov 30, 1936; death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Gangrene. Ruptured appendicitis, post operative.

Date of onset: [redacted]

Other contributory causes of importance:
Secondary peritonitis abscess

Name of operation: Appendectomy Date of Nov 18-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D. L. Bohrquez, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Grace, Idaho
R.F.D. ONE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101185

Registration District No. 84
Primary Registration District No. ~~84~~ 216 Local Registrar's No. 35
(No. R.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ROBERT C. EGBERT

(a) Residence. No. Grace, Idaho R.F.D. ONE St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of SARAH EGBERT

6. DATE OF BIRTH (month, day, and year) September 6Th 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kaysville, Utah.

FATHER
13. NAME John C. Egbert
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Ellen Bennett
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martin C. Egbert.
(Address) Grace, Idaho R.F.D. ONE

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Turner, Idaho Date Dec. 3rd 1936

19. UNDERTAKER C. L. Whitman
(Address) Soda Springs, Idaho

20. FILED 11/30 1936 Mrs. J. G. Fitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1936, to Nov. 30/36, 193..
I last saw him alive on Nov. 30/36, 193..: death is said to have occurred on the date stated above, at One A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Influenza	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Paris

DEC 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OR VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101186

Registration District No. 53
Primary Registration District No. ____ Local Registrar's No. 17

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert A. J. Shepherd 96

(a) Residence. No. ____ St. Paris Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie A. Seamons
6. DATE OF BIRTH (month, day and year): May 1 1871
7. AGE: Years 65 | Months 6 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Wm Shepherd
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Hetty Seaman
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Jas Garnet Shepherd Paris Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Paris Idaho Date Dec 23, 193 6

19. UNDERTAKER (Address): Thompson & Eccles Paris Idaho

20. FILED Dec. 30 193 6 Mrs Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 193 1, to Nov 20, 193 6
(last saw him alive on Nov 20 193 6: death is said to have occurred on the date stated above, at 10:40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	

Other contributory causes of importance:

Cardio Renal Disease	
Arterial Hypertension	
Goitre	

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Spencer Eccles, M. D.
(Address) Paris Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bear Lake

City of Paris

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 5-3

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 101187

Local Registrar's No. 18

RECEIVED

2. FULL NAME Norine Wallentine

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 22 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris Idaho

FATHER

13. NAME Jan Ness Wallentine

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Hattie Booth

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) C O Moore

18. BURIAL, CREMATION, OR REMOVAL Place Paris Idaho Date Nov. 27 1936

19. UNDERTAKER J. W. Williams (Address) Montpelier Idaho

20. FILED Nov. 30, 1936 Mrs. Beulah Hess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Nov 24, 1936

I last saw her alive on Nov 24, 1936: death is said to have occurred on the date stated above, at 3.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
L H L	

Other contributory causes of importance: Septic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C O Moore, M. D.

(Address) Paris Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

Local Registrar's No. 22

DO NOT WRITE IN THIS SPACE

State File No. 101188

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Archie McDonald

(a) Residence. No. St. Maries Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 14 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hungary
(State or country) Austro-Con.

MOTHER

13. NAME Annie McDonald

14. BIRTHPLACE (city or town) Scotland
(State or country)

15. MAIDEN NAME Annie McDonald

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Mrs. A. B. McDonald
(Address) Coeur d'Alene Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Date 11-16 1936

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED 12-9, 1936 Walter Roberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1936, to ....., 193.... I last saw him alive on 11-12, 1936: death is said to have occurred on the date stated above, at .....m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	long standing
acute myocarditis	1 week
Other **contributory causes** of importance:	
Following acute alcoholism and Gastritis	10 days ago

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) H. E. Patton M. D.
(Address) St. Maries Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 12 1936 RECEIVED

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 101189

Local Registrar's No. 23

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME M. F. Milford

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

170

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Unknown

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11 Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Papers found on person (Address)

18. BURIAL, CREMATION OR REMOVAL

Burial Place St. Maries Ida Date 11-21, 1936

19. UNDERTAKER ..... STAPISH FUNERAL HOME (Address) ST. MARIES, IDAHO

20. FILED 12, 9, 1936 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) about 11-16 1936

22. I HEREBY CERTIFY, That I attended deceased from ←, 193...., to ←, 193....

I last saw h← alive on ←, 193...← death is said to have occurred on the date stated above, at 2 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suicide	
Gunshot wound right temple	

Other **contributory causes** of importance:

No request	

Name of operation ← Date of ←

What test confirmed diagnosis? ← Was there an autopsy? ←

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/16 1936

Where did injury occur? St. Maries - Benewah Co.
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place implied

Manner of injury Gunshot wound

Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Stapish - Coroner

(Address) St. Maries Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

DEC

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101190

Registration District No. 32

Primary Registration District No. 2049 Local Registrar's No. 24

(No. Platts Hospital - St. Maries)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Byron Steuben Walkup

(a) Residence. No. Fernwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mrs. Nora Walkup

6. DATE OF BIRTH (month, day, and year): Jan 4 - 1869

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired Stage owner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Stage
10. Date deceased last worked at this occupation (mo. and yr.): Jan 1933
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): West Virginia

FATHER

13. NAME: Vanwonder
14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. H. Kahellek Fernwood Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place St. Maries Ida. Date 11-19, 1936

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED 12-9, 1936 Walter Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16-, 1936, to 11-17, 1936.

I last saw him alive on 11-17, 1936.; death is said to have occurred on the date stated above, at 3:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	Sudden
Acute Myocardial Weakening	11-16-36
Chro Endocarditis	Long Standing

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. Stapleton M. D.
(Address) St. Maries Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

DEC 14 1936

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE

State File No. 101191

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Felix Cavanaugh

(a) Residence. No. Benewah Hotel St. Maries Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, and year): ? Unknown

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Logging

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Patrick Keenan St. Maries

18. BURIAL, ~~CREMATION OR REMOVAL~~. Place: St. Maries Date: 11-27 1936

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED: 12-9 1936 Walter Roberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute alcoholism	
Other **contributory causes** of importance:	
indigestion	

Name of operation: none Date of: .....

What test confirmed diagnosis?... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. J. Stapish Coroner

(Address) St. Maries Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 22

Primary Registration District No. 2049

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101192

Local Registrar's No. 26

42

2. FULL NAME Joseph Sandstrom

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hilma Sandstrom

6. DATE OF BIRTH (month, day, and year) Feb. 21, 1893

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	43	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **sawyer, bookkeeper, etc.** Lumberman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) 10/29/36

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Westboro Wis.

FATHER

13. NAME Chas. F. Sandstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Hilma Sandstrom St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 11/18, 1936

19. UNDERTAKER (Address) Mitchell & Wessa St. Maries, Idaho

20. FILED 12-9, 1936 C. Walter Roberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 16, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th 1936, to Nov 16, 1936

I last saw him alive on Nov 16, 1936; death is said to have occurred on the date stated above, at 12:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General Sepsis	11/29/36
Other **contributory causes** of importance:	
Impacted throat	11/29/36
Mouth tongue	
Vincents Angina	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. D. Tate M. D.

(Address) At Home St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Idaho Falls
Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101193

Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 1007 Local Registrar's No. 170

(If death occurred in a hospital or institution, give its name instead of street and number) Beck Hospital

161a

2. FULL NAME Sybil Ann Green

(a) Residence. No. 512 W. Judicial St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 2 1936

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho

FATHER
13. NAME Lovel F. Green
14. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

MOTHER
15. MAIDEN NAME Sybil Ann Lystrup
16. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

17. INFORMANT (Address) Lovel F. Green Blackfoot, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Blackfoot, Idaho Date Nov. 3, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot, Idaho

20. FILED Nov. 3, 1936 Mrs. Fulcher & Annie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Nov 2, 1936
I last saw ~~her~~ alive on Nov 2, 1936: death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	11-2-36
Other contributory causes of importance: Premature birth 7th MO	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 1936
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Beck M. D.
(Address) Blackfoot, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101194

Registration District No. 621

Primary Registration District No. 2194

Local Registrar's No. 171

DEC 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Madsen

(a) Residence. No. Groveland, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clawson

6. DATE OF BIRTH (month, day, and year) January 13 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housekeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. P. R. Madsen Blackfoot Ida R1

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place Groveland Cem. Date Nov 6 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Idaho

20. FILED Nov. 4 1936 Mrs. Hales C.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1936, to Nov. 3 1936

I last saw her alive on Nov. 1 1936; death is said to have occurred on the date stated above, at 1:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	10 Years

Other **contributory causes** of importance:

Chronic Nephritis with dropsy	12 Mo.

Name of operation None Date of

What test confirmed diagnosis? C. Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? No Date of injury 193

Where did injury occur? ---- (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. D. Matheson, M. D.

(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101195

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 172

DEC 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard Edward Blenkle

(a) Residence. No. Riverton Road St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Ida

FATHER

13. NAME Marcus A. Blenkle
14. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

MOTHER

15. MAIDEN NAME Sophia Laslo
16. BIRTHPLACE (city or town) (State or country) Courtland Yugoslavia

17. INFORMANT (Address) M. A. Blenkle Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Ida. Date Nov. 6, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Ida.

20. FILED Nov. 6, 1936 Mrs. Walter Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

November 4, 1936

21. DATE OF DEATH (month, day and year) ~~Oct.~~ 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 8:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Child died on way to physicians office probably Pneumonia	2 days

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193.....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Jensen M. D.
(Address) Blackfoot Ida

FORM V. S. No. 5-25 M. 1-19.

DEC 8 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 101196
Local Registrar's No. 173

1. PLACE OF DEATH
County of Bingham
City of Shelley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16-1
Primary Registration District No. 2194
(No. ..... St.)

2. FULL NAME Doris Campbell (Twin #1)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant (Write the word)

6. DATE OF BIRTH: Nov. (Month) 6 (Day) 1936 (Year)

7. AGE: ½ hour. (Yrs. ..... Mos. ..... ds. .....)
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ~~Infant~~ Infant
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Shelley Idaho

10. NAME OF Father: David O. Campbell

11. BIRTHPLACE OF FATHER (State or Country): Ammon, Idaho

12. MAIDEN NAME OF MOTHER: Leah Harker

13. BIRTHPLACE OF MOTHER (State or Country): Shelley, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ~~Mrs. Hattie Campbell~~ Leah Harker
(Address) Shelley, Idaho

15. Filed Nov 6 1936 Mrs Nellie E Tate Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 6 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1936, to Nov. 6 1936, that I last saw her alive on Nov. 6 1936 and that death occurred on the date stated above, at 8:10 P. M.

The CAUSE OF DEATH* was as follows:
Prematurity (24 wks. gest.)
½ hour
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Twin.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Lloyd Nelson M. D.
19..... (Address) Shelley, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. No

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL OR REMOVAL~~ Shelley Ida. | DATE OF BURIAL Nov. 7 1936

20. UNDERTAKER - acting David O. Campbell | ADDRESS Shelley Ida.

FORM V. S. No. 5-25 M. 1-19

DEC 8 1936 RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 101197

Local Registrar's No. 174

1. PLACE OF DEATH

County of Lincoln

City of Shelley

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 121

Primary Registration District No. 2144

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dorothy Campbell (Twin #2)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6. DATE OF BIRTH: Nov. (Month) 6 (Day) 1936 (Year)

7. AGE: 10 Minutes — Yrs. ..... Mos. ..... ds. .....

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Shelley, Idaho

10. NAME OF Father: David Adolf Campbell

11. BIRTHPLACE OF FATHER (State or Country): Dumont, Idaho

12. MAIDEN NAME OF MOTHER: Leah Hosher

13. BIRTHPLACE OF MOTHER (State or Country): Shelley, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lisbil Parker

(Address) Shelley Idaho

15. Filed Nov. 7 1936 Mrs Nellie [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 6 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1936 to Nov. 6 1936 that I last saw her alive on Nov 6 1936 and that death occurred on the date stated above, at 7:55 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity (24 wks gest.)

10 minutes

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Twin

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Lloyd Dakeis M. D.

19 ..... (Address) J. Shelley, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. No

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shelley Cemetery — DATE OF BURIAL: Nov. 7 1936

20. UNDERTAKER: David O. Campbell acting — ADDRESS: Shelley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Blackfoot,

DEC 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101198

Registration District No. 121

Primary Registration District No. 1007 Local Registrar's No. 175

No. Mrs. McMillan's Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

100

2. FULL NAME Wayne LaMar Bedwell

(a) Residence. No. Springfield, Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield, Ida

FATHER

13. NAME Wayne Luchion Bedwell

14. BIRTHPLACE (city or town) (State or country) Blaine County Oklahome

MOTHER

15. MAIDEN NAME Virginia OlevaaBlair

16. BIRTHPLACE (city or town) (State or country) Stirling, Ida

17. INFORMANT Wayne LaMar Bedwell (Address) Springfield Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Ann Morris Park Cem Date Nov 7, 193 6

19. UNDERTAKER E. E. Peck (Address) Aberdeen Idaho

20. FILED Dec 7, 1936 Mrs. Walter Pearce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 6, 1936

I last saw him alive on Nov. 5, 1936: death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Nov. 5, 1936
Primary	

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 193...

Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Humpherys M.D.

(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 8 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101199

Registration District No. 121
Primary Registration District No. Rigt
Local Registrar's No. 176

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ROSE JONES

(a) Residence. No. ..... St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	SEPARATED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) February 16th, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Goshen
(State or country) Utah

FATHER
13. NAME John Finch
14. BIRTHPLACE (city or town) ----------
(State or country) England

MOTHER
15. MAIDEN NAME Ellen Hardy Jenkins
16. BIRTHPLACE (city or town) --------
(State or country) Scotland

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH
(Address) BLACKFOOT, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place Bairs Idaho Date Nov 11, 1936

19. UNDERTAKER E. T. Burk
(Address) Blackfoot Idaho

20. FILED Nov. 10, 1936 Mrs. Frances Louie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from November 7th, 1936, to November 9th, 1936
I last saw her alive on November 8, 1936; death is said to have occurred on the date stated above, at 3:10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE MYOCARDITIS	Oct 25th 1936
Other contributory causes of importance: EXHAUSTION DELERIUM	

Name of operation None Date of ---
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----
(Signed) Otis R. Lowry, M. D.
(Address) BLACKFOOT, IDAHO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot R.F.D #2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101200

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 177

DEC 8 1936 REC'D

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Monroe Parsons

(a) Residence. No. Thomas Prairie Blackfoot St. or R.F.D. # 2,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Murphy Parsons

6. DATE OF BIRTH (month, day, and year) Sept 4.1873

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
63	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brigham City, Utah.

FATHER
13. NAME Geo W. Parsons
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME ~~Stock~~ Lulelia Stock
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) John Murphy Blackfoot

18. BURIAL, CREMATION OR REMOVAL
Place Green City Cem Date Nov 2 193 6

19. UNDERTAKER (Address) T.E. Peck Blackfoot

20. FILED Nov 12, 193 6 W.M. Wales E. Fannie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11 - 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1936, to 11-9, 1936
I last saw h— alive on 11-9, 1936: death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-9-36
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. O. Hamilton M. D.
(Address) Blackfoot Ida

[redacted] BLACKFOOT [redacted]

Registration District No. 194

DEC 8 1936 RECEIVED

Primary Registration District No. 2194 Local Registrar's No. 198

(No.) STATE HOSPITAL SOUTH

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME EMERALD ROGERS

(a) Residence. No. St. Pocatello, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NO DATA

6. DATE OF BIRTH (month, day, and year) June 12, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fruit store

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Idaho.

FATHER

13. NAME Adolphus Rogers

14. BIRTHPLACE (city or town) (State or country) Provo Utah

MOTHER

15. MAIDEN NAME Cloe Boyce

16. BIRTHPLACE (city or town) (State or country) Oxford Idaho.

17. INFORMANT (Address) Records of State Hospital South Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place State Cem. Date Nov. 11, 1936

19. UNDERTAKER (Address) L. M. Stanger Blackfoot Idaho

20. FILED Nov. 11, 1936 W. M. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1936, to November 10, 1936

I last saw him alive on November 9, 1936; death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC MENINGO-ENCEPHALITIS	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms and wassermann test Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. A. Lowry, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101202

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 179 (179)

DEC 8 1936 RECEIVED

(No. ..... Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Arthur Hall

(a) Residence. No. Route 2 Blackfoot, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmina Hall

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 23yrs

12. BIRTHPLACE (city or town) St. Louis Mo.
(State or country)

FATHER
13. NAME John T. Hall
14. BIRTHPLACE (city or town) Virginia, Mo
(State or country)

MOTHER
15. MAIDEN NAME Eliza Barnes
16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT E. J. Hall
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Thomas-Lemmon Date 11-15-, 1936

19. UNDERTAKER E. J. Peck
(Address) Blackfoot, Idaho

20. FILED Nov 14, 1936 Mollie Valentine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Saw him dead, 193..
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture and crushed chest, killed instantly, in auto accident	
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident of injury, 193.. 11-11-36
Where did injury occur? 11 miles west of Blackfoot
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury Automobile Accident
Nature of injury Skull fracture & crushed chest.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. O. Hamilton M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101203

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 180

DEC 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

188 C

2. FULL NAME Elmena Elizabeth Hall

(a) Residence. No. Route 2 Blackfoot, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas A. Hall

6. DATE OF BIRTH (month, day, and year) Oct. 23 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	12	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Ogden, Utah

FATHER

13. NAME Tobias Furniss

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Ann Barlow

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Thyrsa F. Parsons
(Address) Blackfoot Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Thomas-Ida Date 11/15, 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED Nov 14, 1936 Wm Wales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Nov. 11, 1936

I last saw h~~er~~ alive on Nov 11, 1936: death is said to have occurred on the date stated above, at 8:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	
Automobile Accident	
and 1/2 hour after accident.	Nov 11-1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ~~exter'l~~ causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-11, 1936
Where did injury occur? 11 mi west of Blackfoot
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Automobile Accident

Nature of injury Skull Fracture-

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. O. Humphreys M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101204

Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 2194 Local Registrar's No. 181

(If death occurred in a hospital or institution, give its name instead of street and number) STATE HOSPITAL SOUTH

2. FULL NAME RICHARD BAILEY

(a) Residence. No. (Usual place of abode) St. SWAN LAKE, IDAHO (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? 57 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 21st 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah McIntire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of State Hospital South (Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello Date ....., 193...

19. UNDERTAKER C. H. Hall (Address) Pocatello, Idaho

20. FILED Dec 8 1936 M. Widdoes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 12 1936

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1934, to November 12, 1936

I last saw him alive on November 12 1936; death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	Nov. 11 1936

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 193...

Where did injury occur? None (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [signature], M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101205

Registration District No. 121

DEC 8 1936 RECEIVED
Primary Registration District No. 1007

Local Registrar's No. 182.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Wesley Mock

(a) Residence. No. E. Court St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sade Jennie Mock

6. DATE OF BIRTH (month, day and year) May 6 1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) Nov 7 36

11. Total time (years) spent in this occupation 14 years

12. BIRTHPLACE (city or town) (State or country) Pocatello Kansas

FATHER

13. NAME James Dow Mock

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Martha Leora Thompson

16. BIRTHPLACE (city or town) (State or country) Meridian Texas

17. INFORMANT Mrs Charles Mock (Address) E Court St Blk Ida

18. BURIAL, CREMATION OR REMOVAL
Place Fairview City Cem Date Nov 15, 1936

19. UNDERTAKER E J Funk (Address) Blackfoot Idaho

20. FILED Nov 10, 1936 W B Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1936, to 11-17, 1936
I last saw h[illegible] alive on 11-17, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-7-36

Other contributory causes of importance:

Name of operation ~ Date of ~
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193...
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W W Beck M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101206

Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 1007 Local Registrar's No. 183.

(No.) McMillan Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Renae Forman

(a) Residence. No. St. Moreland
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 2 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moreland
(State or country) Idaho

FATHER

13. NAME Frank O. Forman

14. BIRTHPLACE (city or town) Heber City
(State or country) Utah

MOTHER

15. MAIDEN NAME Beulah Alfred

16. BIRTHPLACE (city or town) Thomas
(State or country) Ida.

17. INFORMANT Frank O. Forman
(Address) Moreland, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moreland Cem. Date Nov. 16, 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Idaho

20. FILED Nov. 16 1936 C. W. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 13, 1936

I last saw her alive on Nov. 13, 1936: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	10 days
Other contributory causes of importance:	
Dysfunctioning thymus gland - acute	5 days.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. O. Hansen M. D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101207

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 184

DEC 9 1936 RECEIVED

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

74 a

2. FULL NAME Sarah Eve Cameron

(a) Residence. No. Thomas, Idaho. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of wife of James A. Cameron

6. DATE OF BIRTH (month, day, and year) April 14, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Centerville, Utah.

FATHER

13. NAME Solomon Conley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eve Merkley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Myrtle Horton R.F.D. #2 Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Thomas, Idaho Date Nov. 16 1936

19. UNDERTAKER E. L. Peck
(Address) Blackfoot Idaho

20. FILED Nov. 14, 1936 Mrs. Nellie E. Potter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1936, to Nov. 13, 1936
I last saw her alive on Nov. 13, 1936: death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	12 hrs.
Other contributory causes of importance:	
Gallstone colic &	24 hours
Hypertension	4 yrs

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193__
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) J. D. Hamilton M.D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101208

Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 8194 Local Registrar's No. 185

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ELIZA CATHERINE BEAMGARD

(a) Residence. No. St. New Plymouth, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) November 25th, 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Albany, Indiana

FATHER
13. NAME Frank Wells
14. BIRTHPLACE (city or town) (State or country) no data, No data

MOTHER
15. MAIDEN NAME Jane E. Very
16. BIRTHPLACE (city or town) (State or country) no data, no data

17. INFORMANT (Address) Records of State Hospital South, Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Layett Ida Date Nov., 193 6

19. UNDERTAKER E. T. Rich
(Address) Blackfoot, Idaho

20. FILED Nov. 14, 193 6 Wm. Waters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13-36 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to November 13, 1936
I last saw her alive on November 13, 1936: death is said to have occurred on the date stated above, at 5:28 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL	
ARTERIO SCLEROSIS	1927
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. A. Lows, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101209

DEC 8 1936 RECEIVED

Registration District No. 121
Primary Registration District No. 2191 (No.) Local Registrar's No. 187

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Eugene H. Bowman

(a) Residence. No. R.D.1 Blackfoot St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 3 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Pipe fitter
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heber City Wasatch Utah

FATHER

13. NAME William Hart Bowman
14. BIRTHPLACE (city or town) Kirkcaldy (State or country) Scotland

MOTHER

15. MAIDEN NAME Eliza Jane Dalton
16. BIRTHPLACE (city or town) Centerville (State or country) Davis Co Utah

17. INFORMANT Mrs. J. D. Bowman (Address) Blackfoot Idaho R 1

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Heber City Utah Date Nov 25, 1936

19. UNDERTAKER E T Funk (Address) Blackfoot

20. FILED Nov 24, 1936 Vina Thatcher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to 11-22, 1936
I last saw him alive on 11-22, 1936: death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O E Miller M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101210

Registration District No. 121
DEC 8 1936 RECEIVED Primary Registration District No. 1067 Local Registrar's No. 189
(No. Beck Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Connie Watts
(a) Residence. No. 794 South Shilling St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 22. 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

FATHER
13. NAME Ardell Watts
14. BIRTHPLACE (city or town) Kanosh-
(State or country) Utah

MOTHER
15. MAIDEN NAME Owena Walton
16. BIRTHPLACE (city or town) ~~Otto~~ Smoot
(State or country) Wyoming

17. INFORMANT Ardell Watts
(Address) Blackfoot, Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Grove City Cem. Date 11/25/, 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho

20. FILED Nov. 25 1936 W. M. Wallace E. T. Peck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1936, to 11-24, 1936
I last saw her alive on 11-24, 1936: death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of death
Melaena neonatorum	11-23-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? \ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101211

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 190

DEC 8 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert Heusser 44

(a) Residence. No. South Maple St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Heusser

6. DATE OF BIRTH (month, day, and year) Oct. 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer + Poultry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country)

FATHER
13. NAME Jacob Heusser
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Athania Rasmuksen
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs A. Middleton
(Address) Blackfoot Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Weston, Ida. Date Nov. 30, 1936

19. UNDERTAKER John C. Handley
(Address) Blackfoot Idaho

20. FILED Dec 2 1936 Thos Hales C Lorne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Nov 26, 1936
I last saw him alive on Nov 24, 1936: death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	About 2 years ago.

Other contributory causes of importance:

Name of operation Pyloric resection Date of 1935
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 193...
Where did injury occur? ———
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ———
Manner of injury ———
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ———

(Signed) W W Beck, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101212

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 191

DEC 8 1936 RECEIVED

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ANNIE ROSE

(a) Residence. No. St. Salmon, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year)
no data except 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	--	--	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynn County
(State or country) Oregon

FATHER
13. NAME Simon Phleuer
14. BIRTHPLACE (city or town) no data
(State or country)

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) no data
(State or country)

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Salmon City Date Idaho Nov. 1936

19. UNDERTAKER Charles W. Doelle
(Address) Salmon, Idaho

20. FILED Nov. 27 1936 Mrs. Helen E. Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from November 11th 1936 to November 27 1936
I last saw her alive on November 27 1936; death is said to have occurred on the date stated above, at 11:10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC ENDOCARDITIS	no data
VALVULAR DISEASE	
Other contributory causes of importance:	
ARTERIO SCHLEROSIS	1930
OLD AGE	

Name of operation None Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. A. Dow, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101213

Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 1107
(No.) Beck Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 192

2. FULL NAME Garry Lelyde Inskeep

(a) Residence. No. Blackfoot Idaho R. 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 19 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot R.F.D. 2
(State or country) Idaho

FATHER

13. NAME W. M. Inskeep

14. BIRTHPLACE (city or town)
(State or country) Miss

MOTHER

15. MAIDEN NAME Estie Iverson

16. BIRTHPLACE (city or town) Steen Russ
(State or country) Wyo

17. INFORMANT W. M. Inskeep
(Address) Ashland Bedford

18. BURIAL, CREMATION OR REMOVAL
Place Thomas Russ Date Nov 29 1936

19. UNDERTAKER E. J. Peck
(Address) Blackfoot Idaho

20. FILED Nov. 29 1936 W. Wallace Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1936, to 11-28, 1936
I last saw h alive on 11-25, 1936: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	11-15-36

Other contributory causes of importance:

Nephritis (not specified)	11-24-36

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.
(Address) Blackfoot Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. I2I -R

Primary Registration District No. 2I94-R

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101216

DEC 8 1936 RECEIVED

Local Registrar's No. 195

1002

2. FULL NAME Stanley Bagley

(a) Residence. No. Fort Hall, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Shoshone 4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7, I934

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
2	3	I3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fort Hall, Idaho

FATHER

13. NAME Louis Bagley

14. BIRTHPLACE (city or town) (State or country) Sheridan Nevada

MOTHER

15. MAIDEN NAME Susie Tinno

16. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

17. INFORMANT Susie Bagley
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sands Cemetery Date II-I3-36 93..

19. UNDERTAKER G.C.Anderson
(Address) Fort Hall Idaho

20. FILED Dec. 3, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. I2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, ..., 193.6., to Nov. I2 ....., 1936
I last saw him alive on Nov. 9., 1936.; death is said to have occurred on the date stated above, at 7:30A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	ii-7-36
Other **contributory causes** of importance: Influenza	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) P. V. Rogers, M. D.
(Address) Fort Hall Idaho,

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121-R

DO NOT WRITE IN THIS SPACE

State File No. 101217

DEC 8 1936 RECEIVED

Primary Registration District No. 2194-R

Local Registrar's No. 196

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. .....)

2. FULL NAME Johnnie Crow

49

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Shoshone 4/4

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): No record (Aged)

7. AGE — Years: No record | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): G.C.Anderson- John Phelps, Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Cedars Date: II-I8-, 1936

19. UNDERTAKER (Address): G.C.Anderson, Fort Hall Idaho

20. FILED: Dec. 3, 1936 Mrs. Malvie Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): II-I5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...; death is said to have occurred on the date stated above, at ....m. did not know

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of throat	
No Doctor attending	

Other **contributory causes** of importance:

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. V. Rogers, M. D.
(Address) Fort Hall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101218

Registration District No. I2 I-R
Primary Registration District No. 2I94-R
Local Registrar's No. 197

DEC 8 1936 RECEIVED

(No.) Agency Hospital, Nov. I2 & I3-th
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Watson, Jr.

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Sho.-Ban.4/4	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-13-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	6	5-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

FATHER
13. NAME James Watson
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

MOTHER
15. MAIDEN NAME Topsy Batts
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Records U.S. Indian Service
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presbyterian Missi Date II-22- 1936

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Dec. 3, 1936 Mrs. Helen E. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) II-I9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. I2, 1936, to Nov. I4, 1936
I last saw him alive on II-I4, 1936; death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	
Influenza	
Other contributory causes of importance:	
Removed home by father on I4-th Nov. against advice	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. V. Rogers, M. D.
(Address) Fort Hall Idaho

DEC 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101219

PLACE OF DEATH

County of Bingham
City of Springfield, Inst. P.O. Sterling, Rt. 1.
Registration District No. ~~12~~ 116
Primary Registration District No. 2195 Local Registrar's No. 18
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Jane Rupe

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 95 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4+

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Rupe
6. DATE OF BIRTH (month, day, and year): Jan. 23 1841
7. AGE — Years: 95 Months: 9 Days: 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: No Industry
10. Date deceased last worked at this occupation (mo. and yr.): June 1936
11. Total time (years) spent in this occupation: 77 yrs.
12. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER FATHER
13. NAME: John Dugan
14. BIRTHPLACE (city or town) (State or country): Ohio
15. MAIDEN NAME: Sarah —
16. BIRTHPLACE (city or town) (State or country): Don't Know Unlisted Ohio.

17. INFORMANT (Address): Neil Rupe Shelley Idaho,
18. BURIAL, CREMATION OR REMOVAL Place: Springfield, Ida. Date: Nov 4 1936
19. UNDERTAKER (Address): Blackfoot, Idaho.
20. FILED Nov 30 1936 Thos. Mortimore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Nov. 3, 1936.
I last saw her alive on June 1, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	3 or 4 Years,
Other **contributory causes** of importance:	
Acute Nephritis	June
with Dropsy	1936.

Name of operation: None Date of: .....
What test confirmed diagnosis: Clin. & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No. Date of injury .., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** In home
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) ..... C. E. Earle, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Aberdeen

DEC 3 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101220

Registration District No. 116

Primary Registration District No. 2195 D

Local Registrar's No. 19

(No. Four Miles South of Aberdeen.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lizzie Bees Neuman

90

(a) Residence. No. (Usual place of abode) South of Aberdeen, Ida. St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo F. Neuman

6. DATE OF BIRTH (month, day, and year): Oct 22nd 1876

7. AGE: Years 60 Months 0 Days 19 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House-wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (Month and yr.): Sept 1936 60 days

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Rev John Bees

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Elizabeth Fast

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Mrs John Neuman Aberdeen, Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Am Falls, Date: 11/15, 1936.

19. UNDERTAKER: Anderson's
(Address) American Falls, Idaho

20. FILED: Nov 30, 1936. M. C. McKinnon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1936, to 11-9, 1936.

I last saw her alive on 11-9-, 1936.; death is said to have occurred on the date stated above, at 12 1/2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestive Heart Failure	

Other **contributory causes** of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Oscar L. Leachman M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Pingree

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 9 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
101221
State File No.

Registration District No. 116
Primary Registration District No. 2195
Local Registrar's No. 20

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Floyd Lindsay

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	whie	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Isabelle Lindsay

6. DATE OF BIRTH (month, day, and year) June 10. 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Services station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator Retail gasoline distribution
10. Date deceased last worked at this occupation (mo. and yr.) Nov
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Fort Mason, Texas.

FATHER
13. NAME Buck Lindsay
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. O. A. Josephson

18. BURIAL, CREMATION OR REMOVAL Blackfoot Ida
Place Grove City Cemetery 11/24/36

19. UNDERTAKER (Address) E.T.Peck Blackfoot, Ida.

20. FILED Nov 24, 1936 M. C. MacKinnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Nov. 27, 1936
I last saw him alive on Nov. 21, 1936; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Nephritis	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. F. Whitehead, M. D.
(Address) Blackfoot Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101222

Registration District No. 57
Primary Registration District No. 2025 Local Registrar's No. 51

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm Roger York

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Bennett.

6. DATE OF BIRTH (month, day, and year) April 17-1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Raney Kansas

FATHER

13. NAME A. York.

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Minny Jones

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Alice A. York Carey - Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Carey - Ida. Date Nov 8, 1936

19. UNDERTAKER (Address) H. Harris Hailey - Ida.

20. FILED 11-30, 1936 R. F. Wright - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Nov 6, 1936

I last saw him alive on Nov 1, 1936; death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
with	
Hemiplegia	Oct 21
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. W. [illegible] M. D.

(Address) Hailey, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101223

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 52

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) night

2. FULL NAME Jack Harvey Brooks

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucile Thornhill

6. DATE OF BIRTH (month, day, and year) July 23 1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (mo. and yr.) Nov 17 1936

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Hailey Idaho

FATHER

13. NAME Harvey M. Brooks

14. BIRTHPLACE (city or town) (State or country) Wheatland, Missouri

MOTHER

15. MAIDEN NAME Winifred Stanfield

16. BIRTHPLACE (city or town) (State or country) Silver Creek Idaho

17. INFORMANT Vernon Brooks
(Address) Hailey Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.O.O.F. Cem. Hailey Date Nov 21, 1936

19. UNDERTAKER L. H. Harris
(Address) Hailey

20. FILED 11-30, 1936 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193....; death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Shot - Gun shot in back of head - While hunting with Companions -	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 11-19 1936

Where did injury occur? Silver Creek, Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Accidental

Nature of injury Gun shot in back of head.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Wright, M. D.

(Address) Blaine Co. Coroner Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boise

City of Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101224

DEC 9 1936 RECEIVED

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 136

1. (No.) Cottonwood C.C.C. Camp (St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson, Lloyd P.

(a) Residence. No. Southam, No. Dak. St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 19, 1918

7. AGE — Years: 18 — Months: 2 — Days: 7 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: C.C.C. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 1 mo. 10 d.

12. BIRTHPLACE (city or town) (State or country): Southam, No. Dak.

FATHER

13. NAME: Gilbert P. Nelson

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: C.C.C. Officials (Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Devils Lake N.D. Date: 11/26/36 193...

19. UNDERTAKER: McBratney Funeral Home (Address) Boise

20. FILED 11-25 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov. 25, 1936

I last saw him alive on Nov. 25, 1936; death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coryza, Acute	
Other contributory causes of importance:	
Acute Lobar Pneumonia	
with Myo-Cardiac failure	11/24/36

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Bubblis, M. D.

(Address) Co. 795, CCC, Camp F-70, Boise, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boise

City of Idaho City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101225

Registration District No.

Primary Registration District No. Local Registrar's No.

DEC 3 1936

(No. Post Office Building)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Nelson Bottcher

(a) Residence. No. Post Office Building St.

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Estimated 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT B. F. Kloopenburg
(Address) Idaho City

18. BURIAL, CREMATION OR REMOVAL
Place Idaho City Date 12/3/36, 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12/3, 193.6 Geo E Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30/36

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec. 1, 1935~~ to ~~Dec. 1, 1936~~

I last saw him alive on 11/30/36, 193..: death is said to have occurred on the date stated above, at 10:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion followed by heart attack	

Other contributory causes of importance:

Asthma - acute	
Bad infection of lower limbs	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? no Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. E. B. Monaghan M.D.

(Address) Idaho City Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Trestle Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101226

Registration District No. 80

DEC 1 1936

Primary Registration District No. 265-7

Local Registrar's No. 9

(No. 90)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Eagan

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth 57 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eyre Eagan

6. DATE OF BIRTH (month, day, and year) Jan. 29, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936

11. Total time (years) spent in this occupation Years

12. BIRTHPLACE (city or town) Crosby
(State or country) Ontario, Canada

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) .....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) .....
(State or country) Ireland

17. INFORMANT J. W. Eagan
(Address) Hope, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho, Date Nov. 29, 1936

19. UNDERTAKER Moon Mortuary
(Address) Sandpoint, Idaho

20. FILED Nov 29, 1936 Orville Thrasp.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to Nov. 26, 1936

I last saw her alive on Nov. 26, 1936: death is said to have occurred on the date stated above, at 12:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1930

Other contributory causes of importance:

Obstruction of the Common bile duct - acute	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd E. Wendle, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Clarks Fork

DEC 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101227

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 10

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Evan Whitcomb

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gail Whitcomb

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Spokane (State or country) Washington

FATHER
13. NAME John Whitcomb
14. BIRTHPLACE (city or town) Byron (State or country) Minn

MOTHER
15. MAIDEN NAME — Brooks
16. BIRTHPLACE (city or town) Byron (State or country) Minn

17. INFORMANT Mrs. Gail Whitcomb (Address) Clarksfork, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Clarks Fork, Ida. Date Nov. 30, 1936

19. UNDERTAKER Moon Mortuary (Address) Sand Point, Idaho.

20. FILED Nov 29, 1936 Burlie Lemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at about 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Firearms	
Gunshot wound in	
Forehead.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov. 26 1936
Where did injury occur? Clarksfork, Bonner County (Specify city or town, county, and state) Idaho.
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Gunshot
Nature of injury Wound in Forehead

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. O. Moon Coroner
(Address) Sand Point, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101228

Registration District No. 85

NOV .. 1936 RECEIVED

Primary Registration District No. 2185

Local Registrar's No. 24-86

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tullio Mauro

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Italian

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Romelda Mauro

6. DATE OF BIRTH (month, day, and year): Jan 11, 1910

7. AGE: Years 26 | Months 9 | Days 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Woods

10. Date deceased last worked at this occupation (mo. and yr.): July 1936

11. Total time (years) spent in this occupation: 1/2

12. BIRTHPLACE (city or town) (State or country): Priest River Ida

FATHER

13. NAME: Frank L. Mauro

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Louise N. Maio

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Frank L. Mauro Priest River Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Priest River, Ida. Date Oct 23 1936

19. UNDERTAKER (Address): L. A. Moon Priest River, Ida.

20. FILED Oct 23 1936 Ben L. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 193.6, to Oct. 20, 193.6.

I last saw him alive on Oct. 20, 193.6: death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Embolism to brain	
Other **contributory causes** of importance:	
Rheumatic Endocarditis	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Edward L. Ford, M. D.

(Address) Priest River

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sandpoint

DEC 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101229

Registration District No. 18

Primary Registration District No. 2155 Local Registrar's No. 284

(No. Graham Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tollef Aavedal

(a) Residence. No. Samuels Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ingeborg Aavedal

6. DATE OF BIRTH (month, day, and year): May 19 1878

7. AGE — Years: 58 Months: 5 Days: 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norway

FATHER

13. NAME: Hans Aavedal

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Norway

17. INFORMANT (Address): Harold Aavedal Pack River

18. BURIAL, CREMATION OR REMOVAL

Place Pack River Date 11/17, 1936

19. UNDERTAKER (Address): Funeral Co Sandpoint

20. FILED Nov 17, 1936 Dwight E. Gideon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Nov 15, 1936.

I last saw him alive on Nov 14, 1936.; death is said to have occurred on the date stated above, at 12:30 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov. 7-36

Other **contributory causes** of importance:

Bronchiolectasis	

Name of operation..... Date of.....

What test confirmed diagnosis? Cl. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) C. C. Rundle M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101230

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 285
(No.) 909 Cedar Street
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME GUSTAV SWENDSON

(a) Residence. No. 909 Cedar Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HILDA SWENDSON

6. DATE OF BIRTH (month, day, and year) APRIL 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GROCERY
10. Date deceased last worked at this occupation (mo. and yr.) Jul 1936
11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) NORWAY

FATHER
13. NAME SVEN SWENDSON

14. BIRTHPLACE (city or town) (State or country) NORWAY

MOTHER
15. MAIDEN NAME SISSEL SONDROLL

16. BIRTHPLACE (city or town) (State or country) NORWAY

17. INFORMANT Hans Swendson
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place DULUTH, MINN Date Nov. 11, 1936

19. UNDERTAKER L. G. MOON
(Address) SANDPOINT, IDAHO.

20. FILED Nov 8th, 1936. Virgil C Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) NOVEMBER 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Oct 28, 1936
I last saw him alive on Oct 28, 1936: death is said to have occurred on the date stated above, at 9 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Other contributory causes of importance:	
Cardio renal disease	

Name of operation None Date of
What test confirmed diagnosis? ll Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C C Runkle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

DEC 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155
(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101231

Local Registrar's No. 281

41

2. FULL NAME Hans Swendson

(a) Residence. No. 909 Cedar St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 77	Years		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Swen Svenden

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Sissel Sondroll

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Herbert Swendson
(Address) Duluth, Minn.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Nov. 15, 1936

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED Nov 13, 1936 Virgil Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12m 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Nov 12, 1936.
I last saw him alive on Nov. 12, 1936; death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Debticemia.	Nov 3
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? A ..... Date of injury ..... 193...
Where did injury occur? Sandpoint Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Infection in thumb.
Nature of injury Acute infection Right thumb

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) O. H. Page, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101232

Registration District No. 78
DEC 8 1936
Primary Registration District No. 2155 Local Registrar's No. 287
(No. 1321 Main St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Sider

(a) Residence. No. County Poor Farm St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 12, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. T. Crosby
(Address) 1321 Main St. Sandpoint Ida.
18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Idaho Date Nov. 16, 1936
19. UNDERTAKER L. S. Moon
(Address) Sandpoint, Idaho
20. FILED Nov 15 1936 Abigail C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. S. Moon Coroner, M. D.
(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

DEC 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101233

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 288
(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME John O. Johnson

(a) Residence. No. 727 Lake St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe Line
10. Date deceased last worked at this occupation (mo. and yr.) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT U.S. Employment Service Card
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho Date Nov. 17, 1936

19. UNDERTAKER L. A. Moon
(Address) Sandpoint, Idaho.

20. FILED Nov 18, 1936 Virgil C. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14th 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Nov 14, 1936
I last saw him alive on Nov 13, 1936: death is said to have occurred on the date stated above, at 6:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Other contributory causes of importance: Complete bile obstruction	Aug 36

Name of operation Cholecystotomy Date of Oct 27 36
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C. C. Rundle, M. D.
(Address) Sandpoint, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

DEC 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101234

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 289

(No. Marska Pole Yard.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Albert Foster

(a) Residence. No. R.F.D. No. 2. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dolly Foster

6. DATE OF BIRTH (month, day, and year) FEB. 10, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Fort Edward New York

FATHER
13. NAME Ira J. Foster
14. BIRTHPLACE (city or town) (State or country) Sandy Hill New York

MOTHER
15. MAIDEN NAME Rosetta Sanderson
16. BIRTHPLACE (city or town) (State or country) Unknown Vermont

17. INFORMANT Fred E. Foster.
(Address) Sonetterville, Ida

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint Ida. Date Nov. 19, 1936

19. UNDERTAKER R. B. Moon
(Address) Sandpoint Idaho.

20. FILED Nov 28, 1936 Virgil E. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at about 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Probable Myocarditis	
History-ill-health many-months,	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. B. Moon Coroner
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boaner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101235

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 290

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Mary Moore.

(a) Residence. No. 436 So. Euclid St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel M. Moore

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1934

11. Total time (years) spent in this occupation Many years

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Jno. E. D. Moore
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem.
Place Sandpoint Idaho Date Nov. 20, 1936

19. UNDERTAKER L. O. Shaon
(Address) Sandpoint Idaho

20. FILED Nov 21, 1936 Virgil E. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Nov. 18, 1936

I last saw her alive on Nov. 18, 1936: death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio renal disease	1933
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Floyd G Wendle M. D.
(Address) Sandpoint Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101236

Registration District No. 78
DEC 8 1936 RECEIVED
Primary Registration District No. 2155
Local Registrar's No. 291

(No. 222 Pine St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

111a

2. FULL NAME James J. McBride

(a) Residence. No. 222 Pine St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Court House
10. Date deceased last worked at this occupation (mo. and yr.) Aug 1934
11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) Ontario
(State or country) Canada.

FATHER

13. NAME Lawrence McBride
14. BIRTHPLACE (city or town) Ontario
(State or country) Canada

MOTHER

15. MAIDEN NAME Margaret Hamilton
16. BIRTHPLACE (city or town) Unknown
(State or country) Canada

17. INFORMANT Catherine McBride
(Address) 222 Pine St.-Sandpoint Idaho.

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem
Place Sandpoint Idaho Date Nov. 25, 1936

19. UNDERTAKER L. L. Moon
(Address) Sandpoint Idaho.

20. FILED Nov 28, 1936 Virgil C. Gordon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from many years, 193..., to Nov 23, 1936.
I last saw him alive on Nov 23, 1936: death is said to have occurred on the date stated above, at 4:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1932
Other contributory causes of importance: Hemorrhages	11-21-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Strasburg, M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101237

Registration District No. 13

NOV 6 1936 RECEIVED

Primary Registration District No. 2-N-0 Local Registrar's No. 211

(No. Special Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriett May Kidman

(a) Residence. No. ____ St. Arco, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ephrium Kidman

6. DATE OF BIRTH (month, day, and year) Sept. 20 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Utah

FATHER

13. NAME ? - Simmons

14. BIRTHPLACE (city or town) ____ (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Elijah Kidman Thompson (Address) Arco, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Arco, Idaho Date Oct. 28 193 6

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED Oct 29 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 25 193 6

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 193 6 to Oct 25, 193 6

I last saw h-er alive on Oct 25, 193 6: death is said to have occurred on the date stated above, at 2-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Uremia	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible] M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101240

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 219
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 7 1936 RECEIVED

2. FULL NAME Minnie Ann Ricks

(a) Residence. No. Sugar City St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Fort, Utah, USA

FATHER
13. NAME James Park
14. BIRTHPLACE (city or town) (State or country) Cedar Fort, Utah

MOTHER
15. MAIDEN NAME May Carson
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ephraim Ricks
(Address) Sugar City, Utah

18. BURIAL, CREMATION OR REMOVAL
Place Sugar City Date Nov. 7, 1936

19. UNDERTAKER Bunyan Mortuary
(Address) Rexburg, Idaho

20. FILED Nov. 6, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936, to Nov. 5, 1936
I last saw her alive on Nov. 5, 1936: death is said to have occurred on the date stated above, at 7:05 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis and	
General Odema	Oct. 17, 1936
Other contributory causes of importance:	
Chronic Myocarditis	1916
Diabetis Insipidus	1916

Name of operation Paracentesis Date of 11/5/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101241

PLACE OF DEATH
County of Fremont
City, or Ida. Falls
Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 220
(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 7 1936 RECEIVED

2. FULL NAME Alma Harriett Heilman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. 6 mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bert Heilman
6. DATE OF BIRTH (month, day, and year): July 20, 1904
7. AGE — Years: 32 | Months: 3 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo and yr.): 11-1-36
11. Total time (years) spent in this occupation: 12 yrs.

12. BIRTHPLACE (city or town) (State or country): Holstein Iowa

MOTHER/FATHER
13. NAME: Andrew Jurgensen
14. BIRTHPLACE (city or town) (State or country): Denmark
15. MAIDEN NAME: Hansen
16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT (Address): Bert Heilman Ida. Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Ida. Falls Date Nov. 8 1936 Burial
19. UNDERTAKER (Address): O. C. Buck Ida. Falls, Ida.
20. FILED Nov. 7 193 6 Wm. K. Kinnaird by RMH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-3, 1936, to Nov-4, 1936.
I last saw h[illegible] alive on Nov 4, 1936: death is said to have occurred on the date stated above, at 7:00 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chr Infect Gall Bladder	
Pregnancy	
Other **contributory causes** of importance:	

Name of operation. ✓ Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....
(Signed) [illegible], M. D.
(Address) Ida. Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101242
State File No.....

Registration District No. 73

Primary Registration District No. 21 V-D Local Registrar's No. 221

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Clark.

(a) Residence. No.....St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) —

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 60.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) —

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) ..... (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) ..... (State or country) —

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov. 9, 1936

19. UNDERTAKER Cliff Hayes
(Address) Idaho Falls Ida

20. FILED 11/9, 1936 Wm. Timmins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death	
unknown as may be Heart	
attacked	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, (in home), or in public place. Died at home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Taylor Coroner

(Address) Idaho Falls Idaho

TION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn.

City of Ida. Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2150

DO NOT WRITE IN THIS SPACE
State File No. 101243

DEC 7 1936 RECEIVED

Local Registrar's No. 222

113

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Jean Gilstrap

(a) Residence. No. Route #4 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 5 mos. // ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: -

6. DATE OF BIRTH (month, day, and year): May 18, 1936

7. AGE: Years: 0 | Months: 5 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: -

10. Date deceased last worked at this occupation (mo. and yr.): -

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Ida. Falls Ida

FATHER

13. NAME: Earnest C. Gilstrap

14. BIRTHPLACE (city or town) (State or country): Tallapoosa Georgia

MOTHER

15. MAIDEN NAME: Fannie Owen

16. BIRTHPLACE (city or town) (State or country): Blakewell Georgia

17. INFORMANT (Address): Mrs. Jean Gilstrap Ida. Falls Ida.

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Ida. Falls Date: 11-12-1936

19. UNDERTAKER (Address): O. C. Buck Ida. Falls Ida.

20. FILED Nov. 10, 1936 Wm Kinnaird Registrar.
By TMH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936 to Nov 9, 1936

I last saw h.. alive on Nov 4, 1936; death is said to have occurred on the date stated above, at 7:00 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	Nov 8

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl Clem, M. D.

(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101244

DEC 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 2107
Local Registrar's No. 223
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mark Blaylock
(a) Residence. No. Idaho Falls Rt #5 St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER
13. NAME Paul C. Blaylock
14. BIRTHPLACE (city or town) (State or country) Ogden Utah

MOTHER
15. MAIDEN NAME Edna Fields
16. BIRTHPLACE (city or town) (State or country) Ammon Idaho

17. INFORMANT Paul C. Blaylock
(Address) Idaho Falls Rt #5

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date Nov 8, 1936

19. UNDERTAKER Jack A. Ward
(Address) Idaho Falls Idaho

20. FILED 12/1, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936 to Nov 6, 1936
I last saw him alive on Nov 6, 1936; death is said to have occurred on the date stated above, at 5:53 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal	
a Toxemia Pregnancy	11/6 1936
b Eclampsia Coma	11/6 1936
c Asphyxia Neonatorum	11/6 1936

Other contributory causes of importance:

Name of operation Version & Extraction Date of 11/6/36
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 1-10

DO NOT WRITE IN THIS SPACE

State File No. 101245

Local Registrar's No. 224

DEC 7 1936 RECEIVED

(No. 46)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Starr

(a) Residence. No. R.F.D. #5 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: C. W. Starr

6. DATE OF BIRTH (month, day and year): Jan 21 1874

7. AGE: Years 62 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At home

10. Date deceased last worked at this occupation (mo. and yr.): Feb. 1930

11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (city or town) (State or country): McLean Co. Illinois

FATHER

13. NAME: Merrell Hughes

14. BIRTHPLACE (city or town) (State or country): Madison Co. Kentucky

MOTHER

15. MAIDEN NAME: Angeline Howard

16. BIRTHPLACE (city or town) (State or country): Madison Co. Kentucky

17. INFORMANT (Address): C. W. Starr Ida Falls

18. BURIAL, CREMATION OR REMOVAL: Burial

Place: Ida Falls Date: 11-15-, 1936

19. UNDERTAKER (Address): A Buck Ida Falls Ida.

20. FILED: 11/14, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to Nov 12, 1936.

I last saw h. alive on Nov 12, 1936; death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1½ yrs.
Erysipelas	4 days.

Other **contributory causes** of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Abbott M. D.

(Address) Idaho Falls Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonn

City of Swan Valley

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101246

Registration District No. 13

Primary Registration District No. 2142

Local Registrar's No. 225

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Everett Beckman

(a) Residence. No. 2 Mi. No. Swan Valley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown Bush Beckman

6. DATE OF BIRTH (month, day, and year): April 15, 1860

7. AGE: Years 76 | Months 7 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Rancher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Self Employed

10. Date deceased last worked at this occupation (mo. and yr.): 11-16-36

11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Manchester Penn.

FATHER

13. NAME: John Henry Beckman

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Rebecca Schroder

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Leland D. Beckman Swan Valley, Ida.

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Ida. Falls Date 11-19.., 1936

19. UNDERTAKER (Address): O. C. Buck Ida. Falls

20. FILED 11/19..., 193.6 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Natural	
Death - Advanced age	
Died at home	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 193..
Where did injury occur? Swan Valley Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home** or in **public place**. .....
Manner of injury .....
Nature of injury Natural death

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Davis Coroner

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101248

DEC 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21-0
Local Registrar's No. 229

(No. I. F. S. Hospital
If death occurred in a hospital or institution, give its name instead of street and number)

148 C

2. FULL NAME Joe Miller

(a) Residence. No. ..... St. Sugar, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): March 1884
7. AGE: Years 52; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT (Address): Mrs. Ball, Sugar, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Idaho Falls Date: Dec 29 1936

19. UNDERTAKER (Address): Jack C. Ward, Idaho Falls, Idaho

20. FILED: 12/3, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193..... I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1 0 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Crushed Chest	
Loss of Blood	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
(Accident, suicide, or homicide?) ..... Date of injury ....., 1936
Where did injury occur? Idaho Falls, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in (public place.) on Highway
Manner of injury: Car Accident
Nature of injury: Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Fahey Coroner
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Antelope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101249

Registration District No. 13

Primary Registration District No. 2170

Local Registrar's No. 228

DEC 7 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Harmon Hill.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elzina Hill.

6. DATE OF BIRTH (month, day, and year) December 4, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 11/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME George Hill.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Cordelia Harmon.

16. BIRTHPLACE (city or town) (State or country) Utah.

17. INFORMANT Elzina M. Hill
(Address) Rirle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 11/16, 193 6

19. UNDERTAKER
(Address) Rigby, Idaho.

20. FILED 11/23, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1936, to Nov 13, 1936

I last saw him alive on Nov 12, 1936 death is said to have occurred on the date stated above, at 10:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	11-12-36
Other contributory causes of importance:	
Bronchitis acute	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Rigby Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101250

PLACE OF DEATH

County of Bonneville
City of Idaho Falls
Registration District No. 13
Primary Registration District No. 214-0 Local Registrar's No. 229
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DEC 7 1936 RECEIVED

179

2. FULL NAME Bertha A. Barber

(a) Residence. No. Jackson Wyo. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. 22 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry W Barber
6. DATE OF BIRTH (month, day, and year): March 9 1883
7. AGE: Years 53. Months 8 Days 13. If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: School teacher
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mitchell Co. Kansas

FATHER
13. NAME: Chas. Kirby
14. BIRTHPLACE (city or town) (State or country): Brighton Iowa

MOTHER
15. MAIDEN NAME: Chloe Pringle
16. BIRTHPLACE (city or town) (State or country): Brighton Iowa

17. INFORMANT (Address): Ralph Foster Jackson Wyo

18. BURIAL, CREMATION, OR REMOVAL
Place. Osborne Kans. Date 12-25-, 1936

19. UNDERTAKER (Address): V. F. McHan Idaho Falls Ida

20. FILED 11/23, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1936, to 11-22, 1936
I last saw h[illegible] alive on ....., 193...: death is said to have occurred on the date stated above, at 4.20 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Toxemia	Nov 10
Other **contributory causes** of importance:	
Sev. burn	Nov 3
entire lower body	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 3, 1936
Where did injury occur? Jackson Wyo
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury... Severe Burn
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101251

County of Bonn

City of Ida. Falls

1936 RECEIVED

Registration District No. 73

Primary Registration District No. 215 0

Local Registrar's No. 230

740

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Stanley Shane

(a) Residence. No. 586 N. Water Ave. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Shane

6. DATE OF BIRTH (month, day, and year): Oct. 8, ~~1866~~ 1866

7. AGE: Years 70 ~~70~~ | Months 1 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Mechanic
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Railroad shop.
10. Date deceased last worked at this occupation (mo. and yr.): May 1932
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Steubenville Ohio

MOTHER FATHER

13. NAME: Henry Shane
14. BIRTHPLACE (city or town) (State or country): unk.
15. MAIDEN NAME: Martha Taylor
16. BIRTHPLACE (city or town) (State or country): unk.

17. INFORMANT (Address): C. C. Shane Los Angeles, Cal.

18. BURIAL, CREMATION OR REMOVAL Place: Ida. Falls Date: Nov. 26 1936 Burial

19. UNDERTAKER (Address): O. Buck Ida. Falls

20. FILED Nov 28 1936 Wm. Kinnaird by RWA Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1936, to Nov. 26, 1936

I last saw h.. alive on Nov 25, 1936.: death is said to have occurred on the date stated above, at 10 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	11/24/36

Other **contributory causes** of importance:

Had Carcinoma in 3 years. Appendicitis

Name of operation: none Date of:

What test confirmed diagnosis? ← Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ← Date of injury.., 193.
Where did injury occur? ←
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury: ←
Nature of injury: ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. R. Nutt, M. D.
(Address) Idaho Falls Idaho

V. F. McHAN, Manager

O. C. BUCK, Asst. Manager

McHAN'S FUNERAL HOME

343 "E" Street :-: Telephone 364

Idaho Falls, Idaho

April 10, 1937

Bureau of Vital Statistics
State of Idaho
Boise, Idaho

Gentlemen:

This letter is in regards to the death certificate filed for Charles Stanley Shane, who died in Idaho Falls, Bonneville County, November 26, 1936.

At the time we filled this certificate out the informant, Mrs. Emma Shane, gave us the date of birth as, October 8,1864. Since that time, however, she has discovered that she was in error and that the date of birth was October 8, 1866, making the age 70 years, 1 month and 18 days.

Will you please correct this error and send us a certified copy of the death certificate as corrected? We are enclosing our check for 50 cents to cover the fee for same.

Sincerely yours,

McHan's Funeral Home

by O. C. Buck

FEB 14 1991

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls
L.D.S. Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101252

Registration District No. 73
Primary Registration District No. 2150 Local Registrar's No. 231

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) L.D.S. Hospital

2. FULL NAME Mrs Mary Kathryn Hogg

(a) Residence. No. [illegible] St. Twin Falls, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mormon Hogg

6. DATE OF BIRTH (month, day, and year) Jan. 1 - 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	10	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Charles E Deaver
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Sarah Ethel Selley
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Charles E Deaver
(Address) Rexburg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Idaho Date Nov. 28, 1936

19. UNDERTAKER Wm J. Keller
(Address) Rexburg Idaho.

20. FILED Nov. 27, 1936 Wm Kunnard
by ORM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11, 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1936, to Nov 25, 1936.
I last saw her alive on Nov 25, 1936; death is said to have occurred on the date stated above, at 7:22 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I Died From Burning after Parturition was Struck by another Car	Nov 25/1936
Other contributory causes of importance:	

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Yes Date of injury 11/25/1936
Where did injury occur? Near Idaho Falls
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. State Highway
Manner of injury Auto Accident
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. Ray Hatch M. D.
(Address) Idaho Falls, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101253

Registration District No. 73

DEC 7 1936 RECEIVED

Primary Registration District No. 2150 Local Registrar's No. 232

(No. Idaho Falls, L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen Schoenberger

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schoenberger

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 36

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) St. Louis (State or country) Missouri

FATHER

13. NAME Hm. Schroder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) William Schoenberger Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal

Place St. Louis, Mo. Date Nov. 29 1936.

19. UNDERTAKER C.C. Buck (Address) Idaho Falls, Idaho

20. FILED Nov. 28 1936. Wm Kunnaird by AMA Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25., 193.6., to Nov. 28., 193.6.

I last saw h[illegible] alive on Nov. 28 193.6: death is said to have occurred on the date stated above, at 7:45A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ectopic gestation	
and hemorrhage	11/24/36

Other **contributory causes** of importance: none

Name of operation Sp. Salpingectomy Date of 11/25/36

What test confirmed diagnosis? Surgical was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H.B. Leigh M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101254

DEC 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 214-D
Local Registrar's No. 233
No. I.F.I. Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hilda Elveda Tyler

(a) Residence. No. Rigby Rt 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Tyler

6. DATE OF BIRTH (month, day and year) May 5 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

FATHER
13. NAME John H. Anderson
14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Utah

MOTHER
15. MAIDEN NAME Hilda Wolstrom
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Charles Tyler
(Address) Rigby R. Fi 2 #2

18. BURIAL, CREMATION OR REMOVAL
Place Mem. Gdns. Date Dec 30, 193 6

19. UNDERTAKER Jack G. Wood
(Address) Idaho Falls, Idaho

20. FILED Dec 30, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 193 6, to Nov 25, 193 6
I last saw h[illegible] alive on Nov 25, 193 6: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute obstruction	
Pilleum	11/25/36
Pulmonic obstruction	
pertussis	11/19/36

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes, No, specify

(Signed) [illegible] M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101255

DEC 7 1936 RECEIVED

Registration District No. 73
Primary Registration District No. 217 Local Registrar's No. 234
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Taylor.

(a) Residence. No. St. Rigby, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced (or) WIFE of John Taylor.

6. DATE OF BIRTH (month, day, and year) January 16, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 4/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME William Standley.
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Ann Danels.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Thomas Heyrend.
(Address) 255- E. 15th, Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date Nov. 13, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 11/30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1936, to ....., 193...
I last saw her alive on Nov 7, 1936: death is said to have occurred on the date stated above, at 4:20 A. m.
The principal cause of death and related causes of importance were as follow:

	Date of onset
Old Age and Factors incident to old Age.	
Other contributory causes of importance: Hypostatic Pneumonia	Nov 7-1936
Arterio-sclerotic disease	Mar-1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H. B. Woolley, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101256

DEC 7 1936 RECEIVED

Registration District No. 13
Primary Registration District No. 21-D
Local Registrar's No. 234

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Louise Aiman

(a) Residence. No. 623-12 Lee Street St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson, Wyoming

FATHER
13. NAME Floyd Elmer Aiman
14. BIRTHPLACE (city or town) (State or country) Seattle, Washington

MOTHER
15. MAIDEN NAME Lucille Lyons
16. BIRTHPLACE (city or town) (State or country) Park City, Utah

17. INFORMANT (Address) Floyd E. Aiman, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov 28, 1936

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED 12/2, 1936 Guy Truman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to Nov 26, 1936, that I last saw h[illegible] alive on Nov 26, 1936; death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	

Other contributory causes of importance:

Bronchitis	

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H. [illegible] West, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 2-1-0

DO NOT WRITE IN THIS SPACE

State File No. 101257

DEC 7 1936 RECEIVED

Local Registrar's No. 236

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Anderson

(a) Residence. No. 128 1st Street St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. I. Anderson

6. DATE OF BIRTH (month, day, and year) October 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Larwick Norway

FATHER

13. NAME Holm

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Ruth A. Cray

(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Removal

Place Rural Cemetery Date Dec. 7, 1936

19. UNDERTAKER W. R. Abbott

(Address) Idaho Falls, Idaho

20. FILED 12/7, 1936 C. J. Fuhrman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Dec. 3, 1936

I last saw her alive on Dec. 3 1936; death is said to have occurred on the date stated above, at 10:45 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr.
Other **contributory causes** of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.

(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101258

Registration District No. 79

Primary Registration District No. 2154 Local Registrar's No. 12

(No. Bonners Ferry Hospital) 1888

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christian Marcus Johnson

(a) Residence. No. ..... St. Troy, Mont.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ida L. Johnson

6. DATE OF BIRTH (month, day, and year): Mar. 8 — 1872

7. AGE — Years: 64 | Months: 5 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 8-1924

11. Total time (years) spent in this occupation: 4 Years

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: Unascertained

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Unascertained

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Miguel Johnson Troy Mont

18. BURIAL, CREMATION OR REMOVAL: Troy, Mont. Date 8-17 1936

19. UNDERTAKER (Address): E. P. Cronquist Bonners Ferry, Ida.

20. FILED Aug. 15 1936 E. E. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1936, to Aug. 14 1936.

I last saw him alive on Aug. 14 1936; death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance, were as follows:

	Date of onset
Dislocation and fracture of cervical vertebra with paralysis and respiratory failure	Aug. 10-1936.

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no.

If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Aug. 10 1936.

Where did injury occur? Troy, Montana

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Logging Industry

Manner of injury. Struck by a rolling log.

Nature of injury. See above.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. E. Fry, M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Moore

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101259

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 15

DEC 12 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Franklin Coon

(a) Residence. No. Moore, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

88 15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Hearden Coon

6. DATE OF BIRTH (month, day, and year) April 30 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

FATHER
13. NAME John Coon
14. BIRTHPLACE (city or town) (State or country) N. Y. S. A.

MOTHER
15. MAIDEN NAME Tabitha York
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Ellen D. Coon
(Address) Moore Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Date Nov 8, 1936

19. UNDERTAKER John C. Sandberg
(Address) Blackfoot Ida

20. FILED Nov 8, 1936 M. G. Dietrech
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936, to Nov. 5, 1936
I last saw h[illegible] alive on Nov. 5, 1936: death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936 Sept 1st

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? PE, Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. P. Egbert, M. D.
(Address) Arco Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canas
City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101260

Registration District No. 58
Primary Registration District No. 2138
Local Registrar's No.

DEC 2 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ashley Leonard Gilson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rosetha Gilson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1847	Feb	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1918
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Askley L. Gilson
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Willard A. Gilson

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Kansas Oston Co Date July 24, 1936

19. UNDERTAKER Thompson Bros
(Address) Gooding Idaho

20. FILED July 22, 1936 W. H. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to July 22, 1936
I last saw h~~im~~ alive on July 20, 1936; death is said to have occurred on the date stated above, at 6:30a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 6-36
Broken down Compensation	
Other contributory causes of importance:	
Senility	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. H. Parkinson, M. D.
(Address) Fairfield Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101261

PLACE OF DEATH

County of Camas

City of Fairfield

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. [illegible])

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Hull

(a) Residence. No. Fairfield Soldier St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Never Married

6. DATE OF BIRTH (month, day, and year) Mr. 16, 1846

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
89	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Prospector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Saw tooth Mountains

10. Date deceased last worked at this occupation (month and year) Mar, 1920

11. Total time (years) spent in this occupation since a boy.

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Joshua Hull

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Can't tell first name Rachel

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMENT (Address) Joe Wood Fairfield Idaho

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Fairfield Date Feb 19, 1936

19. UNDERTAKER (Address) McHaney Bros Fairfield Idaho

20. FILED Mar 30, 1936 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Oct 22, 1936.

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart broke down found dead in bed	Oct 22 -

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W B Parkinson, M. D.

(Address) Fairfield Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101262

PLACE OF DEATH

County of Camas

City of Fairfield

Registration District No. 58

DEC 7 1936 RECEIVED

Primary Registration District No. 2138 Local Registrar's No. 30

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Not Named

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race:

5. Single, Married, Widowed or Divorced (write the word): infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years | Months | Days | If LESS than 1 day,... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Idaho

FATHER

13. NAME Frank Alfred Brotzman

14. BIRTHPLACE (city or town) (State or country) Tacoma Wash.

MOTHER

15. MAIDEN NAME Patricia Marie Cox

16. BIRTHPLACE (city or town) (State or country) Meridian Idaho

17. INFORMANT (Address) W. B. Parkinson

18. ~~BURIAL, CREMATION OR REMOVAL~~ Place Fairfield Date Dec 7 1936

19. UNDERTAKER (Address) Stone

20. FILED Dec 5, 1936 W. B. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936, to Oct 29, 1936.

I last saw h~~e~~ alive on Oct 29, 1936. death is said to have occurred on the date stated above, at 8:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Still born	1 hr 2 minutes
Other **contributory causes** of importance:	
Faulty cord	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. B. Parkinson, M. D.

(Address) Fairfield Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101264

Registration District No. 1007

DEC 5 1936 RECEIVED

Primary Registration District No. 3 Local Registrar's No. 75

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Robert Evans

(a) Residence. No. Parma Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: White
5. If single, Married, Widowed or Divorced (write the word):
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Sept 8 1936
7. AGE: Years | Months | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Parma Idaho

FATHER
13. NAME: Ralph Evans
14. BIRTHPLACE (city or town) (State or country): Shelby Iowa

MOTHER
15. MAIDEN NAME: Winnifred Clendenning
16. BIRTHPLACE (city or town) (State or country): Keota Iowa

17. INFORMANT (Address): Ralph Evans Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Parma Date: 9/28 1936

19. UNDERTAKER (Address): .....

20. FILED 12-5, 1936 Mrs. Clyde Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept. 27, 1936.
I last saw him alive on Sept. 27, 1936.; death is said to have occured on the date stated above, at 5:30 p.m.
The **principal cause of death** and related causes of importance were as follows.

	Date of onset
Umbilical hemorrhage	Sept. 1936
Idiopathic hemorrhagic blood disease	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....

(Signed) Geo. E. Parma, M. D.
(Address) Parma, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

DEC 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101265

Registration District No. 1067
Primary Registration District No. 3
Local Registrar's No. 78

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ina Mary White

(a) Residence. No. ..... Parma St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7 - 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Parma
(State or country) Idaho

FATHER
13. NAME Hubert White
14. BIRTHPLACE (city or town) Wapanucka
(State or country) Okla

MOTHER
15. MAIDEN NAME Olive Wampler
16. BIRTHPLACE (city or town) Joplin
(State or country) Mo

17. INFORMANT Hubert White
(Address) Parma, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parma Date 9-8, 1936

19. UNDERTAKER C. W. Peckham
(Address) Caldwell Ida

20. FILED 12-5, 1936 Mrs Chyrle Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 - 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936, to Sept 8, 1936
I last saw h.. alive on Sept 8, 1936.: death is said to have occurred on the date stated above, at 12:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic cardiac hypertrophy	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Jos. E. Parma, M. D.
(Address) Parma, Idaho

FORM V. S. No. 5-A-25M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Registration District No. 2007
Primary Registration District No. 3
(No. DEC 9 1936 RECEIVED)
State File No. 101266
Local Registrar's No. 79

1. PLACE OF DEATH
County of Canyon
City of Parma, (If outside city limits, give township) 8 miles North
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Tuttle

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Newborn

6. DATE OF BIRTH: Nov. (Month) 10 (Day) 1936 (Year)

7. AGE: 0 Yrs. 0 Mos. 0 ds.
IF LESS than 1 day how many 0 hrs. or 30 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work [redacted]
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Parma, Idaho
10. NAME OF Father: Archie C. Tuttle
11. BIRTHPLACE OF FATHER (State or Country): Dixon, Nebraska
12. MAIDEN NAME OF MOTHER: Melissa, Shaner, Tuttle
13. BIRTHPLACE OF MOTHER (State or Country): Ainsworth, Nebraska
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Archie Tuttle
(Address) Parma Idaho
15.
Filed 12 - 5 1936 Mrs Glyde Hill Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 10 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1936, to Nov. 10 1936, that I last saw him alive on Nov. 10 1936, and that death occurred on the date stated above, at 2:00 A.M.
The CAUSE OF DEATH* was as follows:
Prematurity
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) Geo. B. Dawe, M. D.
Nov. 10 1936 (Address) Parma, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 5 1936 RECEIVED

Form V. S. No. 5. 12-M-7-24-11 CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1607
County of Canyon Primary Registration District No. 3
City of Parma (No. ....., ... St.)
File No. 101267
Registered No. 80

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Smith O. Jordan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)

6. DATE OF BIRTH: Sept (Month) 28 (Day) 1901 (Year)

7. AGE: 35 yrs. / mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Truckdriver
(b) General nature of industry business or establishment in which employed (or employer): U.S.B.R.

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: F. W. Jordan

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Lota Wagner

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. W. Jordan
(Address) Canby, Oregon

15.
Filed 12-5 1936 Mrs Edyth Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 20 (Day) 1936 (Year) 10 A

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 1936 to Nov 20 1936
that I last saw h[illegible] alive on Nov 20 1936
and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
[redacted]
..... (Duration) ..... yrs. .....
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L. M. Whitelaw M. D.
11/24 1936 (Address) Parma Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Removal to Nyssa, Oregon
DATE OF BURIAL: 11-24 1936

20. UNDERTAKER: [illegible] ADDRESS: Nyssa, Oregon

STUDE-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101268

Registration District No. 1

Primary Registration District No. 2005 Local Registrar's No. 146

(No. Charles Av Summit Slope)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Benton Rose

(a) Residence. No. 720 - 13th ave. So St. Nampa, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Merle Rose

6. DATE OF BIRTH (month, day, and year) September 4 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shawnee Okla.
(State or country)

FATHER

13. NAME Frank L Rose

14. BIRTHPLACE (city or town) Sheridan
(State or country) Iowa

MOTHER

15. MAIDEN NAME Grace Vanderburg

16. BIRTHPLACE (city or town) Sheridan
(State or country) Iowa

17. INFORMANT Mrs. Merle Rose
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Vanderburg
Place Nampa, Ida. Date 11-18, 1936

19. UNDERTAKER Keith Talley
(Address) Nampa, Idaho

20. FILED 11/17, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1936 to 11-15, 1936

I last saw him alive on 2 mo's ago, 193..: death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-15-36

Other **contributory causes** of importance

History of diabetes Probably Pneumonia & Kidney trouble

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also~~ the following:

Accident, suicide, or homicide? — Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Keith Talley M. D.

(Address) Caldwell Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101269

County of Canyon

City of Caldwell

DEC 11 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 147

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Hartwolf

(a) Residence. No. 901 Fillmore St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 7 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Lancaster Penn.

FATHER

13. NAME James McKinney

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Mrs Cora H Bach
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem Date 12/15 1936

19. UNDERTAKER C V Pence
(Address) Caldwell Ida

20. FILED 12/14 1936 ....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1936, to 11-12, 1936

I last saw h[illegible] alive on ...., 193...: death is said to have occurred on the date stated above, at 8-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-12-36
Other contributory causes of importance:	
Age	

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193...

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) W. W. Bach, M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101270

Registration District No. [illegible]

Primary Registration District No. 105

Local Registrar's No. 148

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lenyce Louise Badger

(a) Residence. No. 4th St Caldwell
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. M. Badger

6. DATE OF BIRTH (month, day and year) Dec 1 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Robt French

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME (Not known)

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT A. M. Badger (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11/14, 193-6

19. UNDERTAKER S. V. Peckham (Address) Caldwell Ida

20. FILED 11/14, 193- Ramona Lemmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12 193-6

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 193-6 to Nov. 11, 193-6
I last saw her alive on Nov. 11, 193-6: death is said to have occurred on the date stated above, at 3-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Mitral Insufficiency	

Other contributory causes of importance:

Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. M. Broadhurst

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101271

1936 RECEIVED

Registration District No. /

Primary Registration District No. 1005

Local Registrar's No. 149

(No. 18 8th)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dave B Culver

(a) Residence. No. Sonora #1 St. Caldwell Sanatorium

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 12 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burlington Junction Missouri

FATHER

13. NAME Wakefield Culver

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Dawson

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Floyd L Culver Route #1

18. BURIAL, CREMATION OR REMOVAL Meridian Cem Date 11/22 1936

19. UNDERTAKER (Address) S V Peckham Caldwell Ida

20. FILED 11/24 1936 Thomas Jamison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 18, 1936

I last saw him alive on Nov 18, 1936; death is said to have occurred on the date stated above, at 11-45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	11-17-36
Femoral fracture	11-16-36
Shoulder fracture	11-16-36
Crushed vertebrae	11-16-36
Internal hemorrhage	11-17-36

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? X-Ray Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-16-36

Where did injury occur? Greenleaf Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Auto accident

Manner of injury ———

Nature of injury Basal fracture of skull fracture of left femur Internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? ——— If so, how? ———

(Signed) W M Staley M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101272

Registration District No.
DEC 11 1936 RECEIVED
Primary Registration District No. 1005 Local Registrar's No. 150

(No. Simon Nursing Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Joseph George

(a) Residence. No. Nampa, Idaho Rt 3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary George

6. DATE OF BIRTH (month, day, and year) Feb. 11 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Steven George
14. BIRTHPLACE (city or town) (State or country) ~~Indiana~~

MOTHER
15. MAIDEN NAME Miller
16. BIRTHPLACE (city or town) (State or country) ~~Indiana~~

17. INFORMANT Mrs. C. Simms
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa, Idaho Date Oct 21, 193

19. UNDERTAKER F. K. Robinson
(Address) Nampa, Idaho

20. FILED 11/13, 193 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 1936

22. I HEREBY CERTIFY, That I attended deceased from June - 1936, 193 to Oct 19, 1936
I last saw him alive on Oct 17, 1936; death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	from 1 year
Apoplexy	Oct 19 36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. G. Newberry, M. D.
(Address) Caldwell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101273

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 15

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Samuel Deavenderfer

(a) Residence. No. 1417 arthur Caldwell St. Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 30-1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone
(State or country) Idaho

FATHER

13. NAME R. R. Deavenderfer

14. BIRTHPLACE (city or town) Eldridge
(State or country) Nebr.

MOTHER

15. MAIDEN NAME Margaret Rhoades

16. BIRTHPLACE (city or town) Beaver City
(State or country) Nebr.

17. INFORMANT Mark T. Sullivan
(Address) 1417 arthur - Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Nov 22, 1936

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 11/24, 1936 Wm Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1936, to Nov 19, 1936

I last saw ~~him~~ alive on Nov 19, 1936.: death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov 15 1936
Lobar right	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm B. Handford, M. D.
(Address) Caldwell Idaho

11-25

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

DEC 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101274

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 152

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred James Thompson

(a) Residence. No. Caldwell Ida R 3 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) May 13 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenton Miss.

FATHER

13. NAME Will Thompson

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Sarah Dark

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Joseph A. Thompson

(Address) Caldwell # 3

18. BURIAL, CREMATION OR REMOVAL

Place Deer Creek Wash Date Nov 30 1936

19. UNDERTAKER C. V. Peckham

(Address) Caldwell Idaho

20. FILED 12/2 1936 M. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1936, to Nov 26 1936

I last saw him alive on Nov 26 1936; death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 19
with Cerebral Hemiplegia	

Other contributory causes of importance

Violent Cardiac	Nov 19

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) W. W. Coles, M. D.

(Address) Caldwell, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101275

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 153

(No. Caldwell Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alice Pause

(a) Residence. No. Parma St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benj Paine

6. DATE OF BIRTH (month, day, and year) Oct 16 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vernon
(State or country) Wisconsin

FATHER

13. NAME Root

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Eliza King

16. BIRTHPLACE (city or town) Unknown
(State or country) Indiana

17. INFORMANT J. Stowell
(Address) Caldwell Rt 4

18. BURIAL, CREMATION OR REMOVAL
Place Roswell Date 12-2, 1936

19. UNDERTAKER [illegible]
(Address) Caldwell Ida

20. FILED 12/2, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Nov 28, 1936

I last saw her alive on Nov 28, 1936; death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 28
Other contributory causes of importance: Flu	Nov 15 ± 30

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 101276

Local Registrar's No. 124

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Elizabeth Jenkins.

(a) Residence. No. St. Wilder Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 14.1936

7. AGE: Years | Months | Days: 8 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilder Idaho

FATHER

13. NAME: Henry S. Jenkins

14. BIRTHPLACE (city or town) (State or country): Taney Missouri

MOTHER

15. MAIDEN NAME: Glayds N. Smith

16. BIRTHPLACE (city or town) (State or country): Taney Missouri

17. INFORMANT (Address): Henry S. Jenkins

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Idaho Date , 193

19. UNDERTAKER (Address): Wilder Cemetary + Father Wilder Idaho

20. FILED 12/9, 193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 21 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 193 6, to Nov. 21, 193 6.
I last saw her alive on Nov. 20, 1936.: death is said to have occurred on the date stated above, at 11:30 AM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congential Intestinal Obstruction.	at birth
Other **contributory causes** of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury , 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert E. Nalbot, M. D.
(Address) Wilder Wilder Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

R. 1.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101277

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 155

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alva Lee Garrett

(a) Residence. No. R. 1. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Little Garrett

6. DATE OF BIRTH (month, day, and year): Nov. 28 1883

7. AGE: Years 53 | Months — | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clarksville Ark.

MOTHER

13. NAME: Robert Wesley Garrett
14. BIRTHPLACE (city or town) (State or country): Arkansas

FATHER

15. MAIDEN NAME: Josie Steele
16. BIRTHPLACE (city or town) (State or country): Alabama

17. INFORMANT (Address): Mrs. A. L. Garrett R-1. Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Middleton Ida Date ....., 193..

19. UNDERTAKER (Address): Chas. L. Case Caldwell Idaho

20. FILED Dec 8, 1936 W. H. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Dec 7, 1936.
I last saw him alive on Dec 7, 1936; death is said to have occurred on the date stated above, at 5 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Glioma of brain	
not encapsulated	
Other **contributory causes** of importance:	

Name of operation: Brain Surgery Date: Nov. 25/36
What test confirmed diagnosis? microscopic Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Montgomery, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101278

Registration District No.

Primary Registration District No. 1002

Local Registrar's No. 156

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ella Elizabeth Leach

(a) Residence. No. 824 Denver St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. C. Leach

6. DATE OF BIRTH (month, day, and year) July 26-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Kansas

FATHER

13. NAME Geo. P. Davis

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary David

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT C. C. Leach
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Jen Davis Date Dec 9, 1936

19. UNDERTAKER C. V. Pechstein
(Address) Caldwell Ida

20. FILED ....., 193.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Dec 4, 1936

I last saw h[illegible] alive on Dec 4, 1936: death is said to have occurred on the date stated above, at 9-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10 days
Chronic Nephritis	Several years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101279

Registration District No. 1

DEC 12 1936 RECEIVED

Primary Registration District No. 1005 Local Registrar's No. 157

(No. 324 Denver Caldwell Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Nathan Stoddard

(a) Residence. No. Norton Kansas St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie May Stoddard

6. DATE OF BIRTH (month, day, and year) June 16 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 12

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Frank Stoddard

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Cordelia Earl

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT C. Stoddard

(Address) Rawlins. Wyo

18. BURIAL, CREMATION OR REMOVAL

Place Norton Kans. Date ....., 193...

19. UNDERTAKER C. V. Peckham

(Address) Caldwell Idaho

20. FILED ....., 193... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 193..., to Dec 9, 193...

I last saw h[illegible] alive on Dec 9, 193... death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 5-36
Other contributory causes of importance:	
Cerebral Hemorrhage	Nov. 3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101280

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 170

(No. Mercy Hospital Nampa Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie May Stafford

(a) Residence. No. Marsing Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of J G Stafford

6. DATE OF BIRTH (month, day, and year) Dec 14 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
33	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Idaho

FATHER

13. NAME John G Ford

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Bessie Brown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT J G Stafford (Address) Marsing Ida

18. BURIAL, CREMATION OR REMOVAL Caldwell Ida Date 10 27 1936

19. UNDERTAKER C. V. Beckham (Address) Caldwell Ida

20. FILED Dec 2, 1936 Lyda Rudgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/20/35, 193..., to 10/24, 193.6

I last saw her alive on 10/24, 193.6: death is said to have occurred on the date stated above, at 5:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Floyd A Jerguson M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101281

DEC 1936 ALLOWED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 171
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Elmira Klahr
(a) Residence. No. Nampa Route 1 St. 118
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Klahr

6. DATE OF BIRTH (month, day, and year) Jan 15 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Frank Klahr
14. BIRTHPLACE (city or town) (State or country) V

MOTHER
15. MAIDEN NAME V
16. BIRTHPLACE (city or town) (State or country) V

17. INFORMANT Earl T Klahr (Address) Nampa Ida
18. BURIAL, CREMATION OR REMOVAL Nampa Cem. Date 12-3, 1936
19. UNDERTAKER E. V. Pettyjohn (Address) Caldwell Ida
20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-7-, 1936, to 11-2-, 1936.
I last saw h[illegible] alive on 11-2-, 1936.: death is said to have occurred on the date stated above, at 2-10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal hemorrhage.	11-2-36.

Other contributory causes of importance:
Chronic ulceration of the ileum with acute obstruction.

Name of operation Intestinal obstruction Date of 10-10-36.
What test confirmed diagnosis? Cy. Was there an autopsy? Yes.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. O. Deitkreeg, M. D.
(Address) Nampa Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101282

DEC 1 1936 RECEIVED

Registration District No. 6
Primary Registration District No. 2006 Local Registrar's No. 172

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred Wilson

(a) Residence. No. Letha St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 26 - 1872

7. AGE — Years: 64 | Months: 5 | Days: 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.) 8/30 - 36
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash

FATHER

13. NAME Ellis Wilson
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT W M Moulton
(Address) Emmett Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/17, 1936

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED Dec 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1936, to 11-14, 1936
I last saw him alive on 11-14, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Year or yrs. standing
Peptic Ulcer	
Other contributory causes of importance:	
Appendicial abscess	June 1934

Name of operation Appendectomy Date of 10-12-34
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W B Barney, M. D.
(Address) Emmett, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

DEC 1[illegible] 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101283

Registration District No. 17
Primary Registration District No. 2006
Local Registrar's No. 173

(No.) State Road & Colony
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Nellie Hughes

(a) Residence. No. Boise Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F. M.	White	Single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-17-1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Globe Arizona

FATHER
13. NAME Porter W Hughes
14. BIRTHPLACE (city or town) (State or country) Clark co. Ark

MOTHER
15. MAIDEN NAME Edna Tyler
16. BIRTHPLACE (city or town) (State or country) Randolph co. Ark

17. INFORMENT (Address) Nampa
18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Nampa Idaho Date 12/1, 1936
19. UNDERTAKER W. McDaniel (Address) Nampa Idaho
20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1934, to 12-1-, 1936
I last saw her alive on 12-1-, 1936; death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Extension from Malaria Epilepsies	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Don Gowen, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101284

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 174

(No. 409 Holly)

(If death occurred in a hospital or institution, give its name instead of street and number)

180

2. FULL NAME Johnnie Thomas Prater

(a) Residence. No. 409 Holly St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) November 4 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

FATHER

13. NAME Tom Prater

14. BIRTHPLACE (city or town) Adair (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Ruby Robinette

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT John Tom Prater (Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Robertson

Place Nampa, Ida Date 11-8, 1936

19. UNDERTAKER Mrs Nina M. Talley (Address) Nampa Ida

20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1936, to 11-8, 1936

I last saw h~~im~~ alive on 11-7, 1936.; death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from	
Bedding covered face	
Other contributory causes of importance:	
Accidently smothered	
while sleeping.	

Name of operation No Date of —

What test confirmed diagnosis? Closed Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace Bishop, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101285

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 176

(No. 6 miles north 11th Ave Road.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Agnes Veronica Murray 74a

(a) Residence. No. 6 mi North 11th Ave Road St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M. Murray

6. DATE OF BIRTH (month, day, and year): May 21st 1882

7. AGE — Years: 55 | Months: 5 | Days: 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Centerville So. Dakota

FATHER

13. NAME: Joseph Gupka

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Turban

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. C. M. Murray Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL: Robertsons

Place Nampa, Ida. Date 11-12, 1936

19. UNDERTAKER (Address): Mrs Nina M. Talley Nampa Idaho

20. FILED Dec 2, 1936 Lyda Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/10 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to Nov 10, 1936

last saw h[illegible] alive on [illegible], 1936: death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) N. C. Wells M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101286

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 176

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Jane Scott

(a) Residence. No. 2017-123-19th Ave So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas E. Scott

6. DATE OF BIRTH (month, day, and year) October 3rd 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Nicol

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Frank Scott
(Address) Oakland, Calif.

18. BURIAL, CREMATION OR REMOVAL Cohlerlawn
Place Nampa, Ida. Date 11-16, 1936

19. UNDERTAKER Mrs. Nina M. Fallen
(Address) Nampa, Idaho.

20. FILED Dec. 2, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1936, to Nov. 13, 1936

I last saw her alive on Nov 12, 1936: death is said to have occurred on the date stated above, at 1:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov 12 1936
Pneumonia Hypostatic	" " "

Other contributory causes of importance:

Acute Gangrenous Cholecystitis	Nov 8th 36

Name of operation Cholecystotomy Date of 11-10-36

What test confirmed diagnosis? T. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Stowell, M D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101287
State File No.

DEC 10 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 177

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert A. Grant

(a) Residence. No. (Usual place of abode) St. Murphy Ida. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Grant

6. DATE OF BIRTH (month, day, and year) May 1st 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wellsville Utah

FATHER
13. NAME Thomas
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Adamson
16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Earl O. Grant (Address) Murphy Ida

18. BURIAL, CREMATION OR REMOVAL Morris Hill
Place Boise, Ida. Date Nov. 21, 193 6

19. UNDERTAKER Keith Farley (Address) Nampa Ida.

20. FILED Dec 2, 193 6 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 193 6, to 11/19, 193 6
I last saw him alive on 11/19, 193 6 death is said to have occurred on the date stated above, at 11:[illegible] P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/18/36
Other **contributory causes** of importance: Arteriosclerotic Heart Disease (decompensated)	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193 ..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd H. Jones, M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101288

DEC 1 1936 RECEIVED
Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 178
(No. 410 - 13th Ave No)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Willis Warren Coyle

(a) Residence. No. 410 - 13th Ave No St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Coyle

6. DATE OF BIRTH (month, day, and year) April 10 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	86	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME [redacted]
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Willis Coyle
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rohrbaugh
Place Nampa, Ida Date 12-3-, 1936

19. UNDERTAKER Keith Dalley
(Address) Nampa Ida

20. FILED Dec 2, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 21 1936

22. I HEREBY CERTIFY, That I attended deceased from —, 1935, to Nov 21, 1936
I last saw him alive on 11-16, 1936.: death is said to have occurred on the date stated above, at about 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. of Colon	2 yrs
Other contributory causes of importance: Coronary Sclerosis	2 wks
immediate cause	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Geo. H. Proctor, M. D.
(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101289

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 179

(No. 4 miles on Lone Star Rd.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philena Bain

(a) Residence. No. 4 mi. on Lone Star Rd. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bain

6. DATE OF BIRTH (month, day, and year) August 18 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dakville Iowa

FATHER

13. NAME John Bowers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Geo. Hertlein (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Pohlman

Place Nampa, Ida. Date 11-24-, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa Ida.

20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1936, to Nov 22, 1936.

I last saw h[illegible] alive on Nov 22, 1936: death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	
Other contributory causes of importance:	

Name of operation V Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W C Wolfe, M. D.

(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101290

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 180

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Freemont Stuart

(a) Residence: No. Rt. 4 Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) November 28- 36

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.
		about	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER

13. NAME James LeRoy Stuart

14. BIRTHPLACE (city or town) (State or country) Hubbard Minn.

MOTHER

15. MAIDEN NAME Gladys Petty

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) James L. Stuart Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL Rohrerlawn

Place Nampa, Ida. Date 11-29, 1936

19. UNDERTAKER (Address) Mrs Nina M. Talley Nampa Ida

20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to Nov 28, 1936

I last saw him alive on Nov 26, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A Swayne M. D.

(Address) Nampa, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101291

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 181

DEC 7 1936

(No. 603 - 9th Ave. So. 9 W)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Dumonte Stetler

(a) Residence. No. 603 - 9th Ave. So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Nov. 17 - 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Stetler

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Esther Carter (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rohrbaugh Place Nampa Idaho Date ....., 193..

19. UNDERTAKER Keith Talley (Address) Nampa Idaho

20. FILED Dec 2, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1936, to 12-1-, 1936.

I last saw h... alive on 11 PM 30, 1936: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-30-36
Other contributory causes of importance: Arteriosclerosis	Years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Rural

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101292

DEC 1 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 182

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda Lois Knee

(a) Residence. No. Nampa, Ida R.F.D. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 1-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa Ida
(State or country)

FATHER
13. NAME Floyd Frank Knee
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Eliza Elmetta Daniels
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Floyd Frank Knee
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 12-21, 1936

19. UNDERTAKER F. R. Pettinger
(Address) Nampa Idaho

20. FILED Dec. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 20, 1936
I last saw her alive on Oct 20, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma with Clotting	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W C Wells M. D.
(Address) Nampa, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101293

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 183

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

91

2. FULL NAME Charles Gilbert Benton

(a) Residence. No. 328 - 18 ave. So. St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-23-59

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Louise Benton
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 11-5, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1935, to 11/2, 1936

I last saw him alive on 11/2, 1936 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Arteriosclerotic and Hypertensive Heart Disease	7
Other contributory causes of importance:	
Carcinoma of Colon with partial intestinal Obstruction	7
	1
Rheumatoid Arthritis	5 yrs ago

Name of operation No Date of ....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elgin H. Ingalsbe M. D.

(Address) Nampa Idaho

9

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon.

City of Nampa

DEC 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101294

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 186

(No. Samaritan Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Orville Churchill

(a) Residence. No. Homedale, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canyon County.
(State or country)

FATHER

13. NAME Thomas Churchill

14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER

15. MAIDEN NAME Fridley

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Thomas Churchill
(Address) Homedale Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Melba Idaho Date 11-14 193 6

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 193 6 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 193 6, to Nov. 11, 193 6

I last saw him alive on Nov. 11, 193 6: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal Nutrition	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Hall, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101295

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 187

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlotte Sophia Tuttle

(a) Residence. No. 903 - 12th Ave So Nampa Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-14-58

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME J. V. Long

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bodger

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Tuttle
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 11-16, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1936, to 11-14-, 1936

I last saw her alive on Sept 14, 1936: death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic Nephritis	
Other contributory causes of importance:	
Enteritis	

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel M. Swayne M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101296

Registration District No. 7
DEC 1 1936 RECEIVED
Primary Registration District No. 2006
Local Registrar's No. 188
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mattie Virginia Hennessey

(a) Residence. No. Nampa Rt #2 St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-18-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER
13. NAME Geo. H. Hennessey
14. BIRTHPLACE (city or town) ....
(State or country) Neb.

MOTHER
15. MAIDEN NAME McCarty
16. BIRTHPLACE (city or town) ....
(State or country) Kansas

17. INFORMANT Geo. H. Hennessey
(Address) Nampa Ida. Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida. Date 11-20, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec. 3, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1936, to Nov. 19, 1936
I last saw her alive on 11-19, 1936: death is said to have occurred on the date stated above, at 12-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
(Ca. Stomach)	
Other contributory causes of importance:	
Premature Labor	
caused by occupation	
work & Nausea	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) C. C. Beckwith M. D.
(Address) Nampa, Idaho

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101297

DEC 3 1936 Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 189
(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

101 N

2. FULL NAME Olga Alameta Knee

(a) Residence. No. Nampa Lake Rt #4 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Floyd F. Knee

6. DATE OF BIRTH (month, day, and year) 9-3-20

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER
13. NAME S. O. Daniels
14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER
15. MAIDEN NAME Hargis
16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Floyd F. Knee
(Address) Nampa, Idaho Rt 4

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho, Date 11-21, 193 6

19. UNDERTAKER F. A. Robinson
(Address) Nampa Idaho

20. FILED Dec 3, 193 6 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 193 6, to Nov. 19, 193 6
I last saw h e alive on Nov. 19 193 6: death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) W. C. Tolk, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon.
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101298

DEC 10 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 190
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mark B Blauvelt
(a) Residence. No. Caldwell, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 27 - 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

FATHER
13. NAME A. S. Blauvelt
14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER
15. MAIDEN NAME Vera Patrick
16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT A. S. Blauvelt
(Address) Caldwell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date Dec 3, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED Dec. 2, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1936 to Dec 2nd, 1936
I last saw him alive on Dec 2, 1936: death is said to have occurred on the date stated above, at 4 40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	Nov 29th 1936
Other contributory causes of importance:	
none	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. L. Rodewell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101299

NOV 4 1936 RECEIVED

Registration District No. 8
Primary Registration District No. 2159
Local Registrar's No. 2637

(No. Soda Springs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

15

2. FULL NAME Betty Jamm Clark

(a) Residence. No. Rupert, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1921.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sterling,
(State or country) Colorado.

FATHER
13. NAME Walter Clark
14. BIRTHPLACE (city or town) Fairburg,
(State or country) Nebraska.

MOTHER
15. MAIDEN NAME Sylvia L. Wookey
16. BIRTHPLACE (city or town) Fairburg,
(State or country) Nebraska.

17. INFORMANT Walter Clark
(Address) Rupert Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Grove City Cem. Date Sept. 1 193 6

19. UNDERTAKER E. T. Peck
(Address) Blackfoot Idaho

20. FILED 9/1 193 6 Dr. Russell Ingis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 30 193 6

22. I HEREBY CERTIFY, That I attended deceased from 7/28/36, 193..., to 8/30/36, 193...
I last saw h... alive on 8/30/36, 193...: death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending Paralysis	
Other contributory causes of importance: 0	

0
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ~~external causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....
(Signed) Mills McCloy Eric Mills, M. D.
(Address) Soda Springs, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] important. See instruction on back of certificate.

CERTIFICATE OF DEATH

State File No. 101309

Idaho
Registration District No.

DEC [illegible] 1936

Primary Registration District No. 2159 Local Registrar's No. 42

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda S. Wheeler

(a) Residence. No. Preston, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 25th, 1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moreland, Idaho

FATHER

13. NAME Riley Wheeler

14. BIRTHPLACE (city or town) (State or country) Mapleton Idaho

MOTHER

15. MAIDEN NAME Bertha Furniss

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

[illegible] Preston, Idaho

[illegible]

[illegible] Preston, Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/14/36, 193..., to 11/15/36, 193...

I last saw her alive on 11/15/36, 193...: death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following a ruptured Appendix	
Other contributory causes of importance: None	
	36

Name of operation Appendectomy Date of 11/14

What test confirmed diagnosis? Blood Count and Examination Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? Date of injury....., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

[illegible]

24. [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County [redacted]

City [redacted] Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101301

Registration District No. 62

Primary Registration District No. 2159

Local Registrar's No. 43

DEC 5 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME KATHERINE Elizabeth Bruce

(a) Residence. No. Soda Springs, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Bruce

6. DATE OF BIRTH (month, day, and year) Jany. 2, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aurora
(State or country) Indiana

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town)
(State or country) New York

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Minnie M. Carr
(Address) Soda Springs, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Date 11/25, 1936

19. UNDERTAKER Idaho C. S. Patterson
(Address) Soda Springs, Idaho

20. FILED 11/25, 193 6 Dr Russell Bryant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23/193 6

22. I HEREBY CERTIFY, That I attended deceased from 10/20/36, 193..., to 11/23/36, 193...
I last saw him alive on 11/23/36, 193...: death is said to have occurred on the date stated above, at 3.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	
Other contributory causes of importance: None	

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kackley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Caribou.
City of Soda Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101302

DEC 5 1936 RECEIVED

Registration District No. 82
Primary Registration District No. 2159 Local Registrar's No. 44
(No. Caribou Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Agnes Eisenbach

(a) Residence. No. 710 South Water St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Eisenbach

6. DATE OF BIRTH (month, day, and year) Jan 26, 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Creston Nebraska

MOTHER FATHER

13. NAME W. W. Campbell
14. BIRTHPLACE (city or town) (State or country) Illinois
15. MAIDEN NAME Bertha Johnson
16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Fred Campbell
(Address) Idaho Falls, Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Idaho Falls Date Dec 25 193 6

19. UNDERTAKER Jack J. Ward
(Address) Idaho Falls, Idaho

20. FILED Dec 5, 1936 Russell Tight
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11/21/36, 193..., to 11/22/36, 193...
I last saw her alive on 11/22/36, 193...: death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	

Other contributory causes of importance:
Uterine Fibroid

Name of operation Laporotomy Physical Ex. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Kac[illegible]ley M. D.
(Address) Soda Springs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101303

NOV 10 1936 RECEIVED

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 91

(No. Rose Ajuria Acauturri)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rose Ajuria Acauturri

(a) Residence. No. Burley Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Acauturri

6. DATE OF BIRTH (month, day and year) Dec 2-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Jaquesito Spain

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jose Acauturri (Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 9-26 1936

19. UNDERTAKER J. A. Sawyer (Address) Burley Ida

20. FILED Sept 26 1936 Laura M. Brackett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Sept 22, 1936

I last saw her alive on Sept 21, 1936; death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Other contributory causes of importance:	
Bronchitis	
Tapes Gravis	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. W. Kelly, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101304

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 113

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald A. Sweet

(a) Residence. No. Oakley Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1010

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 6th 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	—	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Pinkerville Ill

FATHER
13. NAME Harrison Sweet
14. BIRTHPLACE (city or town) (State or country) United States

MOTHER
15. MAIDEN NAME Darcus McBride
16. BIRTHPLACE (city or town) (State or country) Ind. Indiana

17. INFORMANT Emily Walker (Address) Oakley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Date 12-2-1936

19. UNDERTAKER J. D. Sayer (Address) Oakley

20. FILED Dec 7, 1936 Laura E. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to Oct 27, 1936
I last saw him alive on Oct 22, 1936: death is said to have occurred on the date stated above, at 6 : 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) I. O. Sutton, M. D.
(Address) Oakley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101305

Registration District No. 167

Primary Registration District No. 2196 Local Registrar's No. 115

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernice Lola Brown

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Lee Brown Jr.
6. DATE OF BIRTH (month, day, and year): June 10 1915
7. AGE: Years 21 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....
10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1936
11. Total time (years) spent in this occupation: 3 yrs.
12. BIRTHPLACE (city or town) (State or country): Declo Idaho

MOTHER FATHER
13. NAME: Lowell Judd
14. BIRTHPLACE (city or town) (State or country): Wintaville Utah
15. MAIDEN NAME: Bertha Savage
16. BIRTHPLACE (city or town) (State or country): Rigby Idaho

17. INFORMANT (Address): William Lee Brown Jr. Burley Ida.
18. BURIAL, CREMATION OR REMOVAL: Place Declo Ida. Date 11-11-, 1936
19. UNDERTAKER (Address): H. E. Johnson Mortuary Wm McCulloch
20. FILED 11-9-, 1936 Laura E. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1936, to 11-8-, 1936. I last saw h... alive on 11-7-, 1936.; death is said to have occurred on the date stated above, at .....m. The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101306

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 116

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vickery E Rigby

(a) Residence. No. ..... Sublett Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilmer Rigby

6. DATE OF BIRTH (month, day, and year) Nov. 1 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Logan Ut

FATHER

13. NAME Dr. T. A. King

14. BIRTHPLACE (city or town) (State or country) Kettlemuist England

MOTHER

15. MAIDEN NAME Charlotte Senior

16. BIRTHPLACE (city or town) (State or country) Leeds England

17. INFORMANT (Address) Wilmer Rigby Sublett

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 12-12, 1936

19. UNDERTAKER (Address) Geo. P. Payne Burley Ida

20. FILED Dec 9, 1936 Laura E Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1936, to Nov 10, 1936

I last saw him alive on Nov 10, 1936: death is said to have occurred on the date stated above, at 11:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1935
Other contributory causes of importance:	

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh E Dean, M. D.

(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101307

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 117

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Smith

(a) Residence. No. 10 - x Thomas ave St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-11-36

7. AGE Years	Months	Days	If LESS than 1 day 1 hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Burley
(State or country) Ida

FATHER

13. NAME W. R. Smith

14. BIRTHPLACE (city or town) Mt Anthony
(State or country) Ida

MOTHER

15. MAIDEN NAME Dealtry Wakeham

16. BIRTHPLACE (city or town) Burley
(State or country) Ida

17. INFORMANT W. R. Smith
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Mt Anthony Date 11-22 193 6

19. UNDERTAKER Ford & Turner
(Address) Burley

20. FILED Nov 9 193 6 Laura E Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-11-36, 193..., to 11-11, 193 6

I last saw him alive on 11-11, 193 6: death is said to have occurred on the date stated above, at 9 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Birth Injury	11-11-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas R Jackson M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101308

DEC. 1 1936 RECEIVED

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 119

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Francis Washburn

(a) Residence. No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Harry H. Washburn

6. DATE OF BIRTH (month, day, and year) Sept. 11 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Jerome Lovel Co.
(State or country) Kansas

FATHER
13. NAME F. W. Miller
14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER
15. MAIDEN NAME Elizabeth Wahl
16. BIRTHPLACE (city or town)
(State or country) Kansas

17. INFORMANT Harry H. Washburn
(Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Idaho Date 12- 1934

19. UNDERTAKER R. E. Johnson Mortuary
(Address) John D. McCulloch

20. FILED 12/2/ 1936 Lassa G. Sprague
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to Dec 1, 1936
I last saw her alive on Nov 28, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the face and neck	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. E. Johnson M. D.
(Address) Oakley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Declo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101309

DEC 11 1936 RECEIVED

Registration District No. 177
Primary Registration District No. 2196
Local Registrar's No. 120

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

95

2. FULL NAME Alfred F. Judd

(a) Residence. No. Declo St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan P. Judd

6. DATE OF BIRTH (month, day, and year): Feb. 21-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Salt Lake City Utah

FATHER
13. NAME: Thomas Judd
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Tresia Hastings
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs. Vera Booth Declo-Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Declo-Idaho Date 12/7/, 1936

19. UNDERTAKER (Address): L. E. Johnson Mortuary Mrs. B. McCulloch

20. FILED 12-5-, 1936 Laura E. Lavaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1936, to 12-4-, 1936
I last saw him alive on 11-29, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric hemorrhage	
Dilated heart	

Other contributory causes of importance:

Double lobar pneumonia	
9/24 to 10-26-36	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) ..... M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Elba,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 119

Primary Registration District No. 2198

DEC 1 1936 RECEIVED

DO NOT WRITE IN THIS SPACE

State File No. 101310

Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Edmund F. Hopper

(a) Residence. No. Elba, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 N

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Pettingill

6. DATE OF BIRTH (month, day, and year): Feb 27 1862

7. AGE: Years 68 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Smithfield Utah

FATHER

13. NAME: Edmund Hopper

14. BIRTHPLACE (city or town) (State or country): Stafford Co. Penn.

MOTHER

15. MAIDEN NAME: Susan E. Green.

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT (Address): Mrs. David Hubbard

18. BURIAL, CREMATION OR REMOVAL

Place: Elba Cem. Date: 12-14 1936

19. UNDERTAKER (Address): D. E. Johnson Mortuary Vern B. McCulloch

20. FILED 11-13, 1936 C. J. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-11-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Nov 11, 1936.

I last saw him alive on Nov 8, 1936. death is said to have occurred on the date stated above, at 5 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	11/7/36
Other **contributory causes** of importance:	
Arteria Sclerosis	2 yrs. +

Name of operation: None Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following: No

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. J. Slater M. D.

(Address) Albion Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101311

Registration District No. 96
Primary Registration District No. 2107 Local Registrar's No. 137

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Lewis Corbett

(a) Residence. No. Orofino Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Lewis

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER FATHER
13. NAME Billy Corbett
14. BIRTHPLACE (city or town) (State or country) Idaho
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary Corbett Orofino Ida.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Greenbriar Cem. Date 11-7, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida.

20. FILED 11-15, 1936 W. A. Ehman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to 11-6, 1936
I last saw her alive on 9-20, 1936: death is said to have occurred on the date stated above, at — m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio Sclerosis - 1 Month duration	1 year
Other contributory causes of importance: Cerebral Hemorrhage	1929

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. B. Jayne Logan M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101312

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 135

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

184C

2. FULL NAME Glenn Martin

(a) Residence. No. Orofino, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 29, 15

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck driver

10. Date deceased last worked at this occupation (mo. and yr.) 11/8/36

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Alberta Canada

FATHER

13. NAME Tom Martin

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Clara Comegys

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Tom Martin
(Address) Orofino, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino, Ida Date Nov. 11 1936

19. UNDERTAKER Wayne S. Herres
(Address) Orofino, Ida.

20. FILED 11-14, 1936. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3 P.M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and internal injuries with broken back	
Other contributory causes of importance:	
Truck accident	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/8/36
Where did injury occur? Fords Creek
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public road
Manner of injury Truck accident
Nature of injury Truck accident

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupation
(Signed) Wayne S. Herres M.D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101313

Registration District No. 96
DEC 4 1936 RECEIVED
Primary Registration District No. 2157 Local Registrar's No. 139
(No. State Hospital North.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence H. Ferguson

(a) Residence. No. 17th & Mullan St. Coeur d'Alene, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of –
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Wayne (State or country) Indiana

FATHER
13. NAME William Ferguson
14. BIRTHPLACE (city or town) Ontario (State or country) Canada

MOTHER
15. MAIDEN NAME Susan Fish
16. BIRTHPLACE (city or town) Sturgis (State or country) Michigan

17. INFORMANT Records; State Hospital North, (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 11-19, 1936

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 11-17, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1933, to Nov. 17, 1936
I last saw him alive on Nov. 17, 1936; death is said to have occurred on the date stated above, at 3.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance:	
Paranoid Condition	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Howe Mahaney, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Orofino, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101314
State File No.

Registration District No. 90

DEC 4 1936 RECEIVED

Primary Registration District No. 2187 Local Registrar's No. 140

(No. Burns Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Dan Skoyen

(a) Residence. No. Sandpoint, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) month unknown 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53 yrs	not known		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (mo. and yr.) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town) (State or country) not obtainable

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Burns Hospital Orofino, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Whitehall, Wis. Date 11-21, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho

20. FILED 11-1?, 1936 W. A. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15 1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 19, 1934, to 11/15, 1936

I last saw him alive on 11/15, 1936; death is said to have occurred on the date stated above, at about 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	since 1934
Valvular Heart trouble	

Other contributory causes of importance:

Asthma — years	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) W. T. Robertson, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater.

City of Pierce, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101315

Registration District No. 90

DEC 8 1936 RECEIVED

Primary Registration District No. 2157 Local Registrar's No. 141

(No. On street in Pierce) 90

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charley Johnson

(a) Residence. No. Camp 22 Headquarters, Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) month unknown 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods

10. Date deceased last worked at this occupation (mo. and yr.) 11/1c/36

11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) (State or country) City unknown Sweden

FATHER

13. NAME Not Obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Patty Terwin Pierce Ida

18. BURIAL, CREMATION OR REMOVAL Place Orofino, Ida. Date Nov 17, 1936

19. UNDERTAKER Orofino, Mortuary (Address) Orofino, Ida.

20. FILED 12-8, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193..., death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	11/14/36
Other contributory causes of importance:	
None	

Name of operation None Date of ##

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. death occurred in public place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (.....)

(Signed) Wayne L. Herrs Coroner M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101316

Registration District No. 96
Primary Registration District No. 2167 Local Registrar's No. 143

DEC 4 1936 RECEIVED

(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. H. Bruyere

(a) Residence. No. ____ St. Granite Creek, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME James H. Bruyere

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Lidia Perkins

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records: State Hospital North. Orofino - Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Nov. 19, 1936

19. UNDERTAKER F. A. Billberg, Hosp. attdt.
(Address) Orofino - Idaho

20. FILED 11-21, 1936 Vida Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1930, to Nov. 18, 1936
I last saw him alive on Nov. 18, 1936; death is said to have occurred on the date stated above, at 9.50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Paranoia	

Name of operation None Date of ____
What test confirmed diagnosis? Five Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jno. Torrie McKelvey M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce.
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10131

Registration District No. 96
Primary Registration District No. 2167 Local Registrar's No. 143
DEC 4 1936 RECEIVED
(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Maud Rambo.
(a) Residence. No. St. Nez Perce, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy B. Rambo

6. DATE OF BIRTH (month, day, and year) August 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richland (State or country) Iowa

FATHER
13. NAME Unascertained
14. BIRTHPLACE (city or town) Unascertained (State or country)

MOTHER
15. MAIDEN NAME Unascertained
16. BIRTHPLACE (city or town) Unascertained (State or country)

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.
18. BURIAL, CREMATION OR REMOVAL Place Hospital Cemetery Date Nov. 20, 1936
19. UNDERTAKER F. A. Billberg, Hosp. attd. (Address) Orofino - Idaho.
20. FILED 11-21, 1936. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19 1936
22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to November 19 1936
I last saw her alive on Nov. 18, 1936: death is said to have occurred on the date stated above, at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Paranoid Condition	

Name of operation None Date of
What test confirmed diagnosis? Physical Signs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101318

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 144

DEC 4 1936 RECEIVED

(No.) State Hospital North
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Homer E. Hood

(a) Residence. No. 673 North Ruth St. Sandpoint - Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mechanicsville
(State or country) New York.

FATHER

13. NAME John Hood
14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Tennett.
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Records. State Hospital North
(Address) Orofino - Idaho -

18. BURIAL, CREMATION OR REMOVAL
Place State Hosp. North Cemetery Date Nov. 24 1936

19. UNDERTAKER F. A. Billberg, Hosp. Attd.
(Address) State Hospital North, Orofino, Idaho.

20. FILED 11-25, 1936 H. A. Thelan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1935, to Nov. 23, 1936
I last saw him alive on Nov. 22, 1936; death is said to have occurred on the date stated above, at 7 30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 23, '36
Other contributory causes of importance: Alcoholic psychosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Ahsahka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101319

Dec 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 145
(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John S Dykes
(a) Residence No. Ahsahka Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Dykes

6. DATE OF BIRTH (month, day, and year) July 25 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER
13. NAME Eli Dykes
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Mary Wells
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs D Adams (Address) Ahsahka Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ahsahka Ida Date 11-22 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 11-23 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 6 a m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Fistulae	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Wayne L Harvey Coroner M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101320

DEC 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 146

(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nicholas Crawford

(a) Residence. No. St. Latah Co., Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unascertained

14. BIRTHPLACE (city or town) (State or country) Unascertained

MOTHER

15. MAIDEN NAME Unascertained

16. BIRTHPLACE (city or town) (State or country) Unascertained

17. INFORMANT (Address) Records, State Hospital North Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 11-30, 1936

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 11-30, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to Nov. 25, 1936
I last saw him alive on Nov. 25, 1936: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Dementia praecox	1893

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Towne McKelvey M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101321

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 147

DEC 4 1936 RECEIVED

(No. Orofino City Jail)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Zoleb

(a) Residence. No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19- 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lumberjack
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Woods Work
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) City Police records Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 11-28, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 11-28, 1936 W. A. Lucas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11- 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: **death is said** to have occurred on the date stated above, at Exact 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance:
Hung self

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury Hung self in Jail
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wayne J. Geary Coroner, M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101322

DEC 4 1936 RECEIVED

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 145
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phoebe Beardsley

(a) Residence. No. ..... St. Lewiston - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unascertained

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Arkansas
(State or country)

FATHER

13. NAME J. B. Estes
14. BIRTHPLACE (city or town) Tennessee
(State or country)

MOTHER

15. MAIDEN NAME Sarah Clark
16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMANT Records: State Hospital North
(Address) Orofino Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place [illegible], Idaho Date Nov 28th, 1936

19. UNDERTAKER Brown - Wann Co
(Address) Lewiston, Idaho.

20. FILED Dec 2nd, 1936 W. A. Stevens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from December 29 1935, to November 28, 1936
I last saw her alive on Nov. 28, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	
Other contributory causes of importance:	
Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Phys. Signs. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Irvine McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater.
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101323

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 149
(No. .....)

Dec 6 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louis Berg

(a) Residence. No. ..... Pierce Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

17

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Essie Berg

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Carl Speck (Address) Pierce Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pierce Ida Date 12-1, 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 11-30, 1936 Wm. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at About 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound	
...in head	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Suicide Date of injury 11-27, 1936
Where did injury occur? Pierce Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Tractor Shovel
Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....
(Signed) Wayne S. Yerne Coroner M. D.
(Address) Orofino Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101324

PLACE OF DEATH
County of Custer
City of Mackay

Registration District No. 7
Primary Registration District No. 2153
Local Registrar's No. 208

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Edward H. Hammerly

90

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	WH	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/24/1872

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	64	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Red Oak Iowa

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMENT (Address) Walter McKay Challis, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Mackay Date 11/18, 1936

19. UNDERTAKER Wm Mowell
(Address) Ano

20. FILED Nov. 18, 1936 Rose N. Thibodeau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11, 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/3/36, 193.., to 11/3/36, 193..

I last saw him alive on 11/3/36, 193..: death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurism	1929

Other contributory causes of importance:

Acute Dilatation Heart	11/3/36

Name of operation .... Date of ....

What test confirmed diagnosis? Syn. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) F. P. Richards, M. D.

(Address) Mackay Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101325

PLACE OF DEATH
County of Custer Registration District No. 108
City of Challis Primary Registration District No. 2186 Local Registrar's No. 227
No. .....
(If death occurred in a hospital or institution, give its name instead of street and number.)

DEC 1 1936 RECEIVED

2. FULL NAME Mary C. Bushel

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) ✓

10. NAME OF FATHER ✓

11. BIRTHPLACE OF FATHER (city or town) (State or Country) ✓

17. MAIDEN NAME OF MOTHER ✓

18. BIRTHPLACE OF MOTHER (city or town) (State or County) ✓

19. UNDERTAKER'S NAME AND ADDRESS Custer County Funeral Chall Idaho

20. FILED Nov 10, 1936 Elma McKenney Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 6th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Sept, 1936, that I last saw h.im alive on Sept 13, 1936 and that death occurred, on the date stated above, at 1-10 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Arterio Sclerosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fibrosis of Lungs
(duration) 20 yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? Loon Creek
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. L. Kirtley M. D.
11/9, 1936 (Address) Challis Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Challis Ida.	11/9 1936
20. Undertaker W. J. Mansel	Address Arco Ida.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Custer
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101326

DEC 1 1936 RECEIVED

Registration District No. 108
Primary Registration District No. 2184
Local Registrar's No. 228
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

74 a

2. FULL NAME Joseph L. Ebberts
(a) Residence: No. Challis St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 14th - 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Breakman
10. Date deceased last worked at this occupation (mo. and yr.) 50
11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Pa,

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT W. L. Ebbert (Address) Challis Ida

18. BURIAL, CREMATION, OR REMOVAL
Place Challis Date 11/21/ 1936

19. UNDERTAKER Wm C. Hoelsher (Address) "Salmon

20. FILED Nov 30 1936 Chas McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 to Nov 18 1936; that I last saw him alive on Nov 16 1936; death is said to have occurred on the date stated above, at 3 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
I believe it was	
Caused by Paralysis	
Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. E. McKay, M. D.
(Address) Challis, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101327

Registration District No. 108

Dec 1 1936 RECEIVED

Primary Registration District No. 2186

Local Registrar's No. 229

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jason Leander Curtis

(a) Residence. No. ..... St. Vuitas Lake.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Wh.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Curtis

6. DATE OF BIRTH (month, day, and year): Feb. 7th. 1867

7. AGE: Years: 70 | Months: | Days: | If LESS than 1 day,... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo and yr): 1916

11. Total time (years) spent in this occupation: 20 yr.

12. BIRTHPLACE (city or town) (State or country): Utah

FATHER

13. NAME: Hiram Curtis

14. BIRTHPLACE (city or town) (State or country): U.S.

MOTHER

15. MAIDEN NAME: Mary eliza Haws

16. BIRTHPLACE (city or town) (State or country): U.S.

17. INFORMANT (Address): Mary Ann Curtis Vuitas Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Victor Ida. Date: ....., 1936

19. UNDERTAKER (Address): Jack A. Wood Idaho Falls.

20. FILED Nov. 25, 1936. Elva M. Kenny
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Saw him while d. ie to ....., 193....
I last saw h. im alive on 11/25, 1936.; death is said to have occurred on the date stated above, at 6:30 P. M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
not known	
Fell dead in a service station	
Other **contributory causes** of importance:	

Name of operation no Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ..... public place.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. L. Bartley, M. D.

(Address) Challis, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 101328

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Custer
City of Challis Idaho Registration District No. 108
Primary Registration District No. 2186 Local Registrar's No. 230
(No.) 1936 RECEIVED
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. **FULL NAME** Leon O'Brien

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	American	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer John Smith

9. BIRTHPLACE (city or town) (State or country) Chicago Ill.

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Don't know

14. Informant Emmett Donahue
(Address) Challis Idaho

15. Filed June 30, 1936 Elva McKenney, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. (Month) 30 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from I saw him 19 Nov. 30 19 36
that I last saw him alive on June 4/25 19 36
and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Myocarditis - valvular
mitral. Resulting
anasarca 7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Place of death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C. O. Merkley, M. D.
19 (Address) Challis Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker Manuel Hummel Form	Address Arco Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT; should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

DEC 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101329

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No.

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie May Marty

(a) Residence. No. Glenns Ferry, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin F. Marty

6. DATE OF BIRTH (month, day, and year): 10-31-1874

7. AGE: Years 62 | Months 0 | Days 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): 6-1-36

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Boise Idaho

MOTHER FATHER

13. NAME: Reuben Brown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Williams

16. BIRTHPLACE (city or town) (State or country): Wales England

17. INFORMANT (Address): W. V. Morgan Glenns Ferry Ida.

18. BURIAL, CREMATION OR ~~REMOVAL~~

Place: Glenns Ferry Ida. Date: 11-11, 1936

19. UNDERTAKER (Address): Rachel Funeral Home Glenns Ferry Ida.

20. FILED 11-11, 1936. Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to Nov. 8, 1936.

I last saw her alive on Nov. 8, 1936.: death is said to have occurred on the date stated above, at 4:45 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	May 15, 1936
Edema of the Lungs	11-8-36
Other **contributory causes** of importance:	

Name of operation: None Date of:

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Owen M. D.

(Address) Glenns Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenn's Ferry

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 36

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 101330

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1010

2. FULL NAME John Raymond Koontz

(a) Residence. No. Glenn's Ferry Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 28 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Infent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenn's Ferry

FATHER

13. NAME Elza R. Koontz

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Nelly Eichholz

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMENT (Address) Elza R. Koontz Glenns Ferry Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Glenn's Ferry Date 12-8, 1936

19. UNDERTAKER (Address) Zachery Funeral Home Mort Home Ida

20. FILED 12-8, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-6-36 193

22. I HEREBY CERTIFY, That I attended deceased from 12-6-36, 193, to 12-6-36, 193

I last saw him alive on 12-6-36, 193: death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: None	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thornton E Snyder, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore.

City of Mtn Home.

DEC 4 1936 REGISTERED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101331

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 30

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Jobe.

(a) Residence. No. Burneau St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Unknown.
(State or country)

FATHER

13. NAME -

14. BIRTHPLACE (city or town) -
(State or country)

MOTHER

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) -
(State or country)

17. INFORMANT Iona Crabb.
(Address) Mountain Home. Ida.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Burneau Ida Date 11-17, 1936

19. UNDERTAKER Rosher Funeral Home
(Address) Mountain Home Ida.

20. FILED 11-21, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1936, to 11-14, 1936.

I last saw ~~him~~ her alive on 11-14, 1936: death is said to have occurred on the date stated above, at 11:59 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11-1-36

Other contributory causes of importance:

Asthma - Pulmonary	11-1-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ~~exter'l~~ causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore

City of Mtn Home

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101332

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 31

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Saunders Calloway

(a) Residence. No. Mtn. Home St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Calloway

6. DATE OF BIRTH (month, day, and year) 5-31-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 8-1-1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

FATHER

13. NAME William S. Calloway

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Hearst

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Ida Calloway Mtn. Home Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn. Home Date 11-19, 1936

19. UNDERTAKER Zeuchner Funeral Home
(Address) Mtn. Home Ida.

20. FILED Nov 21, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1936, to 11-16, 1936

I last saw him alive on 11-16, 1936: death is said to have occurred on the date stated above, at 10:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore.

City of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101333

Registration District No. 34

Primary Registration District No. 2020 Local Registrar's No. 32

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johanna Margaret Kleerwein — 176

(a) Residence. No. Mountain Home Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-2-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pueblo Colo.

FATHER

13. NAME Anthony M. Kleerwein

14. BIRTHPLACE (city or town) (State or country) Pueblo Colo.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) L. J. Kleerwein Dallas Tex.

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Denver Colo. Date 11-24, 1936

19. UNDERTAKER (Address) Zaches Funeral Home Mtn Home Ida.

20. FILED Nov 24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193....., I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to Death.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Dwelling burned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Phillip F. Kreer Coroner M. D.

(Address) Glens Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101334

Registration District No. 34
Primary Registration District No. 2022
Local Registrar's No. 33

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

178

2. FULL NAME Anthony M. Kleerwein

(a) Residence. No. Mountain Home Ida St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Kleerwein

6. DATE OF BIRTH (month, day, and year) 8-19-1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	3	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Pueblo Colo.

FATHER
13. NAME Mathew Kleerwein
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Balage
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) L. J. Kleerwein Dallas Tex.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Denver Colo. Date 11-24 1936

19. UNDERTAKER (Address) Rachel Funeral Home Mtn. Home Ida.

20. FILED Nov 24 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19-, 1936, to 11-19-, 1936.
I last saw ~~him~~ alive on 11-19-, 1936.: death is said to have occurred on the date stated above, at 10:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burned	11-19-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Kindling burned
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore.

City of Mtn Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101335

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 34

Dec 1 1936

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rudolph Lawrence Larson

(a) Residence. No. Mtn Home. 2dc. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Larson

6. DATE OF BIRTH (month, day, and year) 2-29-1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Halmstead (State or country) Sweden

FATHER

13. NAME Hendrick Larson

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Sophia Voight

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Grace Larson (Address) Mtn Home. Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Mtn Home 2d Date 11-22 1936

19. UNDERTAKER Zacher Funeral Home (Address) Mtn Home. Ida.

20. FILED Nov 25 1936 H Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1936, to 11-20-, 1936.

I last saw him alive on 11-20-, 1936: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemorrhage	11-17-36
Acute Bronchitis	11-10-36
Other contributory causes of importance:	
Chronic Parenchymatous Nephritis	1931

Name of operation None Date of

What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Lawrence M. D.

(Address) Mtn Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Mtn. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101336

DEC 16 1936 RECEIVED

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 35

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Legal Blank

(a) Residence. No. Mountain Home Ida. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice J. Blank.

6. DATE OF BIRTH (month, day, and year) 9-30-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 1926
11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) Cambridge (State or country) Ohio.

FATHER
13. NAME James Blank.
14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Guy Blank
(Address) Mtn Home Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn Home Ida Date 11-24, 1936

19. UNDERTAKER Zucker Funeral Home
(Address) Mtn Home Ida.

20. FILED Nov 25, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20-, 1936, to 11-21-, 1936.
I last saw him alive on 11-21-, 1936: death is said to have occurred on the date stated above, at 3:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	11-17-36
Other contributory causes of importance:	
Chronic Asthma	1916

Name of operation ____ Date of ____
What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in ~~industry~~, in ~~home~~, or in ~~public~~ place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. E. Evans M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore.
City of Mtn Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101337

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 36

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Marion Higgins

(a) Residence. No. Mtn Home 2da - St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-21-1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 7-1-36
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Burley Bar Idaho.

MOTHER FATHER

13. NAME Wilbur Higgins
14. BIRTHPLACE (city or town) (State or country) Arkansas
15. MAIDEN NAME Daisy Bailey
16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT (Address) Wilbur Higgins Mountain Home, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Mtn Home Ida. Date 11-24, 1936

19. UNDERTAKER (Address) Zachau Funeral Home Mtn Home Ida.

20. FILED Nov 25, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-2-, 1936, to 11-22-, 1936
I last saw him alive on 11-20, 1936: death is said to have occurred on the date stated above, at 2.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	6-1-36

Other contributory causes of importance:

Name of operation ~~Tuberculosis~~ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Dry Guard Mining

(Signed) H. C. Edwards M. D.
(Address) Mtn. Home, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Elmore
City of Mtn Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 1 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101338

Registration District No. 34
Primary Registration District No. 2022
Local Registrar's No. 37

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elias J. Coolthorp

(a) Residence. No. Mtn Home Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Coolthorp

6. DATE OF BIRTH (month, day, and year) 10-25-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80		27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1931
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ontario Can.

FATHER
13. NAME James Coolthorp
14. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER
15. MAIDEN NAME Ford.
16. BIRTHPLACE (city or town) (State or country) Ontario Canada

17. INFORMANT (Address) Orville Coolthorp Mtn Home Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mtn Home Ida Date 11-25, 1936

19. UNDERTAKER Rachel Funeral Home (Address) Mtn. Home Idaho

20. FILED Dec 9, 1936 M Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936, to 11-22, 1936
I last saw him alive on 11-22, 1936: death is said to have occurred on the date stated above, at 7.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11-14-36
Other contributory causes of importance:	

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) L. E. Evans M. D.
(Address) Mtn. Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Elmore.

City of Mtn. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101339

Registration District No. 34

DEC 1 1936 RECEIVED

Registrar's Registration District No. 2020

Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nelson Chamberlain

(a) Residence. No. Grand View. Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82.	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dora Craft. (Address) Mountain Home. Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mtn. Home. Date 11-11, 1936.

19. UNDERTAKER Rachel Funeral Home (Address) Mountain Home. Ida.

20. FILED 11-21, 1936 H. H. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9-1936.

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1936, to 11-9-, 1936.

I last saw him alive on 11-9, 1936: death is said to have occurred on the date stated above, at 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-9-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) J. E. Evans, M. D.

(Address) Mountain Home Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101340

County of Franklin

City of Riverdale

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 19

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Douglas Clark Choules

(a) Residence. No. .... St. Riverdale Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 6 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Schoolboy

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Richard Choules

14. BIRTHPLACE (city or town) (State or country) Fairview Idaho

MOTHER

15. MAIDEN NAME Rebecca Clark

16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

17. INFORMANT .... (Address) Richard Choules Riverdale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Riverdale Date Oct 7 36, 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED ....., 193... G. O. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....10/5....., 1936., to ....10/5....., 1936.
I last saw h.—alive on ....., 193... death is said to have occurred on the date stated above, at 11 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental gun shot	
2. Deceased fell over log discharging gun Rawlner striking on the bullet of .22 entering eye,	

Other **contributory causes** of importance: None

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/5 1936
Where did injury occur? Open field
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Accidental gun shot
Nature of injury Shooting

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) M. Hancky M. D.
(Address) Preston Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101341

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Marie Leffler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of N. James Leffler

6. DATE OF BIRTH (month, day, and year) Aug 21 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

13. NAME Wm McGregor

14. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

15. MAIDEN NAME Annie Hossock

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Christensen
(Address) Salt Lake Utah

18. BURIAL, CREMATION OR REMOVAL
Place W. Cemetery Date Nov. 16, 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Nov. 16, 1936 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936 to Nov. 13, 1936
I last saw her alive on Nov. 13 1936; death is said to have occurred on the date stated above, at 1 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Oct 13, 1936
Other **contributory causes** of importance: Arterio sclerosis	Indefinite

Name of operation ..... Date of .....
What test confirmed diagnosis? N Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. K. Gerber M.D.
(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Weston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101342

Registration District No.

DEC 14 1936 RECEIVED

Primary Registration District No. Local Registrar's No. 21

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

162

2. FULL NAME Baby Haney

(a) Residence. No. Weston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years: about 3 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER FATHER

13. NAME: ? Haney

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: ? Lloyd

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: A. Haney
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place: Dayton Date: Sept 8, 1936

19. UNDERTAKER: M. W. Hendricks
(Address) Preston

20. FILED: Dec 10, 1936 G. M. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 9-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1936, to Sept 7, 1936.
I last saw her alive on Sept 6, 1936: death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Marasmus	

Other **contributory causes** of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Ronald Smith, M. D.
(Address) Preston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101343

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 22

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theresia Vaterlaus Stalder

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Fredric Stalder dec.

6. DATE OF BIRTH (month, day, and year): Sept 26 1863

7. AGE: Years 73 | Months | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Silvereus ~~Stalder~~ Brunner
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Gysel
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Howard Griggs Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Paris Idaho Date: Oct 28 36

19. UNDERTAKER (Address): M. W. Hendricks Preston Idaho

20. FILED Nov 10 1936. G. W. Stalder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to Oct 25 1936
I last saw h[illegible] alive on 10-25 1936: death is said to have occurred on the date stated above, at 6 1/2 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
General arterial sclerosis	1930
Chronic Myocarditis	1930
Chronic Nephritis	1930
Other **contributory causes** of importance:	
Uremia	10-20-36

Name of operation..... Date of.....
What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....
(Signed) G. O'Reilly, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Franklin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101344

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 23

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Emaline Jolley

(a) Residence. No. Washington Utah St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Jolley

6. DATE OF BIRTH (month, day, and year) Jan 5 1896

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	40	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Price Utah
(State or country)

FATHER

13. NAME Issac Potter

14. BIRTHPLACE (city or town) SpringVille Utah
(State or country)

MOTHER

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) SpringVille Utah
(State or country)

17. INFORMANT Clarence Jolley
(Address) Washington Utah

18. BURIAL, CREMATION OR REMOVAL
Place Washington Ut. Date Oct. 13 193 36

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Dec 10., 1936 G. W. Staples
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 11, 1936.
I last saw h. Ca alive on Oct 10 1936.: death is said to have occurred on the date stated above, at 12 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca of Uterus	1935
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. P. Cutler M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101345

Registration District No. 27

Primary Registration District No. 3119

Local Registrar's No. 24

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Nancy Bredlove

(a) Residence. No. .... Preston .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. .... mos .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	I	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE of Late

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) UNKNOWN

FATHER

13. NAME Thomas J Hines

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT (Address) Mrs. Hall Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fairview Idaho Date Nov 29 1936

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Dec 10 1936 C. W. Stoker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1936, to Nov 27 1936.

I last saw her alive on Nov 27, 1936: death is said to have occurred on the date stated above, at ....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia	?
Other contributory causes of importance: Chronic Interstitial Nephritis, Chronic Valvular Heart Disease	?

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Calvert V. Kelly M. D.

(Address) Preston, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Whitney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101346

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 25

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susan Kirby Poole

(a) Residence. No. Whitney Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert C Poole

6. DATE OF BIRTH (month, day, and year) May 26 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Winsburry Kirby

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Pollyann Elders

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT (Address) Madora Buccannon

18. BURIAL, CREMATION OR REMOVAL
Place Whitney Id. Date Dec 1 1936

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Dec 10, 1936. G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1936

22. I HEREBY CERTIFY That I attended deceased from May 15, 1936, to Nov 28, 1936.
I last saw h[illegible] alive on Nov 28, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other **contributory causes** of importance: Chronic Parenchymatous Nephritis	?
None	

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of George Marion Condie

City of Franklin / Winder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101347

Registration District No. 22

Primary Registration District No. 2119 Local Registrar's No. 26

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Marion Condie

(a) Residence. No. Winder Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Condie

6. DATE OF BIRTH (month, day, and year) Mar 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Croydon Utah

FATHER

13. NAME Gibson C. Condie

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Caroline Condie Winder Id.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Oct 19 36

19. UNDERTAKER J. W. Hendricks
(Address) Preston Idaho

20. FILED Dec 10, 1936 G. W. Slade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1 ....., 193 6, to 10-16 ....., 193 6.

I last saw h alive on 10-15 ....., 193 6; death is said to have occurred on the date stated above, at 3.00 ...m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Feb. 1934

Other **contributory causes** of importance:

Hemorrhage into Gastro-intestinal tract	10-10-36

Name of operation none Date of .....

What test confirmed diagnosis? clinic Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Slade, M. D.

(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Fairview

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101348

Registration District No. 27

Primary Registration District No. 219 Local Registrar's No. 27

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Beth Jensen

(a) Residence. No. Fairview Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28 1924

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	11	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairview Idaho

FATHER

13. NAME Delbert E Jenden

14. BIRTHPLACE (city or town) (State or country) HydePark Utah

MOTHER

15. MAIDEN NAME Leona E Hyde

16. BIRTHPLACE (city or town) (State or country) Fairview Idaho

17. INFORMANT Delbert Jensen
(Address) Fairview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Richmond Utah Date Oct 22, 36

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED Dec 12, 1936 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1936, to Oct 19, 1936.

I last saw h.. alive on Oct 19 1936; death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Acute Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... Duration ..... yrs. ..... mos. ..... ds.

(Signed) Craig Corey Worley M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

DEC 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101349

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 28

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lars Shriverhe Nelson

(a) Residence. No. Minkcreek Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sena Nelson

6. DATE OF BIRTH (month, day, and year) Sept 16 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark Hydepark Utah

FATHER

13. NAME Lars W. Nelson

14. BIRTHPLACE (city or town) Denmark (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Mrs Sena Nelson (Address) Minkcreek Idaho

18. BURIAL, CREMATION OR REMOVAL Place Minkcreek Id. Date Nov 26, 1936

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Dec 12, 1936 G. M. Stella Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1936, to 11-22, 1936.

I last saw h[illegible] alive on 11-22, 1936; death is said to have occurred on the date stated above, at 4 [illegible] m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-14-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation deceased?..... If so, specify.....

(Signed) C. A. Cutler, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101350

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 29

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Monson

(a) Residence. No. Preston St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Monson

6. DATE OF BIRTH (month, day, and year): May 14 1882

7. AGE — Years: 54 | Months: 6 ~~14~~ | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Whitney Idaho

FATHER

13. NAME: Albert Swainston

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Ransbottom

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Alfred Monson Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Preston Idaho Date: Dec 1 1936

19. UNDERTAKER (Address): M. W. Hendricks Preston Id.

20. FILED Dec 10, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-25, 1926, to 11-28, 1936

I last saw her alive on 1-1-28, 1936: death is said to have occurred on the date stated above, at 7 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [illegible], M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Parker

NOV 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101352

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 238

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Hyrum Beddes

(a) Residence. No. Parker, Idaho St.

(Usual place of abode) Parker, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elva Tyler Beddes

6. DATE OF BIRTH (month, day, and year) Sept 1 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. asst Postmaster

10. Date deceased last worked at this occupation (mo. and yr.) 1936

11. Total time (years) spent in this occupation Life Time

12. BIRTHPLACE (city or town) (State or country) Farmington, Utah

FATHER

13. NAME James Seth Beddes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Booth

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs David Beddes
(Address) Parker Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Parker, Idaho Date Nov 2, 1936

19. UNDERTAKER Myers D. Keller
(Address) Rexburg Idaho

20. FILED Nov 1, 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12-36, 1936, to 10-25, 1936

I last saw him alive on Oct 25, 1936; death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-11-36

Other contributory causes of importance:

General arterio-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Burton M. D.

(Address) Rexburg, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont.
City of Egin.

DEC 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101353

-R-

Registration District No. 99-
Primary Registration District No. 2177
Local Registrar's No. 239

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Elvira Harrison

(a) Residence. No. Egin Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 25 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER

13. NAME Peter Pooler

FATHER

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Lucy Birrie.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Geo. Harrison (Address) Parker Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date Nov 21, 1936

19. UNDERTAKER Ryan J. Kelley (Address) Rigby, Idaho

20. FILED Nov 21, 1936 Sarah B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to ....., 193..
I last saw her alive on Nov 10, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	1934

Other contributory causes of importance:
Senility

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

11/20/36 (Signed) Lorin A. Weeks M. D.
(Address) Teeburg Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

DEC 14 1936 RECEIVED

Primary Registration District No. 8177

Local Registrar's No. 140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 101354

131

2. FULL NAME William Herdley Rhodehouse

(a) Residence. No. St. Anthony, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Truscott Rhodehouse

6. DATE OF BIRTH (month, day, and year) March 3rd, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Longton
(State or country) England

FATHER

13. NAME William Rhodehouse

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Harriett Warlowe

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs W. H. Rhodehouse
(Address) St. Anthony Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Parker Date 10/16/ 193 6

19. UNDERTAKER J. D. Hansen
(Address) St. Anthony, Idaho.

20. FILED Dec 9, 193 6 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 193 6, to 10 14, 193 6

I last saw h/ alive on 10-12, 193 6; death is said to have occurred on the date stated above, at 12 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	March-36
Other contributory causes of importance: Senility	

Name of operation none Date of

What test confirmed diagnosis? Facts + symptoms Was there an autopsy?

~~23. If death was due to exter'l causes (violence) fill in also the following:~~
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lorna A. Rich M. D.

10/17/36 (Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101355

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 1300

(No. 16 1/2 N 1st E)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Murrell

(a) Residence. No. St. St Anthony Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony Idaho
(State or country)

FATHER

13. NAME Ralph R. Merrell

14. BIRTHPLACE (city or town) Brigham Utah
(State or country)

MOTHER

15. MAIDEN NAME Lily Morgan

16. BIRTHPLACE (city or town) Ogden Utah
(State or country)

17. INFORMANT Dr. Ralph R. Merrill
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Brigham City Utah Date Dec. 9, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 12/9, 1936. Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec 9, 1936
I last saw him alive on Dec 9, 1936: death is said to have occurred on the date stated above, at 12.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral injury from dystocia & spontaneous delivery	
Other contributory causes of importance: None	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 8 1936
Where did injury occur? St. Anthony Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. St. Anthony Gen. Hosp.
Manner of injury Birth trauma
Nature of injury Cerebral injury dystocia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O. Allison M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Pearl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101356

Registration District No. 6.
Primary Registration District No. ____ Local Registrar's No. ____

DEC 7 1936 RECEIVED

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma C. Handy

(a) Residence. No. Pearl Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

884

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Handy

6. DATE OF BIRTH (month, day, and year) June 14 - 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 3 yrs

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Henry Co Tenn

FATHER

13. NAME Silas Campbell

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Mrs. E. Handy Pearl Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 11/27, 1936

19. UNDERTAKER O. D. Buckmaster (Address) Emmett Idaho

20. FILED 11/26, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to 11/23, 1936

I last saw h[illegible] alive on 11-13, 1936: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several years

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature], M. D.

(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101357

Registration District No. 6

DEC 7 1936 RECEIVED

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Joseph Bell

(a) Residence. No. ..... St. .....

(Usual place of abode) Garden Valley, Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mining

10. Date deceased last worked at this occupation (mo. and yr.) July, 1935

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Shoto
(State or country) Montana

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Mrs. Theatus
(Address) Council Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Nov 28, 1936

19. UNDERTAKER C. D. Buckmyn
(Address) Emmett, Idaho

20. FILED ....., 193..... J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25/193 6

22. I HEREBY CERTIFY, That I attended deceased from May 1934, 193..., to Oct-25, 193 6

I last saw h[illegible] alive on 11-25, 1936: death is said to have occurred on the date stated above, at 10 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo Carditis	
with decompensation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. L. Reynolds, M. D.

(Address) Emmett, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Willow Creek
Star Rt. Eagle Ida.

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101358

Registration District No. ____ Primary Registration District No. 6 Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amelia Reimers

(a) Residence. No. Willow Creek Star Route. St. Eagle Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fritz Nicholas Reimers

6. DATE OF BIRTH (month, day and year) May 1st. 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Davenport (State or country) Iowa

FATHER
13. NAME Jockem Lubking
14. BIRTHPLACE (city or town) ____ (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) " " (State or country) " "

17. INFORMANT A. R. Reimers (Address) Eagle Ida
18. BURIAL, CREMATION OR REMOVAL Place Pioneer Mem. Date 11-25, 1936
19. UNDERTAKER Schrieber & McCann (Address) Boise Idaho
20. FILED 11-27, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-23 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936, to 11-23, 1936
I last saw her alive on 11-18, 1936: death is said to have occurred on the date stated above, at 12 15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) A. R. Reimers, M. D.
(Address) Eagle Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101359

Registration District No. 6

DEC 7 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____

No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Lars Jensen

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. James L Jensen

6. DATE OF BIRTH (month, day, and year) Nov 12, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	—	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Nov 16 — 36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ephraim Utah

FATHER
13. NAME Jens Larson
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mathea
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. W. J. McNeal
(Address) Caldwell Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell, Ida Date Nov 20, 1936

19. UNDERTAKER C D Buchanan
(Address) Emmett, Ida

20. FILED 11/20, 1936. J R Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1936, to 11-17-, 1936
I last saw him alive on 11-17-, 1936: death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) [illegible], M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101360

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME William Franklin Cowdrey

(a) Residence. No. Emmett Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Mar 2 - 1862
7. AGE: Years 74 | Months 8 | Days 15 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____
10. Date deceased last worked at this occupation (mo. and yr.): May - 36
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Oregon

FATHER
13. NAME: LeRoy Cowdrey
14. BIRTHPLACE (city or town) (State or country): Ill

MOTHER
15. MAIDEN NAME: Clarinda Hardman
16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): W. M. Cowdrey Nampa Idaho
18. BURIAL, CREMATION OR REMOVAL Place: Emmett Ida Date: 11/19, 1936
19. UNDERTAKER (Address): C. D. Blackmer Emmett Ida
20. FILED: 11/19, 1936 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/17 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-16-, 1936, to 11-17-, 1936
I last saw h— alive on 11-17, 1936: death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) J. H. Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 7 1936 RECEIVED

PLACE OF DEATH
County of Ada
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101361

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luther Galen Hobart

(a) Residence. No. Emmett St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 8 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Emma Hobart

6. DATE OF BIRTH (month, day, and year) Feb 3 — 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 2 yrs.
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Pleasant View Illinois

MOTHER FATHER

13. NAME Luther M. Hobart
14. BIRTHPLACE (city or town) (State or country) Vermont
15. MAIDEN NAME Frances Bliss
16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT L. E. Hobart
(Address) Glenns Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 11/16, 1936

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 11/16, 1936 J. D. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1936, to 11-15, 1936
I last saw h[illegible] alive on 11-14, 1936: death is said to have occurred on the date stated above, at 12:05 a, m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	3 or 3 yrs
Other contributory causes of importance: Diabetes	a few yrs

Name of operation ____ Date of ____
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) C. D. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101362

DEC 7 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Louderbough

(a) Residence. No. ____ St. ____
(Usual place of abode) Meridian Idaho (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of The Late John Louderbough

6. DATE OF BIRTH (month, day, and year) Feb 2 - 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Jan 1 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Vanburen Co (State or country) Iowa

MOTHER FATHER
13. NAME Mathew Crawford
14. BIRTHPLACE (city or town) Dayton (State or country) Ohio
15. MAIDEN NAME Eliza Hughes
16. BIRTHPLACE (city or town) Vanburen Co (State or country) Iowa

17. INFORMANT M. M. Louderbough (Address) Meridian
18. BURIAL, CREMATION OR REMOVAL
Place Meridian Cemetery Date Nov 16, 1936
19. UNDERTAKER W. S. Mateer (Address) Meridian Ida
20. FILED 11-16, 1936 J. L. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936, to Nov 14, 1936
I last saw her alive on Nov 8, 1936: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis Primary	
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) P. [illegible], M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem

City of Emmett

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE

State File No. 101363

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvern Marion Godfrey

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Nov 8 - 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) 11/14/36

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Chester Idaho

FATHER

13. NAME L. H. Godfrey

14. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER

15. MAIDEN NAME Sarah Cook

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT L. H. Godfrey (Address) ____

18. BURIAL, CREMATION OR REMOVAL Place Emmett Cem Date 11/17, 1936

19. UNDERTAKER C. D. Buckner (Address) Emmett Idaho

20. FILED Dec 7, 1936 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936, to 11-14, 1936

I last saw him alive on 11-14, 1936: death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemophilia	
Capillary bruising resulting in fatal loss of blood	Congenital
Other contributory causes of importance:	
Hemorrhage with loss of blood like was hemophiliac and died of that disease	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) H. D. Cummings, M. D.

(Address) Emmett

Please state primary cause of death.
Thanks
Bureau of Vital Statistics

This all I can do for you. It seemed rather like "hemorrhage with loss of blood" She was a hemophiliac and died of that disease.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101365

DEC 7 1936 RECEIVED

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. 15
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella P Reynolds

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 76 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. J. Reynolds

6. DATE OF BIRTH (month, day and year) Nov 8 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	—	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 8 to 36 | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME Jasper Cook
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Edeline Jeliff
16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT E J Reynolds (Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Base Idaho Date ____, 193__

19. UNDERTAKER C D Buckmaster (Address) Emmett Idaho

20. FILED 11-12, 193 6 J E Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov 8, 1936 [last saw her alive on Nov 8, 1936: death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Probable occlusion of smaller coronary vessels.	
Other contributory causes of importance:	
Diabetes	
Chronic Laborynthitis	

Name of operation none Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) R O Cummings, M. D.
(Address) Emmett

PLACE OF DEATH

County of Gem

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101366

Registration District No. 6

Primary Registration District No. ..... Local Registrar's No. .....

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. .....)

2. FULL NAME Nevada Jorgensen

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Whte	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) 6-21-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) One year

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jefferson Co Iowa

MOTHER FATHER

13. NAME Orland K. Gillett

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT F. O. Gillett
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/11, 193 6

19. UNDERTAKER C. D. Buckmaster
(Address) Emmett Idaho

20. FILED 11/10, 193 6 11-11-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-1936, 193X, to Nov 8th, 193 6
I last saw h.. alive on Nov 8th, 193 6: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia followed	
Senile Psychosis	1934

Other contributory causes of importance:

Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Reynolds, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 7 1936 RECEIVED

PLACE OF DEATH
County of Elmore
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101367

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lyra Adelaide Tingle

(a) Residence. No. Harper St. Oregon
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
fem	colrd	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugene Tingle

6. DATE OF BIRTH (month, day, and year) Oct 28 — 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	—	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Brownsville
(State or country) Oregon

FATHER
13. NAME James P. Harris
14. BIRTHPLACE (city or town) Nebraska
(State or country)

MOTHER
15. MAIDEN NAME Adelaide Taylor
16. BIRTHPLACE (city or town) Springfield
(State or country) Mo

17. INFORMANT Mrs W. A. Schuyler
(Address) New Plymouth, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Ore Date 11/6, 193 6

19. UNDERTAKER C. D. Buckner
(Address) Emmett Ida

20. FILED 11-9-, 193 6 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9-25-36, 193..., to 11-1, 193 6
I last saw her alive on 10-21, 193 6: death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	
Apoplexia	

Other contributory causes of importance:
Thin followed a broken Neck - Various leg

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. L. Reynolds, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101368

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Flora Addie Basye

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. S. Basye

6. DATE OF BIRTH (month, day and year) June 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 10/1/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME J. C. Kauble
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Linn
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Mrs. E. Katt

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Nov 1, 1936

19. UNDERTAKER (Address) C. D. Buckendorf, Emmett, Ida

20. FILED 10/31, 1936 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1935, to Oct 29, 1936.
I last saw her alive on Oct 29, 1936: death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocardial failure	June 1934
Chronic Nephritis	
Congestion	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No Specify ____

(Signed) C. D. Buckendorf M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101369

Registration District No. 21
Primary Registration District No. 2036
Local Registrar's No. 1

NOV 21 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas E Condit

(a) Residence. No. Hagerman St. Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John H Condit
6. DATE OF BIRTH (month, day, and year): July 15 - 1851
7. AGE: Years 85 | Months 4 | Days - | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rosendale Miss

FATHER
13. NAME: ~~Thomas E Condit~~ Unknown
14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER
15. MAIDEN NAME: Celina Gazzmett
16. BIRTHPLACE (city or town) (State or country): N.J.

17. INFORMANT (Address):
18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Idaho Date Nov 16, 1936
19. UNDERTAKER (Address): Johnson & Evans Burkey Funeral Home
20. FILED Nov 16, 1936 H. M. Seymour Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 14 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at 6-20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio - Pneumonia	
Arteriosclerosis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Dr. Alonzo A. Towgey, M. D.
(Address) Hagerman, Idaho.

FORM V. S. No. 5-A—25 M. 1

DEC 14 1936 RECEIVED

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 101370

Registered No.

1. PLACE OF DEATH

Registration District No. 22

County of Gooding

Primary Registration District No. 2018

City of Wendell

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Michael J. Kappel

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M	W	Married

6. DATE OF BIRTH: May (Month) 17 (Day) 1882 (Year)

7. AGE: 54 Yrs. 6 Mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Decorating
(b) General nature of industry, business or establishment in which employed (or employer): Painting

9. BIRTHPLACE (State or Country): Red Wing, Minn. U.S.A.

10. NAME OF FATHER: Michael J. Kappel

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary E. Brown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Millie K. Kappel
(Address) 1122-W 3rd St. Red Wing, Minn.

15. Filed Nov 21 1936

E. L. Simonton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 18 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 1936 to Nov 18 19..
that I last saw h.. alive on Nov 18 19..
and that death occurred on the date stated above, at 7½ A..
The CAUSE OF DEATH* was as follows:
Hemorrhage Following Acute C...
Bronchopneumonia
(Duration) ..... Yrs. ..... mos. 5
Contributory (Secondary) Myocarditis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Simonton M.D.
11-21-1936 (Address) Wendell Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wendell Ida — DATE OF BURIAL: 12-22-1936

20. UNDERTAKER: Thompson — ADDRESS: Gooding

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101371

Registration District No. 18

DEC 11 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____

(No. St Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Sandra Lou Claar

(a) Residence. No. 6½ mi S.E. Jerome St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER
13. NAME Harold Claar
14. BIRTHPLACE (city or town) ____
(State or country) Kansas

MOTHER
15. MAIDEN NAME Marjorie Redeye
16. BIRTHPLACE (city or town) ____
(State or country) Indiana

17. INFORMANT Harold Claar
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 6, 1936

19. UNDERTAKER F R Wiley
(Address) Jerome Idaho

20. FILED Dec 10, 1936 [illegible] Registrar.
O. L. D'Smon[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Dec 5, 1936
I last saw h[illegible] alive on Dec 4, 1936: death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 31

Other contributory causes of importance:

Congenital Heart Disease	birth.

Name of operation None Date of ____
What test confirmed diagnosis? [illegible] Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W A Rees M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101372

DEC 1 1936 RECEIVED

Registration District No.
Primary Registration District No. Gooding Hospital Local Registrar's No. 296
(No. Gooding Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clementina Hatton Huffman

(a) Residence. No. Gooding Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas B. Huffman

6. DATE OF BIRTH (month, day, and year) April 2, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove Utah

FATHER
13. NAME Albert Farnsworth
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Martha Hall
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Bettie M. Pickett Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Idaho Date 12/8, 1936

19. UNDERTAKER (Address)

20. FILED 12-3-36, 1936 J. A. Cranmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-6-36, 193..., to 11-6-36, 193...
I last saw her alive on 11-6-, 1936: death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
P Pneumonia, bronchial	11-1-36
Other contributory causes of importance:	
Arteriosclerosis	Last 5 yrs
Hypertension	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Cranmer, M. D.
(Address) Gooding, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101373

Registration District No.

DEC 10 1936 RECEIVED

Primary Registration District No. Local Registrar's No. 297

(If death occurred in a hospital or institution, give its name instead of street and number)

1002

2. FULL NAME Georgia Loretta Astorquia

(a) Residence No. Gooding, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) December 16, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gooding Idaho

FATHER
13. NAME Eusebio Astorquia
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Josefina Ensunsa
16. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

17. INFORMANT (Address) Josefina Ensunsa

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date Nov 9, 1936

19. UNDERTAKER (Address) J. A. E. Thompson Gooding Idaho

20. FILED 11-30-1936 J. H. Cranmell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936, to Nov. 7, 1936

I last saw him alive on Nov. 7, 1936: death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Nov. 4
following acute bronchitis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Cranmell, M. D.
(Address) Gooding, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. Avoid use of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of a

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101374

RECEIVED

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 298

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles D. Benner

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mrs. Roy Cushman

6. DATE OF BIRTH (month, day, and year) Oct - 10 - 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67		16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Nov - 35
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Green Co - Ill -

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT E C Hahn
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shoshone Date Nov - 29, 1936

19. UNDERTAKER Myrtle C. Burdett
(Address) Shoshone

20. FILED 12-7, 1936 J A Crossley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (~~month~~, day and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1936, to Nov 26, 1936
I last saw ~~him~~ alive on Nov 25, 1936: death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Inguinal Canal (Left)	3/33
Carcinoma of Inguinal Canal Cord	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ~~X~~ Was there an autopsy? ~~Yes~~ No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ~~Yes~~ No If so, specify ____
(Signed) T E Barrett M. D.
(Address) Shoshone Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 101375

PLACE OF DEATH

County of Idaho
City of Cottonwood

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 29

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Our L. of C. Hospital)

2. FULL NAME James Mathew Duclos

(a) Residence. No. ( ) St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 4th 1936

7. AGE Years	Months	Days	If LESS than 1 day, 16 hrs. or 45 min.
		2 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood, Ida.

FATHER

13. NAME Mr. Dominic Duclos

14. BIRTHPLACE (city or town) (State or country) Salem South Dakota

MOTHER

15. MAIDEN NAME Marie Lightfield

16. BIRTHPLACE (city or town) (State or country) Kentonville Idaho

17. INFORMANT (Address) Mrs. Dominic Duclos Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood, Idaho Date Nov. 5, 1936

19. UNDERTAKER (Address) Father Verbonen Cottonwood, Idaho

20. FILED Nov. 30, 1936. M. F. Orr per T.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936, to Nov. 7, 1936.
I last saw him alive on Nov. 7, 1936.: death is said to have occurred on the date stated above, at 8:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congental Heart.	
Other **contributory causes** of importance:	

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Healey F. Orr, M. D.
(Address) Cottonwood, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101376

PLACE OF DEATH

County of Idaho

City of Winona

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 30

DEC 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

49

2. FULL NAME Catharina Hagedorn Arp

(a) Residence. No. Winona, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3.SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Herman Arp

6. DATE OF BIRTH (month, day, and year) Mch 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Stein ermany

FATHER

13. NAME Henry Hagedorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Arp

16. BIRTHPLACE (city or town) (State or country) ermany

17. INFORMENT (Address) Herman Arp

18. BURIAL, CREMATION, OR REMOVAL Place t Zion Ida Date 11-29, 1936

19. UNDERTAKER (Address) Grangeville Idaho

20. FILED Dec 7, 1936 W. F. Arp per T.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to Nov 26, 1936.
I last saw h en alive on Nov 25, 1936 : death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Matestatic carcinona	
Lungs and pleura	1936
Other contributory causes of importance:	
over	

Name of operation over Date of

What test confirmed diagnosis? microscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? -- Date of injury ....., 193 .
Where did injury occur? --
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --
Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) P. E. Dunlop M. D.
(Address) Craigmont Idaho

110N is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 7 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101377

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Ellis

(a) Residence. No. Grangeville St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Grace Ellis

6. DATE OF BIRTH (month, day, and year) Nov 17 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common labor
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Willowa Co. Ore.

FATHER

13. NAME Jefferson Smith Ellis
14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Lavina Reece
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Mrs. Camsmock Grangeville

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Oct 20 1936

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida.

20. FILED 12-3-, 1936 H. B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1936., to 10-18-, 1936.
I last saw him alive on 10-18-, 1936.; death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis Liver	
Acute Parenchymatous Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Kelly M. D.
(Address) Grangeville Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Grangeville

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101378

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 47
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred Eugene Kelly

(a) Residence. No. Grangeville St. Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 31-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
=	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) John Day Ranch Ida.

FATHER
13. NAME Patrick Kelly
14. BIRTHPLACE (city or town) (State or country) Julietta Ida.

MOTHER
15. MAIDEN NAME Zelda Kilgore
16. BIRTHPLACE (city or town) (State or country) Kooskia Ida.

17. INFORMANT Father Patrick Kelly
(Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Kooskia Date Nov 5, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 12-3-, 1936 V B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 36, 1936, to Nov 3, 1936.
I last saw h~~im~~ alive on 11-3, 1936: death is said to have occurred on the date stated above, at 6 20P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia Influenza,	10-3-36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G Weber M. D.
(Address) Grangeville Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of White Bird

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101379

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 48

74a

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Leo Johnson

(a) Residence. No. White Bird Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not off.

6. DATE OF BIRTH (month, day, and year) Jan 26-1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gold mines

10. Date deceased last worked at this occupation (mo. and yr.) Oct 28/36

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Leavenworth (State or country) Kansas

FATHER

13. NAME John A. Johnson

14. BIRTHPLACE (city or town) Pike Co. (State or country) Ill.

MOTHER

15. MAIDEN NAME Hattie Cryder

16. BIRTHPLACE (city or town) ..... (State or country) Ill.

17. INFORMANT Frank Johnson (Address) Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Grangeville Date Dec 2, 1936

19. UNDERTAKER Hancock Funeral Home (Address) Grangeville Ida.

20. FILED 12-4-, 1936 B. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 2' P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-30-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn Cutler Coroner of Idaho County

(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Riggins

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101380

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 49

DEC 7 1936 RECEIVED

(No. ...)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ollie Pipes

(a) Residence. No. ... Riggins St. ...
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

188C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sawmill owner & stockmen

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ...

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER FATHER

13. NAME Jessie Pipes

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Julia Tripplet

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Charley Clay
(Address) Riggins Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Riggins Ida Date Nov 29 1936

19. UNDERTAKER Glenn Tiler
(Address) Grangeville Ida.

20. FILED 12-7-, 1936 Dr. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 2:10 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other **contributory causes** of importance:

While driving car under influence of liquor	

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place** On highway near Riggins
Manner of injury Riggins Idaho
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify .....

(Signed) Glenn Tiler Coroner
(Address) Grangeville Ida.

Coroner of Idaho County

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho

City of Whitebird

DEC [illegible] RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. 101381

Local Registrar's No. 132

(No. near Whitebird, Ida)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Raymond Koier

(a) Residence. No. Alturas Hotel, 7th and Arthur St. Caldwell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. None mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, married, widowed, or divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 14, 1917

7. AGE: Years 19 | Months None | Days None | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.C.C.

10. Date deceased last worked at this occupation (mo. and yr): 11/14/36

11. Total time (years) spent in this occupation: 17 days

12. BIRTHPLACE (city or town) (State or country): Kansas City Missouri

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL: Place Kearney, Missouri Date 11-18, 1936

19. UNDERTAKER (Address): W. McBratney Boise, Idaho

20. FILED 11-17, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ------- 193..., to ------- 193...

Killed instantaneously

I last saw h...alive on ..., 193...; death is said to have occurred on the date stated above, at 10:15 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Skull fracture	11/14/36

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 11/14 193.6

Where did injury occur? Out of Whitebird, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Highway (public place)

Manner of injury Automobile accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. S. Coleman M. D.

(Address) P. 189 Riggins, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101382

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 414

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wyman Oscar Bullock

(a) Residence. No. ..... St. Kooskia - Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ennie Ridcliff

6. DATE OF BIRTH (month, day, and year) July - 31 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lincolnville Me.

FATHER

13. NAME Thomas Bullock

14. BIRTHPLACE (city or town) (State or country) Lincolnville Me.

MOTHER

15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (city or town) (State or country) Lincolnville Me

17. INFORMANT (Address) Sumner Bullock Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Newland Cemetery Date Nov 12 1936

19. UNDERTAKER (Address) Geo. Freeburg Kooskia

20. FILED Nov 12 1936 J. M. Verbeck M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936, to Nov 11, 1936.
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 3:45 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremia Sclerosis	
Chronic Cystitis & Prostatitis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J. M. Verbeck M. D.
(Address) Kooskia - Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101383

Registration District No. 106

DEC 17 1936 RECEIVED

Primary Registration District No. 2187

Local Registrar's No. 4 15

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen Roy Kroeger

(a) Residence. No. St. Kooskia - Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day and year): Nov 29 - 36

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kooskia Idaho

FATHER

13. NAME: Frank Roger Kroeger

14. BIRTHPLACE (city or town) (State or country): Idaho Falls Idaho

MOTHER

15. MAIDEN NAME: Ellen May Gleason

16. BIRTHPLACE (city or town) (State or country): Moscow Idaho

17. INFORMANT (Address): Ellen Kroeger Kooskia

18. BURIAL, CREMATION OR REMOVAL
Place: Kooskia Cem. Date: Nov 29 1936

19. UNDERTAKER (Address): Tamer

20. FILED: Dec 1, 1936 J M Verbeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Nov. 28, 1936

I last saw h- alive on Nov. 28 1936 death is said to have occurred on the date stated above, at 11 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth - 6½ mos.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J M V M. D.

(Address) Kooskia Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Kooskia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101384

Registration District No. 10 6

Primary Registration District No. 2184 Local Registrar's No. 416

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alfred A. Cochran

(a) Residence. No. ..... St. Kooskee Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah McMillan

6. DATE OF BIRTH (month, day, and year): Dec 9 - 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: Hewen Cochran

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Millie O'Donnel

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Mrs. Del - Mackay Kooskia - Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Tahoe Cemetery Date: Dec 1, 1936

19. UNDERTAKER (Address): Family

20. FILED Dec 1, 1936 J. M. Verbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936, to Nov 29, 1936.

I last saw her alive on Nov 27 1936: death is said to have occurred on the date stated above, at 3:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Verbeck M. D.

(Address) Kooskia - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101385

Registration District No. 98
DEC 1 1936 REGISTERED
Primary Registration District No. 2176
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lemuel Campbell.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 35 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Victoria Elizabeth Campbell

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.) 1/29
11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Isle of Malta.

FATHER
13. NAME Wm. Campbell.
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Ruth Nichols.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT H. L. Campbell
(Address) Rigby, Ida. R. #1

18. BURIAL, CREMATION OR REMOVAL
Place Milo, Ida. Date 11/24, 1936

19. UNDERTAKER A. B. Eckersell
(Address) Rigby, Idaho.

20. FILED Nov 27 1936 A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 20, 1936
I last saw him alive on Nov 20, 1936: death is said to have occurred on the date stated above, at 4:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cyanosis myocarditis	?
b. Coronary Thrombosis	11/21/36
c. Acute bronchitis	11/16/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. Parker Cullen, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Clark.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101386

DEC 1 1936

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 60

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Keller.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 25 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

FATHER
13. NAME John Ivan Keller.
14. BIRTHPLACE (city or town) (State or country) Pickneyville, Ill.

MOTHER
15. MAIDEN NAME Thelma Haderlie.
16. BIRTHPLACE (city or town) (State or country) Iona, Idaho.

17. INFORMANT John Ivan Keller
(Address) Rigby, Idaho. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Clark, Ida. Date 11/26, 1936

19. UNDERTAKER None
(Address)

20. FILED Nov 25 1936 C. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1936, to Nov 25, 1936
I last saw h~~e~~ alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	11/25/36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) J. Warfield Lindsley, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
98

DO NOT WRITE IN THIS SPACE
State File No. 101387

DEC 11 1936 RECEIVED

Registration District No.
Primary Registration District No. 2176
Local Registrar's No. 62

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Cordon

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER
13. NAME Robert Clyde Cordon
14. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

MOTHER
15. MAIDEN NAME Madge Davis
16. BIRTHPLACE (city or town) Venice
(State or country) Utah

17. INFORMANT Clyde Cordon
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Nov. 28 1936

19. UNDERTAKER C. B. Eckersell
(Address) Rigby Ida.

20. FILED Nov 28 1936 C. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1936, to 11-28-36, 1936
I last saw h[illegible] alive on 11-27, 1936: death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation Skull Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) B. B. Price, M. D.
(Address) Rigby, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson.
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101388

DEC 1[illegible] 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 63

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elaine Hayes.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 21 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8, 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.
10. Date deceased last worked at this occupation (mo. and yr.) 10/36
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

FATHER

13. NAME George Henry Hayes.
14. BIRTHPLACE (city or town) (State or country) Pleasantgrove, Utah.

MOTHER

15. MAIDEN NAME Cora Thornton.
16. BIRTHPLACE (city or town) (State or country) American Fork, Utah.

17. INFORMANT Geo. H. Hayes
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 12/9 1936

19. UNDERTAKER A. E. Eckersell
(Address) Rigby, Idaho.

20. FILED 12-8, 1936 A. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/ 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1936, to Dec 7, 1936
I last saw her alive on Dec 6, 1936: death is said to have occurred on the date stated above, at 11:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Insufficiency	
And Laceration of Pericardium	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) D. G. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Eden

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101389

NOV 19 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. Eden, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

16 4

2. FULL NAME Peggy Ann Ray

(a) Residence. No. Eden, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10Th1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eden,
(State or country) Idaho.

FATHER
13. NAME Lawrence Ray
14. BIRTHPLACE (city or town)
(State or country) Kans.

MOTHER
15. MAIDEN NAME Hazel Lottmer
16. BIRTHPLACE (city or town)
(State or country) Kans.

17. INFORMANT Lawrence Ray
(Address) Eden, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 8/30, 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho.

20. FILED 8-1, 193 6 S. Hofheins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/29 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935, to May 30, 193 6.
I last saw her alive on May 30 193 6: death is said to have occurred on the date stated above, at 12:00P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Patent foramen ovale.	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Waldo B. Fulcher M. D.
(Address) 228 Main Ave E. T.F.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

DEC 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101390

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Houston Burdick 50

(a) Residence. No. Jerome (Usual place of abode) Idaho St. ____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. R. Burdick

6. DATE OF BIRTH (month, day, and year) Aug 19, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (mo. and yr.) April 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Wamego, Kans.

FATHER

13. NAME James Houston

14. BIRTHPLACE (city or town) (State or country) Ireland ?

MOTHER

15. MAIDEN NAME Lucy Barrett

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) W. R. Burdick

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Jerome Date 12-3, 1936

19. UNDERTAKER White Mortuary Inc (Address) Twin Falls Idaho

20. FILED Dec 11, 1936 Dr. I. J. Bell M.C.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 1 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to Dec 1, 1936
I last saw her alive on Nov. 30, 1936: death is said to have occurred on the date stated above, at 3:35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma 10th Dorsal Vertebra + Ribs	Mar. 27, 1936
Other contributory causes of importance:	

Name of operation No- Date of No-
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Matson M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101391

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

DEC 11 1936 RECEIVED

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number)) 49

2. FULL NAME James S. Brody

(a) Residence. No. Jerome Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth A Brody

6. DATE OF BIRTH (month, day, and year) Aug 25/68

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) St Peter
(State or country) Minn

FATHER

13. NAME Peter Brody

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Trapper
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL

Place ____ Date ____, 193...

19. UNDERTAKER D. A. S. Herrmon
(Address) Jerome Idaho

20. FILED Dec 10, 1936 H. E. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8/1936

22. I HEREBY CERTIFY, That I attended deceased from March ____, 193 6, to Dec 8 ____, 193 6

I last saw him alive on Dec. 7 ____, 193 6: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the prostate	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. S. Kelly, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101392

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

DEC 11 1936 RECEIVED

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

135

2. FULL NAME Frank Maschler

(a) Residence. No. Jerome, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Teresso Maschler

6. DATE OF BIRTH (month, day, and year) Feb 13 - 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Austro Hungary

FATHER
13. NAME John Maschler
14. BIRTHPLACE (city or town) ____ (State or country) Austro Hungary

MOTHER
15. MAIDEN NAME Monica Schultz
16. BIRTHPLACE (city or town) ____ (State or country) Austro Hungary

17. INFORMANT Frank Maschler Jr.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Nov. 30 193 6

19. UNDERTAKER D. L. Stevenson
(Address) Jerome Idaho

20. FILED 12/29, 193 6 C. P. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct ____, 193 4, to Nov. 28, 193 6
I last saw him alive on Nov. 25, 193 6; death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess	
Ascending Infection	
from Chronic Prostatitus	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. P. Zeller, M. D.
(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101393

Registration District No. 18

DEC 11 1936 RECEIVED

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

197

2. FULL NAME Mrs. Leland Draper

(a) Residence. No. 3 m 2½-¼ So Of St. Jerome
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Maude Draper

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Freedom Utah

FATHER
13. NAME: Mr Aren Draper
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: Miss Mary Taylor
16. BIRTHPLACE (city or town) (State or country): Grant Kans

17. INFORMANT (Address): Rendell Hospital

18. BURIAL, CREMATION OR REMOVAL
Place Carey Date 193

19. UNDERTAKER (Address): Stanley Phillips

20. FILED Dec 8 193 6 Dr. C. F. Zeller M. C. & Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 193 6, to Nov. 18, 1936
I last saw him alive on Nov. 17, 1936: death is said to have occurred on the date stated above, at 3:02 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound	Nov. 16, 1936
Gas Gangrene infection	Nov. 17, 1936

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 16 1936
Where did injury occur? Jerome County Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Yard of Neighbor
Manner of injury Shot gun
Nature of injury Injury Left thigh

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome.

City of Jerome,

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101394

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Donald Bean

(a) Residence. No. Twin Falls, Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not

MOTHER

15. MAIDEN NAME Do

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Albert Evans

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Ida. Date Oct 20 1936

19. UNDERTAKER (Address) O. A. L. Thompson Jerome, Idaho

20. FILED Nov 8, 1936 Dr. C. F. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.... to ....., 193....

I last saw him alive after death; death is said to have occurred on the date stated above, at about 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10-18-36
Other contributory causes of importance:	
Examination of body after death	

Name of operation None Date of "

What test confirmed diagnosis? " Was there an autopsy? "

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-18 1936

Where did injury occur? Jerome County Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. State Highway #25 9 miles East of

Manner of injury Automobile accident Town of Jerome

Nature of injury Crushing - fracture skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Reuben Mateau, M. D.

(Address) Jerome Idaho

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PLACE OF DEATH
County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101395

Registration District No. 45
Primary Registration District No. ____ Local Registrar's No. 14
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Gilchrist Brown. 74a

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Brown

6. DATE OF BIRTH (month, day, and year) April 15 - 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 1924
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) St. Stevens New Brunswick

FATHER
13. NAME David Gilchrist
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT (Address) Babe D. McKee,

18. ~~BURIAL~~, ~~CREMATION~~ OR REMOVAL
Place Missoula Mont. Date 11/13, 1936

19. UNDERTAKER Cassidy Funeral Home
(Address) Rathdrum Ida

20. FILED Nov 17, 1936 A A Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Nov 11, 1936.
I last saw her alive on Nov 11, 1936: death is said to have occurred on the date stated above, at 11.05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Senility	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____
(Signed) A A Spooner M. D.
(Address) Spirit Lake, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101396

PLACE OF DEATH
County of Kootenai
City of Hayden Lake

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 178

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Claude Jennings

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 5 mos. weeks ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Myrle Jennings

6. DATE OF BIRTH (month, day and year) 1873-8-28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Former

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Benj. Jennings

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs. M. Jennings
(Address) Hayden Lake Ida.

18. BURIAL, CREMATION OR REMOVAL Forest - Place Coeur d'Alene Ida Date 10-7, 1936

19. UNDERTAKER Cassady Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Oct 8, 1936. F. F. Kenny, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5- 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-4-, 1936, to 10-5-, 1936.

I last saw him alive on 10-4, 1936: death is said to have occurred on the date stated above, at 5:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Progressive Paralysis:	
Disease started out as	
Paralysis Agitans.	
Ultimate Cause of death was	
Other **contributory causes** of importance:	
Paralysis of Muscles	
of respiration.	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... E. H. Teed, M. D.
(Address) Coeur d'Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101397

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 190

FC A 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Smalley

(a) Residence. No. ..... St. Cataldo, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1870 - 6 - 8

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Common Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Morgantville W. Va.

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Buckley

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT (Address) Mrs Frank Beamer 1119-8th St Coeurdalene Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rose Lake Ida Date 11-5, 1936

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida

20. FILED Nov. 3, 1936. F. F. Hornung M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1936, to 11-2, 1936.
I last saw him alive on 11-1, 1936. death is said to have occurred on the date stated above, at 9 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	Symptoms 4 months
Other contributory causes of importance: Senility	

Name of operation None Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hornung, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101398

Registration District No. 20
Primary Registration District No. 1050 Local Registrar's No. 192

1. (No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry William Finzel

(a) Residence. No. 622 - Indiana St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Musaetta Finzel

6. DATE OF BIRTH (month, day, and year) 3-17-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Jeweler
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) 11-7-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville (State or country) Ky

FATHER
13. NAME Frank Finzel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME —— Fiser
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ora Coonradt (Address) Pullman Wash.

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 11-11, 193 6

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene, Idaho

20. FILED Nov. 10, 193 6 J. Horning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8 193 6, to 11-8, 193 6
I last saw him alive on 11-8, 193 6: death is said to have occurred on the date stated above, at 6 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Reed, M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101399

Registration District No. 30
Primary Registration District No. 1055 Local Registrar's No. 193

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Lakeside Hospital)

2. FULL NAME Nellie Novak.

(a) Residence. No. St. Rathdrum #R.S.1.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W. | 5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of James Novak

6. DATE OF BIRTH (month, day and year) 1870 - 9 - 2

7. AGE — Years: 66 | Months: 2 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Sept 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town). (State or country) Russia

FATHER

13. NAME Jacob Wasmuk

14. BIRTHPLACE (city or town). (State or country) Russia

MOTHER

15. MAIDEN NAME Nellie

16. BIRTHPLACE (city or town). (State or country) Russia

17. INFORMANT (Address) Mrs. M. L. Kerick 328 Lincoln St. Cda

18. BURIAL, CREMATION OR REMOVAL
Place Hayden Lake Date 11-7-, 193..

19. UNDERTAKER (Address) Cassady Funeral Home Coeur d'Alene Ida

20. FILED Nov. 19, 1936. F. F. Hanning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 193.6, to Nov. 4, 193.6.
I last saw her alive on Nov. 4, 193.6; death is said to have occurred on the date stated above, at 3 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Erysipelas	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in a **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J. Slenger, M. D.
(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Sturges

PLACE OF DEATH
County of Kootenai
City of Coeur D' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101400

DEC 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 194

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Kindler Hager

88 V

(a) Residence. No. Coeur D' Alene St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 3 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER
13. NAME Fred L. Kindler
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME -- Luckhardt
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ray Kindler
(Address) Rathdrum, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn. Date Nov. 12 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho

20. FILED Nov. 11, 1936 7 7 Harsing M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Nov 9, 1936
I last saw h[illegible] alive on Nov 9, 1936; death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Postoperative Pneumonia	
Other contributory causes of importance: Cholecystectomy - Chronic Nephritis 4	

Name of operation Cholecystectomy Date of 10-22-36
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harned J. Sturges, M. D.
(Address) Cda Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur D' Alene

B. IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101401

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 195

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) Lakeside Hospital

2. FULL NAME John A. McLeod

(a) Residence. No. 504 Reid Street St.
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina McLeod

6. DATE OF BIRTH (month, day, and year) May 29, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	2D	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Planing Mill Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 2, 36

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Ont. Canada

FATHER

13. NAME John McLeod

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Catherine McLeod

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. May Murphy
(Address) Coeur D' Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cemetery Date Nov. 13, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur D' Alene, Idaho.

20. FILED Nov. 17, 1936 F. F. Norman, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Nov. 10, 1936.

I last saw him alive on Nov. 10, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Strangulated hernia~~	~~4 hrs.~~
Acute gastric attack	2 days
surgical shock	

Other contributory causes of importance:

~~Strangulated~~	
Strangulated hernia	8 yrs.

Name of operation Yes Date of Nov 9/36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101402

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 196

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) (No. 188 E)

2. FULL NAME John Albert Williams

(a) Residence. No. St. Decorah, Iowa,
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of: Sophia Williams
6. DATE OF BIRTH (month, day, and year): 1882-4-8
7. AGE — Years: 54 | Months: 7 | Days: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Plumber
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Don't Know
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa.

FATHER
13. NAME: Sigwart Williams
14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER
15. MAIDEN NAME: Matilda Johnson
16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address):

18. BURIAL, CREMATION OR REMOVAL
Place. Decorah Iowa Date 11—, 1936

19. UNDERTAKER (Address): Jesse A. Carlson 428 Maxwell Spokane

20. FILED Nov. 12, 1936. J. J. Harsing, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Deceased~~ Nov 8 1936, to Nov 8, 1936
I ~~last saw~~ saw him alive on Nov 8, 1936; death is said to have occurred on the date stated above, at 7:00 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Probable skull fract.	11/7/36
Severe Concussion of brain	11/7/36
Exposure to cold	11/7/36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 11/7 1936
Where did injury occur? ½ mile west of Rathdrum
(Specify city or town, county, and state) Idaho
Specify whether injury occurred in **industry**, in **home**, or in **public place** Fell off freight train on N.P. R.R. ½ mile west of Rathdrum
Manner of injury
Nature of injury Blow on head & bodygashed wide

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Hornung M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101403

Registration District No. 30
Primary Registration District No. 1020
Local Registrar's No. 197

DEC 4 1936 RECEIVED

(No. 97)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas. Core.

(a) Residence. No. St. Post Falls, Ida.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. 1/2 mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Don't Know

6. DATE OF BIRTH (month, day, and year) 1866 - 5 - 31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mill-worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** In Mill

10. Date deceased last worked at this occupation (mo. and yr.) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Iowa

FATHER

13. NAME Jacheus Core

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amelia Hester Warner

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Verna Tautenhahn Post Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Rathdrum Ida. Date 11-12 193 6

19. UNDERTAKER (Address) Cassedy Funeral Home Coeur d'Alene Ida.

20. FILED Nov. 12, 193 6. W. T. Herring M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-9 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-1-36, 193 6, to 11-9-36, 193 6.
I last saw him alive on 11-8-36, 193 6; death is said to have occurred on the date stated above, at 7 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Nervous exhaustion	
Insanity	

Other **contributory causes** of importance:

Chronic Myocarditis	

Name of operation None Date of
What test confirmed diagnosis? P.C. Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Herring M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 1 1936 RECEIVED

PLACE OF DEATH
County of Kootenai
City of Near Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101404

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 198

1. (If death occurred in a hospital or institution, give its name instead of street and number) No. On Highway

2. FULL NAME Walter A. Byers

(a) Residence. No. West 1204 Mansfield Ave. St. Spokane, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Byers

6. DATE OF BIRTH (month, day, and year) Nov 26 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge & Road

10. Date deceased last worked at this occupation (mo. and yr.) Nov 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME John C Byers

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs Hilda Byers
(Address) Spokane, Washington

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wn/ Date 11/12, 1936

19. UNDERTAKER Hennessey & Calloway Inc
(Address) Spokane, Washington

20. FILED Nov 14, 1936 F. F. Horning, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Nov 12, 1936
[last saw him alive on Nov. 12, 1936: death is said to have occurred on the date stated above, at 11:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed left Chest due to Automobile accident	Nov 12, 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-12 1936
Where did injury occur? Public Highway, Kootenai, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Accident
Nature of injury Crushing injury to left Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hamilton P. Greenwood Coroner M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 1 1936 RECEIVED

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101405

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 199
(No. ....)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Robert Henry Anderson

(a) Residence. No. 809 Front Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1924-3-24

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

FATHER

13. NAME Henry Anderson

14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

MOTHER

15. MAIDEN NAME Susie Brousseau

16. BIRTHPLACE (city or town) Colorado Springs
(State or country) Colorado.

17. INFORMANT Henry Anderson
(Address) 809 Front Ave.

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida Date 11-17, 1936

19. UNDERTAKER Cassedy Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Nov. 19, 1936 F. F. Herring, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-15 1936

22. I HEREBY CERTIFY, That I ~~attended~~ did not attend deceased from 11-15, 1936, to 11-15, 1936.
I last saw him alive on 11-15, 1936.; death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gunshot wound in neck	11-15-36
Other **contributory causes** of importance:	

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-15 1936
Where did injury occur? Kootenai County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. On Coeur d'Alene Lake
Manner of injury 28 gauge shotgun wound
Nature of injury Shotgun wound in neck at Clore

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Hamilton H. Hazlewood M. D. Coroner
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101406

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 200

DEC 4 1936 RECEIVED

(No. Coeur d'Alene Homes,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emaline Gentry

(a) Residence. No. ..... St. .....
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Geo. Gentry

6. DATE OF BIRTH (month, day, and year) 1847-6-22

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** House wife

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambron Co. Penn.

MOTHER FATHER

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Polly C. Hatmaw

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT J. M. Gentry
(Address)

18. BURIAL, CREMATION OR REMOVAL
Forest Place. Coeur d'Alene Date 11-17, 1936

19. UNDERTAKER Gassert Funeral Home
(Address) Coeur d'Alene Ida

20. FILED Nov. 19, 1936. F. F. Horning, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1936, to 11/14, 1936.

I last saw h[illegible] alive on 11/10, 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Other **contributory causes** of importance:	about
Bronchopneumonia	11/6/36
	—

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) Coeur d'Alene Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101407

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 201

DEC 1 1936 RECEIVED

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luther A. Knapp

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary D. Knapp

6. DATE OF BIRTH (month, day, and year) 1853-7-13

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mill
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1932
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Osage (State or country) Iowa

FATHER
13. NAME Hiram Knapp
14. BIRTHPLACE (city or town) England (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Jerdon
16. BIRTHPLACE (city or town) N. Y. (State or country)

17. INFORMANT Orlow Knapp
(Address) Spokane Wn. Clinton Hotel

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 11-22 1936

19. UNDERTAKER Kassed Funeral Home
(Address) Coeur d'Alene

20. FILED Nov. 21, 1936 H. T. Harvey, M. S.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-21 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Nov., 1936. I last saw h... alive on Nov. 20 1936. death is said to have occurred on the date stated above, at 2:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	
Other **contributory causes** of importance: Gangrene of foot due to obliterating endarteritis	

Name of operation None Date of.....
What test confirmed diagnosis? ~~Was there~~ an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Harold J. Sturgis, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101408

Registration District No. 30
Primary Registration District No. 105-0 Local Registrar's No. 20 2

DEC 4 1936 REGISTERED

(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fred W. Bubb

(a) Residence. No. Athol, Idaho St. Athol, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joyce Bubb

6. DATE OF BIRTH (month, day, and year) 5--12--1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME David D. Bubb
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME ------ Wilkinson
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. Joyce Bubb
(Address) Athol, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~ Forest Lawn Coeur d' Alene
Place Athol Idaho Date 11/23, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene

20. FILED Nov. 21, 1936 I. F. Horning M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936, to Nov. 18, 1936
I last saw him alive on Nov. 18, 1936: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation for Prostate	
Malignant hypertrophy	1936.

Other contributory causes of importance:
Delayed surgical care
Sleeplessness due to Embolism in left Colic branch of my mesentery

Name of operation Prostatectomy Date of 18th Nov.
What test confirmed diagnosis? Tac. Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hubert Sturges M. D.
(Address) Coeur d' Alene, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101409

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 203
(No.) Lakeside Hospital, C'd'Alene
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Michael Frost 188 C

(a) Residence. No. — St. Kellogg, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. — mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1911-6-27

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
25	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Sine Plant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Employer
10. Date deceased last worked at this occupation (mo. and yr.) 11-12-1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrison (State or country) Ida

MOTHER FATHER

13. NAME Peter Frost
14. BIRTHPLACE (city or town) Dont-Know (State or country)
15. MAIDEN NAME Rose Moran
16. BIRTHPLACE (city or town) Dont-Know (State or country)

17. INFORMANT Lawrence H. Frost (Address) 826 5½ Street

18. BURIAL, CREMATION OR REMOVAL Thomas
Place Coeur d'Alene Date 11-17, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Nov 28, 1936. F. F. Hornig M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to Nov. 14, 1936.
I last saw h.. alive on Nov. 14, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Concussion of brain due to Car accident	
Other **contributory causes** of importance:	

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harold J. Stringer, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101410

Registration District No. 30

DEC 4 1936 RECEIVED

Primary Registration District No. 1050 Local Registrar's No. 204

(No.) 90
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Frances Baumgartner

(a) Residence. No. 632 Lincoln Way St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-18-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** W. P. A.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Office help.

10. Date deceased last worked at this occupation (mo. and yr.) Nov-10-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries Ida
(State or country)

FATHER

13. NAME P. J. Baumgartner

14. BIRTHPLACE (city or town) Erie Penn.
(State or country)

MOTHER

15. MAIDEN NAME Mary Haligower

16. BIRTHPLACE (city or town) Detroit Mich.
(State or country)

17. INFORMANT Mary B. Baumgartner
(Address)

18. BURIAL, CREMATION OR REMOVAL
St Thomas Cemetery Coeur d'Alene Date 11-30 193 6

19. UNDERTAKER Casey Funeral Home
(Address) Coeur d'Alene

20. FILED Nov. 28, 193 6. F. F. Herring, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-26 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 193 6, to 11/26, 193 6.
I last saw her alive on 11/26, 193 6. death is said to have occurred on the date stated above, at 12 45 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilation of the heart	11/20/36
Rheumatic Heart Disease	since childhood

Other **contributory causes** of importance:

Marked secondary Anemia	2-3 yrs

Name of operation None Date of
What test confirmed diagnosis P.C. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Herring, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenay

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101411

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 205

1936 REGISTERED No. .....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Schmeberger.

(a) Residence. No. 906 Coeur d'alene Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-28-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coeyrd' Alene Ida Co.

FATHER

13. NAME Edward Schmeberger

14. BIRTHPLACE (city or town) (State or country) Wood Lake Neb.

MOTHER

15. MAIDEN NAME Mary Boucher

16. BIRTHPLACE (city or town) (State or country) Coeurd'alene Idaho

17. INFORMANT (Address) Edward Schmeberger 906 Coeur d'Alene Ave.

18. BURIAL, CREMATION OR REMOVAL Place Coeurd'alene Date 11-30 1936

Thomas

19. UNDERTAKER (Address) Coeur d'Alene Funeral Home Coeur d'alene. Idaho

20. FILED Nov. 30, 1936 T. F. Horning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Nov. 28, 1936.

I last saw him alive on Nov. 28, 1936; death is said to have occurred on the date stated above, at 2 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	11-28-36
2½ months premature	
Other **contributory causes** of importance:	
Loss of amniotic fluid 3	
months ago.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hamilton Hospital

(Address) Coeur d'Alene, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Coeur De Alene

DEC 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101412

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 206

(No.) Lake Side Hospital

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Bessie C. Michael

(a) Residence. No. Otis Orchard. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter G.

6. DATE OF BIRTH (month, day, and year) July 24 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) Dec.

11. Total time (years) spent in this occupation 31 yrs.

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME William Jolliff

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Ida Bregg

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMENT (Address) Mr. T. J. Michael Otis Orchard.

18. BURIAL, CREMATION, OR REMOVAL Place ... Date ..., 193

19. UNDERTAKER (Address) Hagen & Haegen 306 N. Monroe Spokane

20. FILED Nov. 30, 1936 F. F. Hosking, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...

I last saw her alive on Nov 30, 1936: death is said to have occurred on the date stated above, at 12, 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	
Myocarditis	2 yrs.
Other contributory causes of importance:	
Chole lithiasis	6 yrs.
c Biliary obstruction in common duct.	6 mo.

Name of operation Cholecystectomy Date of Nov 30

What test confirmed diagnosis? Removal of stone from common duct. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Coeur d. Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Rathdrum

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101413

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 207

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matthew Alexander

(a) Residence. No. ..... St. Post Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 1-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) About 9-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME William Alexander

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Ann Mayer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. C. B. Wingett
(Address) 2929 W Boone - Spokane Wash

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 12-2, 1936

19. UNDERTAKER Casey & Funeral Home
(Address) Rathdrum Ida

20. FILED Dec. 1, 1936 F. F. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15/, 1936, to 11/30, 1936
I last saw him alive on 11/27, 1936: death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	3 years
Other contributory causes of importance: Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. F. Herring M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. O.M. Husted.

DO NOT WRITE IN THIS SPACE
State File No. 101414

DEC 4 1936 RECEIVED

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 209
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Marion Moraty

(a) Residence. No. 802 Young Ave. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Delia Moraty

6. DATE OF BIRTH (month, day, and year) 11/5/1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed by
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackwell Lbr. Co.
10. Date deceased last worked at this occupation (mo. and yr.) 11/1936
11. Total time (years) spent in this occupation 8years

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Caleb Moraty
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Myra Mead
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Delia Moraty
(Address) Coeur d' Alene

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cemetery C.d'A. Date 11/18/ 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED Dec 3, 1936 F. F. Kenney, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/10/36, 193..., to 11/16/, 1936
I last saw h...m alive on 11/16/36 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coban Pneumonia	11-9-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury ..... none .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..... If so, specify .....
(Signed) O.M. Husted, M. D.
(Address) Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Hayden Lake
near Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050

Dr. Harold Sturges

DO NOT WRITE IN THIS SPACE
State File No. 101415

DEC 4 1936 RECEIVED

Local Registrar's No. 210

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Belle Strahorn

(a) Residence. No. Hayden Lake, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~Husband of~~ (or) WIFE of Joseph. Died 1930

6. DATE OF BIRTH (month, day, and year) 10-12-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) //
11. Total time (years) spent in this occupation //

12. BIRTHPLACE (city or town) (State or country) Freeport, Ill.

FATHER
13. NAME John Milliken
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Barbara ----------
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Clyde Strahorn
(Address) Hayden Lake, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Forest Cem
Place Coeur d' Alene Date 11/24, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED Dec 3, 1936 T. J. Horning M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov 22, 1936
I last saw ~~her~~ alive on Nov 20, 1936. death is said to have occurred on the date stated above, at 8:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chronic	
Other contributory causes of importance:	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harold J. Sturges, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Huetter, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101416

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 21
(No.)

DEC 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hiram Wellington Wilbur

(a) Residence. No. Huetter, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Clara Wilbur

6. DATE OF BIRTH (month, day, and year) 7 12 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Dairy
10. Date deceased last worked at this occupation (mo. and yr.) 10/1936
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Lexington, Minc.

FATHER
13. NAME Egbert Wilbur
14. BIRTHPLACE (city or town) (State or country) Maples, New York

MOTHER
15. MAIDEN NAME Ellen Raymond
16. BIRTHPLACE (city or town) (State or country) West Union, Iowa.

17. INFORMANT Mrs. Clara Wilbur
(Address) Huetter, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cem. C.D.A. Date 12/2/ 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED Dec 3, 1936 J. J. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Nov 29, 1936.
I last saw him alive on Nov 27, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart.	11/29/36
Other contributory causes of importance:	
Gastritis	11/1/36.

Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Milton J. Hargesy M.D. ~~C.D.~~
(Address) 1107-4th St. Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101417

DEC 1 1936 [illegible]

Registration District No.....

Primary Registration District No..... Local Registrar's No.....

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise B. Watters

(a) Residence. No..... St. Victor, Mont.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. I. Watters

6. DATE OF BIRTH (month, day, and year) Aug. 21, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Redwing
(State or country) Minn.

FATHER

13. NAME Chas. Brink

14. BIRTHPLACE (city or town) .....
(State or country) New Hampshire

MOTHER

15. MAIDEN NAME Lucinda Hall

16. BIRTHPLACE (city or town) .....
(State or country) Vermont

17. INFORMANT Mrs. R.L. Vandenburg
(Address) Genesee, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Victor, Mont. Date....., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 12/1, 1936 C. J. Wolick M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1936, to 11/27, 1936

I last saw her alive on....., 193..: death is said to have occurred on the date stated above, at 3:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease, (Mitral Stenosis with regurgitation)	unknown
Other contributory causes of importance: Pulmonary edema.	

Name of operation None Date of .....

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Wolick M. D.

(Address) Genesee, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101418

DEC 1 1936 RECEIVED

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 170
(No. The Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

159 C

2. FULL NAME Baby Whitney

(a) Residence. No. (St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-30-36

7. AGE Years	Months	Days	If LESS than 1 day 19 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

FATHER
13. NAME Howard L. Whitney
14. BIRTHPLACE (city or town) Spokane
(State or country) Washington

MOTHER
15. MAIDEN NAME Edith M. Grobe
16. BIRTHPLACE (city or town) Ymir
(State or country) B. C.

17. INFORMANT Howard L. Whitney
(Address) 120 No Jackson, Moscow Ida

18. BURIAL, CREMATION OR REMOVAL
Place Date , 193

19. UNDERTAKER
(Address)

20. FILED 12/9, 193 John H. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/30/36, 193, to 10/31/36, 193
I last saw him alive on 10/31/36, 193: death is said to have occurred on the date stated above, at 4.30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital anomalie	?
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Doyle M. Lochs, M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101419

Registration District No. 6 1
Primary Registration District No. 1 0 1 1
Local Registrar's No. 171

DEC 1 1936 RECEIVED

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Louise Dunn

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)

FATHER

13. NAME Emery Dunn

14. BIRTHPLACE (city or town) Fergus Falls,
(State or country) Minn.

MOTHER

15. MAIDEN NAME Helga Anuerson

16. BIRTHPLACE (city or town) Brant,
(State or country) S. Dak.

17. INFORMANT Emery Dunn
(Address) Moscow, Idaho

18. BURIAL, [redacted]
Place Moscow. Idaho Date 11/5, 1936

19. UNDERTAKER H.R. Spoor
(Address) Moscow Idaho

20. FILED 11/5, 1936 John Lundbom
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936, to Nov. 4, 1936

I last saw her alive on Nov. 4, 1936: death is said to have occurred on the date stated above, at 3:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in **also** the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bonnie J. Klaasen, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101420

DEC 22 1936 RECEIVED

Registration District No. 6 1
Primary Registration District No. 1911 Local Registrar's No. 172

(No. Joel)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Pasko Harper

(a) Residence. No. Joel St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Washington Harper

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) not known
(State or country) Wisconsin

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. John Bruce
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 11/12, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 11/12, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Nov. 9, 1936
I last saw her alive on Nov. 9, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia.	
Other contributory causes of importance:	
Fracture of R. Hip.	
Senility	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to ~~external~~ causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....
(Signed) [signature] M. D.
(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101421

DEC 14 1936 RECEIVED

Registration District No. 6 1
Primary Registration District No. 1 0 1 1 Local Registrar's No. 1 2 3

(No. 409 West 3rd St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma J. Havens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. F. Havens

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1 [illegible]	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Syracuse
(State or country) N.Y.

FATHER
13. NAME James Taylor
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Julia Plaunt
16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Ira Havens
(Address) Kendrick, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Masonville, Iowa Date 11/17, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 11/17, 1936 J. Henry Benbrook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 19[illegible], 1936, to Nov 15, 1936
I last saw her alive on Nov 15, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	unknown
Uremia	Nov. 1, 1936.
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Edward M. Dunn, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

DEC 22 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101422

Registration District No. 6-1
Primary Registration District No. 1011 Local Registrar's No. 124
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Wallner

(a) Residence. No. St. Troy Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			16

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

FATHER
13. NAME Bertle Wallner
14. BIRTHPLACE (city or town) Troy,
(State or country) Idaho

MOTHER
15. MAIDEN NAME Eva Croson
16. BIRTHPLACE (city or town) Winterset,
(State or country) Iowa

17. INFORMANT Bertle Wallner
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Troy, Idaho Date 11/17, 193[illegible]

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho

20. FILED 11/17, 193[illegible] [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 193[illegible], to 11/16, 193[illegible]
I last saw h[illegible] alive on 11/16, 193[illegible]; death is said to have occurred on the date stated above, at 11[illegible] m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Pneumothorax	
for new born	
Other contributory causes of importance:	
Prolapse of Cord	
Prolonged Labor	
None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah.
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101423

Registration District No. 6-1

DEC 14 1936 RECEIVED

Primary Registration District No. 1011 Local Registrar's No. 125

(No. Pitman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William J. Humphrey

(a) Residence. No. 235 Ga. Polk St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 7-1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 7-36

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Moscow Ida

FATHER

13. NAME Nichols Humphrey

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Delila Cummings

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Bro. John J. Humphrey Moscow Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Moscow Ida. Date Nov. 20, 1936

19. UNDERTAKER (Address) Carlson-Anderson Moscow Ida.

20. FILED 12-9, 193... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 193.6., to Nov 18, 193.6

I last saw him alive on Nov 18, 193.6.: death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	~~Sept 17, 1936~~ Nov.
Other contributory causes of importance: Cerebral Hemorrhage	Nov. ~~Sept 17, 1936~~

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Nov 17, 193.6
Where did injury occur? in Kirkham, Moscow, Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall down Stairs
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward N. Dunn, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101424

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 176

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Dean Haines

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1936

7. AGE Years	Months	Days	If LESS than 1 day 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

FATHER

13. NAME Charles Haines

14. BIRTHPLACE (city or town) (State or country) Wash.

MOTHER

15. MAIDEN NAME Leola Adair

16. BIRTHPLACE (city or town) Potlatch, (State or country) Idaho

17. INFORMANT Charles Haines
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze cemetery Date 11/19, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho

20. FILED 11/19, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/18/36, 193..., to 11/18/36, 193...
I last saw him alive on 11/18/36, 193...: death is said to have occurred on the date stated above, at 8 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
not known	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Sachs, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101425

DEC 14 1936 RECEIVED

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 177

(No. Bartlett Rooming House)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don Piper

(a) Residence. No. 116 S. Jackson St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936

11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) Not known
(State or country) "

FATHER

13. NAME

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. W. L. Bartlett
(Address) Moscow, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/25, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 11/24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden death	
Myocarditis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. R. Short M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101426

Registration District No. 61
Primary Registration District No. 101 Local Registrar's No. 178

(No.) Gritman Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry P. Hewitt

(a) Residence. No. R.F.D. No 1 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, and year) July 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11/26

11. Total time (years) spent in this occupation 54 yrs.

12. BIRTHPLACE (city or town) (State or country) Mineral Point Wis.

FATHER

13. NAME Thomas Hewitt

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Webster

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Aaron Hewitt
(Address) Moscow, Ida. Rt. #1

18. BURIAL, CREMATION, REMOVAL
Place Moscow Date 11/27, 193 6

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 11/27, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 193 6, to Nov. 24, 193 6
I last saw h[illegible] alive on Nov. 24, 193 6: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	
Other contributory causes of importance:	
General arterio sclerosis.	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) [signature], M. D.
(Address) Moscow Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Avon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101427

DEC 7 1936 RECEIVED

Registration District No. 64

Primary Registration District No. 1404

Local Registrar's No. 89

(No. 18)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Harvey Lunsford

(a) Residence. No. Avon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Ellen Lunsford

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 4

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Unknown (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) "

17. INFORMANT Fred Lunsford (Address) Avon Idaho

18. BURIAL, ~~CREMATION~~, REMOVAL Place Avon Cemetery Date Dec. 6, 1936

19. UNDERTAKER A. Earl Alden (Address) Troy Idaho

20. FILED Dec 6, 1936. Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12-4- ..., 193.6 to 12-4-, 193.6

I last saw him alive on 11-6-, 193.6; death is said to have occurred on the date stated above, at 5-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Other contributory causes of importance: Hypertension	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12-4, 193.6
Where did injury occur? Avon, Latah County Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Dragged by horses & sleigh
Nature of injury Multiple contusions

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Meyer, M. D.

(Address) Troy Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of ~~Moscow~~ Troy

DEC 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101429

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Edgar Flodin

(a) Residence. No. Troy, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-11-36

7. AGE Years	Months	Days	If LESS than 1 day 5 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy, Idaho

FATHER

13. NAME Elmer G. Flodin

14. BIRTHPLACE (city or town) (State or country) Troy, Idaho

MOTHER

15. MAIDEN NAME Lucile Lindberg

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT (Address) Elmer G Flodin

18. BURIAL, CREMATION OR REMOVAL

Place Dry creek Date 12-13 1936

19. UNDERTAKER (Address) none

20. FILED Dec 1, 1936 Lucy M Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1936, to 10-11, 1936

I last saw him alive on 10-11, 1936: death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6 mo gestation)	

Other contributory causes of importance:

None

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. D. Cramington, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101430

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jean Hill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11-13-36

7. AGE: Years | Months | Days | If LESS than 1 day 20 hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Ida

MOTHER/FATHER

13. NAME Lester Hill

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER/FATHER

15. MAIDEN NAME Francis Ruth Hill

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Lester Hill Kendrick

18. BURIAL, CREMATION OR REMOVAL
Place Kendrick Date 11-15-, 1936

19. UNDERTAKER (Address) None

20. FILED Dec. 1, 1936 Lucy M. Pickford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-14-1936.

22. I HEREBY CERTIFY, That I attended deceased from 11-13-, 1936., to 11-14-, 1936., I last saw h[illegible] alive on 11-14-, 1936. death is said to have occurred on the date stated above, at 4 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Four and one half	
months gestation.	

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury , 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101431

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.

DEC 8 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Hill

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-13-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy Idaho

FATHER
13. NAME Lester Hill
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Francis Ruthe Hill
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT (Address) Lester Hill Kendrick

18. BURIAL, CREMATION, OR REMOVAL
Place Kendrick Date Nov 15 1936

19. UNDERTAKER (Address) none

20. FILED Dec. 1, 1936. Lucy M. Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11., 1936., to Nov. 11., 1936.
I last saw her alive on 11-13., 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
Gestation period four and one half months	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Chas J. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Troy

DEC 8 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101432

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Adelia F. Wright
(a) Residence. No. Troy, Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. W. Wright

6. DATE OF BIRTH (month, day, and year) April 5-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Wm. Duncan
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Stump
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Homer Wright
(Address) Troy, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Nov 27, 1936

19. UNDERTAKER A. Earl Alden
(Address) Troy, Idaho

20. FILED Dec 1, 1936 Lucy M. Pickerd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 4, 193.., to Nov. 24, 193.6.
I last saw her alive on Nov. 23 193.6: death is said to have occurred on the date stated above, at 6:59 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	
Chronic myocarditis	1931.
Other contributory causes of importance:	
Cerebral hemorrhage	1934

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas. D. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101433
State File No.

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number) 49

2. FULL NAME Theodore Hanson

(a) Residence. No. Troy, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Hanson

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assist. Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ida. Bean & Ele. Co.
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Unknown
(State or country) Minn.

FATHER
13. NAME Tennis Hanson
14. BIRTHPLACE (city or town) ?
(State or country) Norway

MOTHER
15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) ?
(State or country) Norway

17. INFORMANT Harold Hanson
(Address) Troy, Ida.

18. BURIAL, CREMATION OR REMOVAL Removal
Place Moscow, Ida. Date Nov. 23, 1936

19. UNDERTAKER Earl Alden
(Address) Troy, Ida.

20. FILED Dec 1, 1936 Lucy M. Pickerd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 21 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933, to Nov 21, 1936.
I last saw him alive on Nov. 11, 1936.: death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate.	May 1936
Other contributory causes of importance:	

Name of operation Prostate resection Date of 4/14/36.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Thos. A. Meyer M. D.
(Address) Troy, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101434

Registration District No. 64

Primary Registration District No. 2144 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Criswell Miller

(a) Residence. No. Troy, Idaho, Rural St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carolyn Miller

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic ~~Farmer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1923

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ellis, Kansas

FATHER

13. NAME George C. Miller

14. BIRTHPLACE (city or town) (State or country) Not known Ohio

MOTHER

15. MAIDEN NAME Anna Luther

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Geo. C. Miller
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Westdale Date Nov. 8, 1936

19. UNDERTAKER A. Earl Allen
(Address) Troy, Idaho

20. FILED Dec 1, 1936 Lucy M. Pickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to Nov. 6, 1936
I last saw him alive on Nov. 3, 1936; death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct. 1936.
Other contributory causes of importance: Hypertrophic arthritis	1923.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. Meyer, M. D.
(Address) Troy, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101435

Registration District No. 64
Primary Registration District No. 2144 Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Ernest Leopold Anderson

(a) Residence. No. Troy, Idaho - Rural St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 46 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth 25 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matilda

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Bohuslan county
(State or country) Sweden

FATHER
13. NAME Eric Anderson
14. BIRTHPLACE (city or town) ?
(State or country) Sweden

MOTHER
15. MAIDEN NAME Ada Trona
16. BIRTHPLACE (city or town) ?
(State or country) Sweden

17. INFORMANT Paul Anderson
(Address) Troy, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Westdala Cemetery Date Nov. 12 1936

19. UNDERTAKER A. Earl Alden
(Address) Troy, Idaho

20. FILED Dec 1, 1936 Lucy M. Puckett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 9 1936.

22. I HEREBY CERTIFY, That I attended deceased from November, 1933, to Nov. 9, 1936
I last saw him alive on Nov 9, 1936: death is said to have occurred on the date stated above, at 2.30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1931.
Primary in prostate.	
Immediate Carcinomatous	June.
of Stomach & Liver	1936
Other contributory causes of importance:	

Name of operation Prostatectomy Date of 1931.
What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Chas. G. Meyer, M. D.
(Address) Troy, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Kendrick (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 3 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101436

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No. 156

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Sparber

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman H. Sparber

6. DATE OF BIRTH (month, day, and year) May 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) McGregor,
(State or country) Iowa

FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Harry Sparber
(Address) Kendrick, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Kendrick, Ida. Date 11/15, 1936

19. UNDERTAKER Earl Alden
(Address) Troy, Idaho

20. FILED Nov. 14, 1936 B. F. Neabit.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Nov. 8, 1936
I last saw her alive on Nov. 8, 1936: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arthritis	
of spine	1910
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) D. D. Chastenay, M. D.
(Address) Kendrick

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlach

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101437

Registration District No. 66

NOV 21 1936 RECEIVED

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlach, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME U. M. Baldwin

(a) Residence. No. Potlach, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. E. Baldwin

6. DATE OF BIRTH (month, day and year) April 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Mrs. Edna Kennedy
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston, Idaho Date Oct. 21, 1936

19. UNDERTAKER Vassar-Rawls Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Oct 23, 1936 J. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Oct. 21, 1936
I last saw him alive on Oct 21, 1936: death is said to have occurred on the date stated above, at 5:00 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1930
Other contributory causes of importance:	
Arteria Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. C. Tubbs, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Princeton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101438

NOV 21 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Pankey

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Pankey

6. DATE OF BIRTH (month, day, and year) Sept, 9-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (mo. and yr.) Oct, 1936
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Albany (State or country) Oregon

FATHER
13. NAME John Ivy
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs, William Bull
(Address) Princeton Ida,

18. BURIAL, CREMATION OR REMOVAL
Place Onaway Idaho Date Oct. 23, 1936

19. UNDERTAKER H.E. Kimball
(Address) Palouse Wash,

20. FILED Nov 1st, 1936 W. Jr. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1936, to Oct 21st, 1936
I last saw her alive on Oct 21st, 1936: death is said to have occurred on the date stated above, at 10. a.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of hip.	Oct 20th
Other contributory causes of importance:	
Shock following injury	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Date of injury Oct 20, 1936
Where did injury occur? Princeton Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Her home
Manner of injury Tripped & fell.
Nature of injury Fracture of hip.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H.E. Gibson, M. D.
(Address) Potlatch -

18 5

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101439

OCT 31 1936 RECEIVED

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Hardy McCown

89

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frankie J. McCown

6. DATE OF BIRTH (month, day, and year) Aug, 14-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (mo. and yr.) Oct, 1936

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) Henry Co. (State or country) Missouri

FATHER

13. NAME Lewis McCown

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Violet Caldwell

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Frankie J. McCown

(Address) Palouse Wash.

18. BURIAL, CREMATION OR REMOVAL

Place Freeze Idaho Date Oct, 28, 1936

19. UNDERTAKER H. E. Kimball

(Address) Palouse Wash.

20. FILED Oct 27 1936 Jno. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to Oct 26, 1936

I last saw him alive on Oct 10, 1936: death is said to have occurred on the date stated above, at 8 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 1936
Other contributory causes of importance:	
Chronic Nephritis	1928

Name of operation V Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Thompson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101440

NOV 21 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fay Edgar Walker

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Engie Walker

6. DATE OF BIRTH (month, day, and year) June 1-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
10. Date deceased last worked at this occupation (mo. and yr.) Oct, 1936
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Central City
(State or country) Iowa

FATHER

13. NAME James Walker
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Louise Jane Jones
16. BIRTHPLACE (city or town) Maine
(State or country)

17. INFORMANT Engie Walker
(Address) Potlatch Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rock Creek Date Oct. 27, 1936

19. UNDERTAKER H.E.Kimball
(Address) Palouse Wash,

20. FILED Oct 26, 1936 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct, 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Oct 25, 1936
I last saw him alive on Oct 25, 1936: death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Other contributory causes of importance:	
Uraemia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Gibson, M. D.
(Address) Potlatch

FORM V. S. No. 5-25 M. 1-16-13 DEC 1 1936 RECEIVED

CERTIFICATE OF DEATH

101441

State of Montana
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Powder River
City of Baker.
(No. ....., ... St.)

Registration District No. 41
Primary Registration District No. 2116

File No. .....
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eugene Wise

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH. Jan. (Month) 22 (Day) 1850 (Year)

7. AGE 86 Yrs. 11 Mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) New York.

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (State or Country) unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs John Goodman
(Address) Baker, Mont

15. Filed Dec. 10 1936 Clio C. Bellamy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 8th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1936 to Dec. 8 1936, that I last saw her alive on Nov. 30 1936, and that death occured on the date stated above, at 6.00 P.M.

The CAUSE OF DEATH* was as follows: Acute Pneumonia

(Duration) ..... Yrs. ..... mos. 11 ds.
Contributory (Secondary) Other pneumonia
(Duration) ..... mos. 9 ds.

12/8 1936 (Signed) W. Hutton M. D.
(Address) Salmon, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 2 days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death .....
Former or usual residence Stensville, Mont

19. PLACE OF BURIAL OR REMOVAL Victor, Mont. DATE OF BURIAL 12/11 1936
UNDERTAKER F. M. Liddell ADDRESS Stensville Mont.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 24654

PLACE OF DEATH

County of Lemhi

City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10142

Registration District No. 7

DEC 7 1936 RECEIVED

Primary Registration District No. 2716 Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Philip Christopher Haddington

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1926

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Apr. 20.

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Salmon

FATHER

13. NAME Watts Haddington

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elsie Mirrill

16. BIRTHPLACE (city or town) (State or country) California

17. INFORMANT (Address) Elaine Hickman Salmon, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Date Nov. 6, 1936

19. UNDERTAKER Mrs. Deeble
(Address) Salmon Ida

20. FILED Dec. 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1936 to Nov. 4 1936, 1936

I last saw him alive on Oct. 4, 1936; death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation	Chronic
Pulmonary Embolism	Unknown
Pancreatectomy Abdominal	10/27/36

Name of operation Classical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Patton M. D.
(Address) Salmon Ida

INFORMATION TO BE RESERVED FOR BINDING
PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101443

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

DEC 10 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Wade Hampton Kittley

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Kittley

6. DATE OF BIRTH (month, day, and year) Sept 17, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	2	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11/13/36
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Salmon Ida
(State or country)

FATHER
13. NAME James L. Kittley
14. BIRTHPLACE (city or town) Crabcrchard Ky.
(State or country)

MOTHER
15. MAIDEN NAME Mary Price
16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT W W Simmonds
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 11/14, 1936

19. UNDERTAKER Wm. C. Doetler
(Address)

20. FILED Dec. 10, 1936 Otho C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1936, to Nov 13, 1936
I last saw him alive on Nov 13, 1936; death is said to have occurred on the date stated above, at 12-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12-30
due	12-36
Other contributory causes of importance:	
None Could find	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify
(Signed) F B Wright, M. D.
(Address) Salmon

MARGIN RESERVED FOR BINDING

2.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101444

PLACE OF DEATH

County of Lemhi
City of Salmon

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Allen Ford.

(a) Residence. No. — Salmon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Aug 17-36
7. AGE — Years | Months: 2 | Days: 12 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Idaho Falls. Ida
13. NAME: Albert Ford

MOTHER
14. BIRTHPLACE (city or town) (State or country): Salmon Ida
15. MAIDEN NAME: Dolda Lundberg
16. BIRTHPLACE (city or town) (State or country): Idaho Falls Ida

17. INFORMANT (Address): Albert Ford Salmon Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Salmon Ida Date: 10/31, 1936
19. UNDERTAKER (Address): Wm. Dobler Salmon Ida
20. FILED Dec 10, 1936 Olive M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 29 1936
22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1936, to 10-26, 1936.
I last saw him alive on 10-26, 1936: death is said to have occurred on the date stated above, at 7 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? signs & symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. F. Evans, M. D.
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101445

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles C. Dunton

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Homestead
(State or country) Iowa

FATHER
13. NAME Wm. B. Dunton
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Lydia Haynes
16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT (Address) ~~Salmon Idaho~~ Wm. C. Doebler Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ~~W.C. Doebler~~ Salmon Date 26, 1936

19. UNDERTAKER W.C. Doebler
(Address) Salmon Idaho

20. FILED Dec 10, 1936 Clio L. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 193[illegible], to Oct. 25, 1936.
I last saw him alive on Oct 15, 1936; death is said to have occurred on the date stated above, at 4 P— m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease - Mitral Regurgitation	Unknown
Other contributory causes of importance: Pneumonia	Oct 10th

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193[illegible]
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) W. C. Dutton, M. D.
(Address) Salmon

PLACE OF DEATH

County of Lemhi

City of Salmon

DEC 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. 2-116

DO NOT WRITE IN THIS SPACE

State File No. 101446

Local Registrar's No. 159

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patricia Rose Jones

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: girl

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 23, 1936

7. AGE — Years | Months | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salmon Idaho

MOTHER/FATHER

13. NAME: Clarence Wyford Jones

14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER/FATHER

15. MAIDEN NAME: Clee Rose Henderson

16. BIRTHPLACE (city or town) (State or country): Clifton Ida.

17. INFORMANT (Address): LaVern Jones

18. BURIAL, CREMATION OR REMOVAL: Salmon, Idaho
Place: Lewisville Ida. Date: Nov. 5, 1936

19. UNDERTAKER (Address): Ryder Undertaking Salmon Ida.

20. FILED Dec. 10, 1936 Chas. C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH Nov. 3, 36

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 3, 1936

I last saw h[illegible] alive on Nov 3, 1936; death is said to have occurred on the date stated above, at 4 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Failure of the [illegible]	
Valve in heart & Clot	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... M. D.

(Address) 45 Wright Salmon Ida.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

...KED FOR BINDING
...DING INK—THIS IS A PERMANENT RECORD. Every item of ... supplied. AGE should be stated EXACTLY. PHYSICIANS should

FORM V. S. No. 5-25 M. 1-16-13

NOV 23 1936 RECEIVED

CERTIFICATE OF DEATH.

Dr Collins

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
Registration District No. 47
County of Latah Primary Registration District No.
City of Moscow Idaho No. St.)
If death occurred away from usual residence, give facts called for under special information. Dr Hoge

File No. 101447
Registered No. 214
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma Jane Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH. Jan. 19 1920
(Month) (Day) (Year)

7. AGE: 16 Yrs. 6 Mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fraser Idaho

10. NAME OF FATHER: Earl Wm Reed

11. BIRTHPLACE OF FATHER (State or Country): Fraser Idaho

12. MAIDEN NAME OF MOTHER: Hazel Martin

13. BIRTHPLACE OF MOTHER (State or Country): Mosco Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) ✓ Mrs Earl W. Reed
(Address) ✓ Nezperce Idaho

15.
Filed Sept 22 1936 Albert Hoff
Local Registrar

BYRNE - YORK CO., PTRS. & BKBS. 24653

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: hour 11:45 AM
July 22 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19 1936, to July 22 1936, that I last saw h.er alive on July 20 1936, and that death occured on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Subacute Rheumatic endocarditis

(Duration) 1 Yrs. mos. ds.

Contributory (Secondary)

(Duration yrs. mos. ds.

(Signed) R. H. Collins M. D.
9/23/36 (Address) Kamiah Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemety — DATE OF BURIAL: 24 1936

20. UNDERTAKER: Albert Hoff — ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Nezperce Idaho

Rour 1

NOV 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101448

Registration District No. 47

Primary Registration District No. ____ Local Registrar's No. 215

(No. Nez Perce 1)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Fred C. Turner

(a) Residence. No. Nezperce Idaho. St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Clara Turner

6. DATE OF BIRTH (month, day and year) April 30. 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME J.K.Turner

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Leoria Turner

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Lloyd Turner
(Address) Nezperce Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Lewiston Idaho. Date 10/8/36 193..

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho

20. FILED Nov 1 6 1936 Albert [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from No date, 193.., to No date, 193..

I last saw h.. alive on ____, 193..: death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart attack	Do not
(Angina Pectoris)	know.
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. H. Cooper M. D.
(Address) Nezperce Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho (or) Village

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101449

Registration District No. 47
Primary Registration District No.
Local Registrar's No. 216

NOV 23 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Edith Irene Shearer

(a) Residence. No. Nezperce St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Elda M. Shearer

6. DATE OF BIRTH (month, day, and year) Nov-6-1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
38	11	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) Oct 9-36
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Grangeville Ida.

FATHER
13. NAME E. John Briscoe
14. BIRTHPLACE (city or town) (State or country) Bentonsville Ark.

MOTHER
15. MAIDEN NAME Ellen Motley
16. BIRTHPLACE (city or town) (State or country) Carthage Mo.

17. INFORMANT Husband Elda M. Shearer
(Address) Nezperce Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Ida Date Oct 14, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED Nov 14 1936 Albert Kreiff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7th, 1936, to Oct. 14, 1936
I last saw her alive on Oct 14, 1936. Death is said to have occurred on the date stated above, at 3.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Oct 7-1936
Other contributory causes of importance:	
Heart Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. H. Cooper, M. D.
(Address) Nezperce Idaho

101a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison.
City of Rexburg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101450

Registration District No. 100

DEC 12 1936 RECEIVED

Primary Registration District No. 2178 Local Registrar's No. 69

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Fredrick William Frederiksen.

(a) Residence. No. Killgore St.
(Usual place of abode) " "
Idaho.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16-1919.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	0	24.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Working for. His Father.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Killgore. Clark County.

FATHER
13. NAME Hans Edward Frederiksen
14. BIRTHPLACE (city or town) (State or country) Elsinore. Utah.

MOTHER
15. MAIDEN NAME Virginia McGovern
16. BIRTHPLACE (city or town) (State or country) Seattle. Washington.

17. INFORMANT H. E. Frederiksen. (Address) Killgore. Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Killgore. Ida. Date Nov. 13, 1936.

19. UNDERTAKER Wayne J. Kelley (Address) Rexburg Idaho.

20. FILED 12-5, 1936 M. E. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 193.6 to Nov. 10, 193.6
I last saw him alive on Nov. 10 193.6: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of Skull	11-8-36
Fracture Rt. hip -	
Other contributory causes of importance:	
Accidental Automobile	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident
Accident, suicide, or homicide? ..... Date of injury 11-8, 193.6
Where did injury occur? Rexburg Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Hy-ways
Manner of injury Auto left road Tipped over
Nature of injury Skull Fract. & Hip Fract.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. M. Ricks M. D.
(Address) Rexburg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Hibbard

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101451

Registration District No. 100
Primary Registration District No. 2178
Local Registrar's No. -M- 70

DEC 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gloria Roberts. 880

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salt Lake city Salt Lake

FATHER

13. NAME Hugh E Roberts
14. BIRTHPLACE (city or town) (State or country) Kanosh Millard Utah

MOTHER

15. MAIDEN NAME Gladys Roberts
16. BIRTHPLACE (city or town) (State or country) Salt Lake city Salt Lake

17. INFORMANT (Address) Hugh E Roberts Hubbard.

18. BURIAL, CREMATION OR REMOVAL
Place Hebgen Date Nov. 14, 1936

19. UNDERTAKER (Address) Geo. J. Kelley Rigby Idaho.

20. FILED 12-5, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Nov 13, 1936
I last saw her alive on Nov 13, 1936: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	~~Oct 28~~
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Parley Nelson M. D.
(Address) Rexburg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Madison
City of Rexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101453

Registration District No. 120
Primary Registration District No. 2128 Local Registrar's No. 72

DEC 11 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary H Knight.

(a) Residence. No. Rupert Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Charles W Knight

6. DATE OF BIRTH (month, day, and year) May 16 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Logan Utah
Utah

FATHER
13. NAME C. H. L. Jensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Hilbertha Nelson
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Charles W Knight
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salt Lake City Date Dec 9, 1936

19. UNDERTAKER Nesse & Fuller
(Address) Rexburg Idaho

20. FILED 12-8, 1936 Wm. H. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to Dec 6, 1936
I last saw her alive on Dec 5, 1936: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of breast	1934

Other contributory causes of importance:

Metastasis	

Name of operation Removal of left breast Date of July 1936
What test confirmed diagnosis? Laboratory tests Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis A. Rice M. D.
(Address) Rexburg Idaho
12/7/36

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101454

Registration District No. 19
Primary Registration District No. 2015
Local Registrar's No. 66

DEC 7 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ed. L. Royston

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1883
7. AGE: Years: 53; Months; Days; If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: John. R. Royston
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Edagon
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT (Address): Mrs Ellen C Royston, Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Payette Idaho Date: 11-14, 1936

19. UNDERTAKER (Address): W. G. Goodman, Rupert Idaho

20. FILED 11-12, 1936. E. F. Elsmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 11 1936 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Seen in the morgue after death	
Probable cause of death	
Heart failure	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....
(Signed) ..... M. D.
(Address) Rupert Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101455

PLACE OF DEATH
County of Nez Perce
City of Culdesac
Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Ann Keller

90

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. D. Keller

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1849

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
87	6	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10 Date deceased last worked at this occupation (mo. and yr.) .....
11 Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Newcomerstown
(State or country) Iowa

MOTHER FATHER
13. NAME John A. Sexton
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) Not on record
(State or country)

17. INFORMANT ..... W. B. ..... Keller .....
(Address) Culdesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Culdesac, Idaho Date Aug. 6, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston Idaho

20. FILED Aug. 1936 George Gaignard M.D.
Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936., to Aug. 9., 1936.
I last saw her alive on Aug. 8 1936.: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Many years

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to ext'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) George Gaignard, M. D.
(Address) Culdesac, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101456

Registration District No. 30

Primary Registration District No. 217

Local Registrar's No. 17

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eulah Elizabeth Devin

(a) Residence. No. Winchester Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of E A Devin

6. DATE OF BIRTH (month, day, and year)
Sept 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	49	2	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Dade County
(State or country) Missouri

MOTHER/FATHER

13. NAME John Mathew

14. BIRTHPLACE (city or town) Missouri
(State or country)

15. MAIDEN NAME Elizabeth Henderson

16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT E A Devin
(Address) Winchester, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wn Date 11/16, 1936

19. UNDERTAKER H R Merchant
(Address) Clarkston, Washington

20. FILED 11/16, 1936. P. C. Dunlap
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to ....., 193..

I last saw him alive on Sept, 1936; death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Unknown
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. R. Merchant, M. D.

(Address) Craig M. M. Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Hamm

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101458

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 689

Nov 1 1936 REGISTERED

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Milton Wood Blake

(a) Residence. No. St. Genesee, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept 1, 1936

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

FATHER

13. NAME John Hamilton Blake

14. BIRTHPLACE (city or town) Kamiah (State or country) Idaho

MOTHER

15. MAIDEN NAME Ethel Banaka

16. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

17. INFORMANT John H. Blake (Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Sept 3 1936

19. UNDERTAKER Brawner Wann Co. (Address) Lewiston, Idaho

20. FILED Oct. 31, 1936 C. M. W. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to Sept. 2, 1936.
I last saw him alive on 9/2, 1936: death is said to have occurred on the date stated above, at 6 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	
7 mo. Pregnancy	

Other **contributory causes** of importance: ←

Name of operation None Date of

What test confirmed diagnosis? ← Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ← Date of injury, 193.
Where did injury occur? ←
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ←
Manner of injury ←
Nature of injury ←

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ←

(Signed) Geneva Hamm M. D.
(Address) Lewiston, Ida. ho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Nezperce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101459

PLACE OF DEATH

County of Nez Perce

City of Lewiston

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 690

NOV 16 1936 RECEIVED

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Clara Belle Stapleton

(a) Residence. No. (Usual place of abode) Nezperce, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sanford L. Stapleton

6. DATE OF BIRTH (month, day, and year) Dec. 11 1883.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paintsville, Kentucky

FATHER

13. NAME Jesse Stafford.

14. BIRTHPLACE (city or town) (State or country) Paintsville, Kentucky.

MOTHER

15. MAIDEN NAME Clara Belle Stafford.

16. BIRTHPLACE (city or town) (State or country) Paintsville, Kentucky.

17. INFORMENT (Address) S. L. Stapleton. Nezperce

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Nezperce, Ida. Date Oct 6, 1936

19. UNDERTAKER C. E. Clovis (Address) Craigmont, Ida.

20. FILED Nov. 10, 1936 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 3 1936.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Oct 3, 1936

I last saw her alive on Oct 3, 1936: death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
following Hysterectomy	

Other contributory causes of importance:

Name of operation Hysterectomy Date of 9/15/36

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 193.

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ronald Hemmy, M. D.

(Address) Lewiston Idaho

Haury

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101460

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 691
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Edward French

(a) Residence. No. 921- 7th St, Clarkston Wn. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Logue

6. DATE OF BIRTH (month, day, and year) May 16th, 1891

7. AGE — Years: 45 | Months: 4 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Shoemaker
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): Sept. 15, 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Rushton England

FATHER
13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Annie French 921- 7th St

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston, Wn Date 10/6, 1936

19. UNDERTAKER (Address): H.R.Merchant Clarkston, Wash

20. FILED Oct. 31 1936 M. W. Caskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/1/6, 1936, to 10/4, 1936
I last saw h[illegible] alive on 10/4, 1936: death is said to have occurred on the date stated above, at 7:15 P.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
malignancy	
origin in Mediastinum	

Other **contributory causes** of importance:

Name of operation: none Date of: —
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury.., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Paul G. Hunsaker, M. D.
(Address) Junction City, Ore.

Brower

PLACE OF DEATH
County of Nez Perce
City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101462

NOV 13 1936 RECEIVED

Registration District No. ~~1009~~ 1009
Primary Registration District No. 96 Local Registrar's No. 693

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Samuels

(a) Residence. No. .... St. Stites, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Samuels

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Idaho

MOTHER/FATHER

13. NAME Samuel Pa-at-Kin-e-wet-tas

14. BIRTHPLACE (city or town) .... (State or country) Idaho

MOTHER

15. MAIDEN NAME Lydia Samuels

16. BIRTHPLACE (city or town) .... (State or country) Idaho

17. INFORMANT .... Milton George
(Address) Lapwai, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Stites, Idaho ..... Date Oct. 9, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov. 10, 1936 M. W. Caskey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) E. M. Brower Coroner
(Address) Lewiston, Idaho Nez Perce Co Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Clark

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101463

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 694

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Robert Taboboo

(a) Residence. No. ..... St. Lapwai, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Febr 5, 1918

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
18	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... Lapwai
(State or country) Idaho

MOTHER/FATHER

13. NAME John Taboboo

14. BIRTHPLACE (city or town).....
(State or country) Idaho

15. MAIDEN NAME Elizabeth Broncheau

16. BIRTHPLACE (city or town).....
(State or country) Idaho

17. INFORMANT ..John Taboboo.....
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place. Lapwai, Idaho Date Oct 8, 1936

19. UNDERTAKER Brower Wann Company
(Address) Lewiston, Idaho

20. FILED Nov 10 1936 M. W. Carkey
MC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1936, to Oct 5, 1936.
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other **contributory causes** of importance:	
Tubercular enteritis	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... W. W. Clark, M. D.
(Address) Lewiston, Idaho.....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101464

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 695

NOV 18 1936 RECEIVED

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. Daughter [illegible] Howard Cagle

(a) Residence. No. Clarkston Wash. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day and year) Oct. 8 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho.

FATHER

13. NAME Howard Cagle

14. BIRTHPLACE (city or town) (State or country) Hepler Kansas

MOTHER

15. MAIDEN NAME Christine [illegible]

16. BIRTHPLACE (city or town) (State or country) Potlach Ida

17. INFORMANT (Address) Howard Cagle Clarkston, Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Ida Date 10-10-, 1936

19. UNDERTAKER (Address) Vassar-Rawls CO. Lewiston, Idaho

20. FILED Nov 10, 1936 M W Creekey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Oct. 10, 1936

I last saw her alive on Oct. 10, 1936: death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Scott, M. D.

(Address) Lewiston Idaho

Stockdale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101465

NOV 1 1936 REGISTERED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 696

(No. St Josephs)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William H. Wamsley

(a) Residence. No. Main St. Asotin, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Taylor

6. DATE OF BIRTH (month, day, and year) Jan. 15th, 1878

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
58	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Cherokee Iowa

MOTHER

13. NAME Harvey S. Wamsley

14. BIRTHPLACE (city or town) (State or country) Not known

FATHER

15. MAIDEN NAME Angaline Foust

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Mrs Bertha Wamsley Asotin, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Asotin, Wash. Date 10/12, 1936

19. UNDERTAKER (Address) H.R. Merchant Clarkston, Wash.

20. FILED Nov 10 1936 M W Caskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 10, 1936

I last saw ~~him~~ alive on Oct 10, 1936; death is said to have occurred on the date stated above, at 1:00 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Oct 9-36
Other **contributory causes** of importance:	
Arterio Sclerosis	

Name of operation None Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ~ Date of injury.., 193.
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ~
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ~ If so, specify
(Signed) L B Stoddard M. D.
(Address) Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Scott

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101466

NOV 18 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 697

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME John Bxsdin

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
74	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Orchardist
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER/FATHER

13. NAME Eric Exicson
14. BIRTHPLACE (city or town) (State or country) Sweden
15. MAIDEN NAME Katrina Olson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Hospital records (St Joseph's) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Oct. 13, 1936

19. UNDERTAKER Brower Wann Co.
(Address) Lewiston, Idaho

20. FILED Nov. 10, 1936 M. W. Caskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1934, to Oct. 11, 1936.
I last saw him alive on Oct. 11, 1936; death is said to have occurred on the date stated above, at 5 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 9-'36
Other **contributory causes** of importance:	
Arteriosclerosis	
Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) R. T. Scott, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Hanney

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101467

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 698

(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Helen May Peterson

(a) Residence. No. ..... St. Asotin, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W Peterson

6. DATE OF BIRTH (month, day, and year) October 17, 1899

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
37	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clarkston, Wash.

FATHER

13. NAME Clarence C Taplin

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Alma Abbie Skinner

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) George W. Peterson, Asotin, Wash.

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston, Wn. Date 10/13, 1936

19. UNDERTAKER (Address) H.R. Merchant, Clarkston, Wash.

20. FILED Nov 10, 1936 M. W. Carkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1936, to 10/13, 1936.
I last saw her alive on 10/13, 1936; death is said to have occurred on the date stated above, at 11:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute G. Enteritis	
Cause Undetermined	
with marked toxemia	

Other **contributory causes** of importance:

—	

Name of operation None Date of —
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —
(Signed) Paul G. Hanney, M. D.
(Address) Lewiston Idaho

114

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101465

NOV 1d 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 699

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Amelia Akers

(a) Residence. No. 1824 - 2nd Ave North St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Wesley Akers

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1891

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
44	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER/FATHER

13. NAME Gus Gosse

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Rose Horstman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Clarence W. Akers (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Ida. Date Oct 17, 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston, Idaho

20. FILED Nov 1 0.., 1936 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7.., 1936., to Oct 14...., 1936.

I last saw her alive on Oct 14, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	10/12/36

Other **contributory causes** of importance:

Bronchial Asthma	July 6-36

Name of operation... None ..... Date of.....

What test confirmed diagnosis? ~ ... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify.....

(Signed) L. H. Stockslager ....., M. D.
(Address) Clarkston, Wn.

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101470

PLACE OF DEATH

County of Nez Perce
City of Lewiston

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 203
(No. White Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Blair Batty

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1612

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): October 17 1936
7. AGE: Years — Months — Days 11/2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

FATHER
13. NAME: Edward Batty
14. BIRTHPLACE (city or town) (State or country): Yokamaui Wash.

MOTHER
15. MAIDEN NAME: Louise Harrington
16. BIRTHPLACE (city or town) (State or country): Lewiston Idaho

17. INFORMANT (Address): Edward Batty Yokamaui

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Pullman Wash Date 10-19, 1936

19. UNDERTAKER (Address): Dale E. Kimball Pullman, Wash.

20. FILED Nov 10, 1936 M. W. Carkey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Oct. 18, 1936.
I last saw him alive on 10-18, 1936.; death is said to have occurred on the date stated above, at 11:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature — 7 months	
no vitality	

Other **contributory causes** of importance:

mother had a T.B.	
hip and tibia of	
rt leg (active)	

Name of operation None (Operation) Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. L. White M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101471

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 704

NOV 18 1936 RECEIVED

(No. 203 Snakeriver Avenue)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lou McAllister

(a) Residence. No. 203 Snakeriver Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 18, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	hrs. ✓ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

FATHER

13. NAME Harry McAllister

14. BIRTHPLACE (city or town) Spokane (State or country) Wn

MOTHER

15. MAIDEN NAME Pearl Matina

16. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

17. INFORMANT Harry McAllister (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Oct 19, 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston, Idaho

20. FILED Nov 10 1936 M. W. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936, to Oct. 18, 1936

I last saw h.c. alive on 10-18, 1936: death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	
6½ months	

Other **contributory causes** of importance:

none found	

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. V. Wann M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Lyle

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101472

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 705

NOV 14 1936 REC'D

(No.) St Joseph's Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Belle Sophrona Smith

(a) Residence. No. 113 Delsol Lane St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. 5 mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

4 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred J. Smith

6. DATE OF BIRTH (month, day, and year): Jan. 1, 1876

7. AGE: Years: 60 | Months: 10 | Days: 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Illinois

MOTHER/FATHER

13. NAME: R. Y. Tompkins

14. BIRTHPLACE (city or town) (State or country): Illinois

15. MAIDEN NAME: Sarah Holmes

16. BIRTHPLACE (city or town) (State or country): Illinois

17. INFORMANT: M. F. Smith (Address) 3600 - 12th Ave. Sacramento Calif.

18. BURIAL, ~~CREMATION OR REMOVAL~~: Place. Lewiston, Idaho. Date Oct 23 1936

19. UNDERTAKER: Brower-Wann Co. (Address) Lewiston, Idaho

20. FILED Nov 10, 1936. M W Caskey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936, to Oct. 20 1936.

I last saw her alive on Oct. 20, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis of Mesentery	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? Yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. M. Lyle, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

NOV 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101473

Registration District No. 1009

Primary Registration District No. 9/6 Local Registrar's No. 706

(No. East Lewiston, near 21st Street)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Mat Thomey

(a) Residence. No. East Lewiston, near 21st St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet J. Thomey

6. DATE OF BIRTH (month, day, and year): Oct. 2, 1864

7. AGE: Years 72 | Months -- | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not on record

MOTHER/FATHER

13. NAME: Not on record

14. BIRTHPLACE (city or town) (State or country): Not on record

15. MAIDEN NAME: Not on record

16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT (Address): Em. Brower Coroner. Lewiston Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Lewiston Ida Date: Oct. 25 1936

19. UNDERTAKER (Address): Brower Mann Co. Lewiston Idaho

20. FILED: Nov. 10, 1936 M.W. Caskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Em. Brower Coroner

(Address) Lewiston, Ida.ho

Nez Perce Co
Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101474
State File No.

NOV 16 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 709

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Eugene Corum

(a) Residence. No. Clarkston Heights, Wash St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Kinyon

6. DATE OF BIRTH (month, day, and year): February 6, 1865

7. AGE — Years: 71 — Months: 8 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 1931
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Hood River, Oregon

MOTHER FATHER

13. NAME: Henry Corum
14. BIRTHPLACE (city or town) (State or country): Missouri
15. MAIDEN NAME: Cyrina Griswold
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Mrs. H E Corum, Clarkston, Washington

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Clarkston, Wn. Date: 10/26, 1936

19. UNDERTAKER (Address): H R Merchant, Clarkston, Washington

20. FILED: Nov 10, 1936 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to 10-23, 1936
I last saw him alive on 10-23, 1936: death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
with Imperfect Compensation	
Prostatic	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Chapman, M. D.
(Address) Asotin

Corrected copy

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101475

Registration District No. 1009

DEC 4 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 708

(No. 1142 Idaho Street)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME LaFayette Inman

(a) Residence. No. 1142 Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Elden Inman

6. DATE OF BIRTH (month, day, and year) August 6, 1847

7. AGE: Years 89 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Homeopathic practitioner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Elmira (State or country) New York

MOTHER FATHER

13. NAME Charles Inman

14. BIRTHPLACE (city or town) not on record (State or country)

15. MAIDEN NAME Robins

16. BIRTHPLACE (city or town) Not on record (State or country)

17. INFORMANT Mrs. Mary C. Elden Inman (Address) Lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date Oct. 26 1936

19. UNDERTAKER Brown Mayer Co. (Address) Lewiston, Ida.

20. Filed Dec 9 6 M. W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936, to Oct. 24, 1936.

I last saw him alive on Oct. 24, 1936: death is said to have occurred on the date stated above, at 3:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	years

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? no.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul B. Johnson M. D.
(Address) Clarkston, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104476

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 709

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Guy A. Davenport

(a) Residence. No. Snake River Ave., St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 5, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME S. A. Davenport

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Margaret Harkness

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs Esther Pearsall
(Address) Orofino Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 10/26/1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 10, 1936 M. W. Cooley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24/1936

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1936, to 10-24, 1936

I last saw him alive on 10-24, 1936: death is said to have occurred on the date stated above, at 1 ; P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	
Valvular insufficiency	1905
Other contributory causes of importance: Chronic Nephritis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 193....

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. McRae, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of NezPerce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101477

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 710

NOV 18 1936 RECEIVED

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its name instead of street and number) 612-26th St

2. FULL NAME Mrs. Lillian Harper

(a) Residence. No. 612-26th St St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W.H.Harper

6. DATE OF BIRTH (month, day, and year) April 2, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Joseph Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Jones

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs C. Douglas
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 10/28/36 193..

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston Idaho.

20. FILED Nov 10, 1936 W.W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/24/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1936, to 10-24, 1936

I last saw h.r alive on 10-24, 1936: death is said to have occurred on the date stated above, at 12:30 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? ~~Dignosis~~ Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Fuller M.D.
(Address) Lewiston Ida

White

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101478

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 711

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Jennet Mochel

(a) Residence. No. East Lapwai Road St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): May 12 - 1862

7. AGE — Years: 74 | Months: 5 | Days: 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Centerville, Iowa

MOTHER/FATHER

13. NAME: Horace Faller

14. BIRTHPLACE (city or town) (State or country): Not on record

MOTHER

15. MAIDEN NAME: Angeline Bronson

16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT (Address): Mrs. L. E. Mochel, Lewiston, Idaho

18. [redacted] REMOVAL

Place: Genesee, Idaho. Date: Oct 30 1936

19. UNDERTAKER (Address): Brower Wenn Co. Lewiston, Idaho

20. FILED: Nov 10, 1936 M. W. Castleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936, to Oct 27, 1936.

I last saw her alive on Oct 27, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute nephritis	Oct 1 - 1936

Other **contributory causes** of importance:

Arteriosclerosis	2

Name of operation: None Date of: ...

What test confirmed diagnosis? Cardiac symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If So, Specify .....

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101473

NOV 18 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 712
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alice Lefler

(a) Residence. No. ..... St. Kamiah
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of W.T. Lefler

6. DATE OF BIRTH (month, day, and year) March 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER
13. NAME L.L.Holingshead
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Mary Hazelwood
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. George Crow
(Address) Kamiah, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville, Ida. Date Nov. 1, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho.

20. FILED Nov 10, 1936 M W Cropley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29-1, 1936, to Oct 31st, 1936.
I last saw h[illegible] alive on Oct 31-1, 1936; death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of intestine,	
Carcinoma of Sigmoid,	
Myocarditis Senilis.	
Other contributory causes of importance:	
None	

Name of operation Resection of obstruction Date of 10/29/36
What test confirmed diagnosis? ~~Was there an autopsy?~~

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Joseph B. Beckett, M. D.
(Address) Corner Bldg Lewiston Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101486

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 713

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alpheus Jefferson Gustin

GUSTIN

(a) Residence. No. ..... St. Lapwai, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): Feb 28, 1873

7. AGE — Years: 58 | Months: 8 | Days: 3 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Foreman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Road work

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Levi City Utah

MOTHER FATHER

13. NAME: Amos Gustin

14. BIRTHPLACE (city or town) (State or country): Not on record

15. MAIDEN NAME: Katherine Cook

16. BIRTHPLACE (city or town) (State or country): Woodstock Saskatchewan, Canada

17. INFORMANT (Address): Clarence Gustin Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place: Lewiston, Ida Date: Nov 2 1936

19. UNDERTAKER (Address): Brower Wann Co. Lewiston, Idaho

20. FILED: Nov. 10, 1936 M W Carkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1936 to Oct 31 1936.

I last saw him alive on Oct 31 1936; death is said to have occurred on the date stated above, at 4:20 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 28 36
Other **contributory causes** of importance:	
Fracture of 5th rib Left Chest by crushing blow	Oct 26 36

Name of operation: None Date of: .....

What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Oct 26 1936

Where did injury occur? Lapwai Highway Bridge

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry

Manner of injury: Fell on cross tie of road grader

Nature of injury: Crushed in R. side Chest 5th rib

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ....

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

Cassoon

DO NOT WRITE IN THIS SPACE

State File No. 101481

Local Registrar's No. 714

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NOV 18 1936 RECEIVED

2. FULL NAME Louis Magnus Asker

(a) Residence. No. ... St. Cottonwood, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Gena Asker

6. DATE OF BIRTH (month, day, and year): Sept. 6, 1859

7. AGE: Years 77 | Months 1 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER/FATHER

13. NAME: John Asker
14. BIRTHPLACE (city or town) (State or country): Not on record
15. MAIDEN NAME: Not on record
16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT (Address): Charles Asker, Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood, IDA. Date Nov. 4 1936

19. UNDERTAKER (Address): Brower Wann Co. Lewiston Idaho

20. FILED Nov 10, 1936 M. W. Carkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936, to Oct 31, 1936.
I last saw him alive on Oct 31, 1936; death is said to have occurred on the date stated above, at ... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Uremic Coma	Oct 27/36

Other **contributory causes** of importance:

Acute Nephritis	+ unk
Herpes Zoster	Oct 16 36
Prostate Malleto	+ unk

Name of operation: None Date of: —
What test confirmed diagnosis? Laboratory tests Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A. E. Casson, M. D.
(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Sweetwater

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101482

NOV 16 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 715

(No. Near Sweetwater)
(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Winnie Van Tuyl

(a) Residence. No. ..... St. Sweetwater, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 10 yrs. ... mos ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Van Tuyl

6. DATE OF BIRTH (month, day, and year): Jan 27, 1869

7. AGE: Years: 67 | Months: 8 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Superior, Wisconsin

MOTHER/FATHER

13. NAME: Carl Kunert
14. BIRTHPLACE (city or town) (State or country): Minnesota
15. MAIDEN NAME: Emilie
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Mae Laswell, Sweetwater, Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Lewiston, Idaho Date Oct 19 1936

19. UNDERTAKER (Address): Brower Wann Co, Lewiston, Idaho

20. FILED Nov 17, 1936. M. W. Larkey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Paralysis	
Cerebral Hemorrhage	10-15-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) E. M. Brower Coroner Nez Perce County Idaho
(Address) LEWISTON, Idaho

Caldwell.

MARGIN RESERVED FOR BINDING

...E PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101483

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 716

(No. 618 - 8th Avenue)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John James Southard, Jr

(a) Residence. No. 618 - 8th Avenue St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1936

7. AGE — Years: 0 Months: 2 Days: 4 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spokane, Washington

MOTHER / FATHER

13. NAME: John James Southard

14. BIRTHPLACE (city or town) (State or country): Little Falls, Minnesota

15. MAIDEN NAME: Elaine Northrup

16. BIRTHPLACE (city or town) (State or country): Palouse, Wash.

17. INFORMANT (Address): John James Southard, Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL — Place: Palouse, Wn. Date: Nov. 4, 1936

19. UNDERTAKER (Address): Brower Mason Co., Lewiston, Idaho.

20. FILED: Nov 17, 1936 M W Caskey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Nov. 1, 1936.

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
not seen until after death. Diagnosed as Suffocation because of Enlarged Thymus from birth.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so, specify.....

(Signed) Paul W Johnson M. D.

(Address) Clarkston, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Stock Farm

DO NOT WRITE IN THIS SPACE
101484
State File No.

DEC 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 717
(No. St Joseph Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John W. Donaldson

(a) Residence No. ..... St. Weippe Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. | mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nora B. Donaldson

6. DATE OF BIRTH (month, day, and year) July 23-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME John Donaldson
14. BIRTHPLACE (city or town) (State or country) unascertained

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George Donaldson (Address) Weippe Ida

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Ida Date 11-5 1936

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED Nov 17 1936 M W Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Nov 2, 1936
I last saw him alive on Nov 2, 1936: death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	10/31/36
Other contributory causes of importance:	
Chronic Nephritis	1929
Cystitis	
Hypertrophy Prostate	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L B Stevenson M. D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E... MARGIN RES... ...OR ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem... OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101485

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 718

(No. 31)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Annie Blackeagle Paul

(a) Residence. No. ..... St. Lapwai, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. ... mos. ... ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Richard Paul

6. DATE OF BIRTH (month, day, and year): Not on record

7. AGE: Years: 40 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER/FATHER

13. NAME: Miller

14. BIRTHPLACE (city or town) (State or country): Not on record

15. MAIDEN NAME: Susan

16. BIRTHPLACE (city or town) (State or country): Not on record

17. INFORMANT: Richard Paul
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Webb, Idaho Date: Nov. 5 1936

19. UNDERTAKER: Brower Wann Co.
(Address) Lewiston, Ida.

20. FILED: Nov 17, 1936 M W Carkey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to ..., 193...
I last saw her alive on Nov. 2, 1936: death is said to have occurred on the date stated above, at 12:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) William A. Hatch, M. D.
(Address) Lewiston, Idaho

Johnson

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101486

Registration District No. 1009

DEC 1 1936 RECEIVED

Primary Registration District No. 96 Local Registrar's No. 719

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Ira P Coon

(a) Residence. No. ..... St. Peck, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Coon

6. DATE OF BIRTH (month, day, and year) Jan 9, 1882

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
54	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER FATHER

13. NAME G. J. Coon

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Louise Ragan

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Fred Coon
(Address) Peck, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Nov. 12th, 1936

19. UNDERTAKER Brosnan Wagner Co.
(Address) Lewiston, Idaho

20. FILED Nov 20, 1936. M. W. Carey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1936, to Nov. 8, 1936.
I last saw him alive on Nov 7, 1936.: death is said to have occurred on the date stated above, at 11:30 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Organic heart disease	years
Other contributory causes of importance: Chronic interstitial nephritis	years

Name of operation. None Date of.

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury.., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul H. Johnson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101487

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 720

DEC 1 1936 RECEIVED

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Henry Jordan

(a) Residence. No. 1606 - 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Jordan

6. DATE OF BIRTH (month, day, and year): April 18, 1863

7. AGE: Years 73 | Months 6 | Days 20 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: ~~State Highway~~ Department
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: years

12. BIRTHPLACE (city or town) Murphy (State or country) North Carolina

FATHER

13. NAME Henry Jordan
14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Rush Jordan (Address) Dillon, Mont.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Nov. 9, 1936

19. UNDERTAKER Brower Mortuary (Address) Lewiston, Idaho

20. FILED Nov. 20, 1936 M. W. Caskey Registrar.

MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1936, to Nov 8th, 1936.
I last saw him alive on Nov 8th 1936; death is said to have occurred on the date stated above, at 2:15 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	+ Yrs

Other **contributory causes** of importance:

None	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) O. C. Carson, M. D.
(Address) Lewiston, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

DEC 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101488

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 721

(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Hambly, Sr.

(a) Residence. No. St. Elk River, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not on record

6. DATE OF BIRTH (month, day, and year): April 28, 1849

7. AGE: Years 87 | Months 6 | Days 10 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: timber cruiser
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grenville, Ont Canada

MOTHER FATHER

13. NAME: John Hambly
14. BIRTHPLACE (city or town) (State or country): Isle of Wight
15. MAIDEN NAME: Janet Clenk
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Joe Hambly Elk River, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place: Moscow, Ida. Date: Nov. 11, 1936

19. UNDERTAKER (Address): Brower Mann Co. Lewiston Idaho.

20. FILED Nov. 17, 1936 M W Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1936, to Nov 8, 1936.

I last saw him alive on Nov 8, 1936. death is said to have occurred on the date stated above, at 10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial failure	Nov 6th - 1936
Apoplexy	October 22-36.
Hypertension	unknown

Other **contributory causes** of importance:

slight albuminuria	
nephritis	

Name of operation: None Date of:

What test confirmed diagnosis? We Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** No injury
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Buckner M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101489

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 722

DEC 5 1936 RECEIVED

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Muscat

(a) Residence. No. Lewiston Orchards St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Muscat

6. DATE OF BIRTH (month, day, and year) 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Pasco Muscat
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Catherine Polimeni
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Tony Muscat
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date 11-11, 1936

19. UNDERTAKER Vassar-Rawls Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Nov. 17, 1936 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1936 to Nov. 9, 1936
I last saw him alive on Nov. 9, 1936; death is said to have occurred on the date stated above, at 3:00 p/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Lewiston Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101490
State File No.....

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 723

(No. 317 3 Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elbert Madison Newbill
(a) Residence. No. 317 3th Ave. St. Lewiston, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Hasbrook

6. DATE OF BIRTH (month, day, and year) Feb 11, 1869

7. AGE: Years 67 | Months 8 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) ~~Le Mount~~ La Monte
(State or country) Mo

MOTHER FATHER
13. NAME John Z Newbill
14. BIRTHPLACE (city or town) ~~Le Mont~~ La Monte
(State or country) Mo

15. MAIDEN NAME Lizzie Rucker
16 BIRTHPLACE (city or town) La ~~Mount~~ Monte
(State or country) Mo

17. INFORMANT Mrs. E M Newbill
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston, Wn Date 11/12 1936

19. UNDERTAKER H A Merchant
(Address) Clarkston, Washington

20. FILED Nov 17, 1936 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:00 ..m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) E M Bowers M. D.
(Address) Lewiston Clarkston Nez Perce Co Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Spaulding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101491

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 924
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Olive Louise Roberts

(a) Residence. No. St. Near-Kendrick, Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Roberts

6. DATE OF BIRTH (month, day, and year) Mar. 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elk County, Kan.

FATHER
13. NAME Samuel Callison
14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER
15. MAIDEN NAME Louise Rush.
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT F.W.Roberts
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow, Idaho Date 11/13, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED Nov 17, 1936 M.W. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ... a... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nurse saw her alive.	
Cause unknown for	
death,	
Passed on rising, and	
fell over dead.	
Other contributory causes of importance:	
Pneumonia quinsy	

Name of operation No Date of
What test confirmed diagnosis? V. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? V
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. V
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C.H. Kunz, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101492

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 725

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

2. FULL NAME Emma Jackson

(a) Residence. No. 614-C St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Negro White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1908

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Globe
(State or country) Arizona

FATHER

13. NAME John Haynes

14. BIRTHPLACE (city or town)
(State or country) Texas

MOTHER

15. MAIDEN NAME Mitela Burton

16. BIRTHPLACE (city or town)
(State or country) Texas

17. INFORMANT James Jackson
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Nov. 18, 1936

19. UNDERTAKER Vassar-Rawls Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Nov. 17, 1936 M W Gaskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov. 13, 1936
I last saw her alive on Nov. 13, 1936; death is said to have occurred on the date stated above, at 10:00a/m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Interstitial Nephritis	
Tertiary Syphilis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Gobeny M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101493

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 726
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lizzie Donna Dew

(a) Residence. No. St. Sweetwater, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Dew.

6. DATE OF BIRTH (month, day, and year) Apr. 5, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Wm. J. Brewer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Mrs. Frank McIntyre Sweetwater, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Nov. 16, 1936

19. UNDERTAKER (Address) Brower Mortuary Co. Lewiston, Idaho

20. FILED Nov 20, 1936 W. W. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936, to Nov 13, 1936.
I last saw her alive on Nov 13, 1936.; death is said to have occurred on the date stated above, at 5:05 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis years duration	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Earl W. Johnson M. D.
(Address) Clarkston, Wn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101494

DEC 1 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 127

(No. 2002 - 10th Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Newby

(a) Residence. No. 2002 - 10th Ave St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jimmy Seth Newby

6. DATE OF BIRTH (month, day and year) Aug. 12, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER

13. NAME Josiah Fields

14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Mrs. Mary Mortimore Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Lewiston, Ida Date Nov 18, 1936

19. UNDERTAKER (Address) Brauer Mortuary Co. Lewiston Ida

20. FILED Nov 20, 1936 M W Caskey Registrar. MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1936, to 11-15, 1936

I last saw her alive on 11-15, 1936: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	Unknown

Other contributory causes of importance:

Arteriosclerosis	Unknown
Chronic Nephritis	Unknown

Name of operation None examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 193

Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. McRae, M. D.

(Address) Lewiston, Idaho

MARGIN RESERVED FOR BINDING

...WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 23 1936

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101495

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 728

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melida C Florance

(a) Residence. No. Clarkston, Washington St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Florance

6. DATE OF BIRTH (month, day, and year)
April 7, 1862

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	74	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Lingy
(State or country) Ontario Canada

FATHER

13. NAME John Hurd

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mr. John Florance
(Address) Clarkston Washington

18. [redacted] REMOVAL
Place Clarkston Wash. Date 11/18, 1936

19. UNDERTAKER H R Merchant
(Address) Clarkston, Washington

20. FILED Nov. 18, 1936. M W Cantey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, to Nov. 16, 1936.

I last saw her alive on Nov. 16 1936. death is said to have occurred on the date stated above, at 10:4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Renal Disease	5
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ? Date of injury.., 193.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H R Merchant M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101496

DEC 12 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 729 114

(No. Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. L. Temfelton

(a) Residence. No. Sommerville Home St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hillsborough
(State or country) New Hampshire

FATHER

13. NAME Not known
14. BIRTHPLACE (city or town)
(State or country) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town)
(State or country) Not known

17. INFORMANT Nez Perce County
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Nov. 20, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 4, 1936 M W Cuskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to Nov. 17, 1936
I last saw him alive on Nov. 17, 1936 death is said to have occurred on the date stated above, at 8:00 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
Other contributory causes of importance:	
General Sinelity	

Name of operation None Date of
What test confirmed diagnosis? ~~Was there an autopsy?~~

23. If death was due to ~~exter'l~~ causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 1936
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) M. D.
(Address) Lewiston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101497

DEC 12 1936

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 730
(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Kelly

(a) Residence. No. 0123-18th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vina Kelly

6. DATE OF BIRTH (month, day, and year) Aug 4, 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Garfield,
(State or country) Washington

FATHER
13. NAME Patrick Kelly,
14. BIRTHPLACE (city or town) Portland,
(State or country) Maine

MOTHER
15. MAIDEN NAME Margaret Kearns
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT Mrs. Vina Kelly
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Nov. 21 1936

19. UNDERTAKER Vassar-R wls Co.
(Address) Lewiston, Idaho

20. FILED Dec 4, 1936 M W Cosby
mc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to Nov. 19, 1936
I last saw him alive on Nov. 19, 1936; death is said to have occurred on the date stated above, at 8:15 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar Left Side.	Nov-13-36
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. L. Wheeler, M. D.
(Address) Lewiston Ida

Dr. Stockslager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101498

DEC 1 1936 RECEIVED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 431

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Voight

(a) Residence. No. 326-16th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Voight

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Not obtainable
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER
15. MAIDEN NAME Not obtainable
16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT William Nugent
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Nov. 23 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 1, 1936 M W Caskey MC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Nov. 20, 1936
I last saw her alive on Nov. 20, 1936: death is said to have occurred on the date stated above, at 4:45 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/1/36
Other contributory causes of importance:	
Chronic Nephritis	1935
Art. Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L B Stockslager M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.

City of Lewiston

DEC 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101499

Registration District No. 1007

Primary Registration District No. 16 Local Registrar's No. 732

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

746

2. FULL NAME Belle A. Chiesman

(a) Residence. No. 710 - 8th Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Walter B. Chiesman

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montville
(State or country) Ohio

FATHER

13. NAME James Leggett

14. BIRTHPLACE (city or town) Montville
(State or country) Ohio

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Guy Chiesman
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Sherwood, Mich Date Nov. 25, 1936

19. UNDERTAKER Brauer Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Dec 4, 1936 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to Nov 23, 1936

I last saw her alive on Nov 23, 1936: death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 24 1936
Hypertension	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ely Brayton Brayton, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101500

DEC 12 1936 RECEIVED

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 733

(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Bittle

(a) Residence. No. 802- 8th St St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie B Templeton

6. DATE OF BIRTH (month, day, and year): October 24th, 1856

7. AGE — Years: 80 | Months: 1 | Days: 4 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Realestate

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1934

11. Total time (years) spent in this occupation: 30 Years

12. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER, FATHER

13. NAME: Joseph Bittle

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Minnie Bittle, Clarkston Wash

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place: Clarkston, Wn. Date: 12/1, 1936

19. UNDERTAKER (Address): H.R. Merchant, Clarkston, Wash.

20. FILED: Dec 4, 1936 M.W. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1936, to 11-28, 1936.

I last saw him alive on 11-28, 1936: death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypetrophied Prostate	
Operation + complications	
following	

Other **contributory causes** of importance:

Name of operation..... Date of 11/27/36

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) J. H. McElmen, M. D.

(Address) Asotin, Wash.

Dr. Scott

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instruction on back of certificate.

STATE OF I O
DEPARTMENT OF H J WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101501

DEC 12 1936 RECEIVED

County Nez Perce
City of Lewiston
Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 734
(No. 1410-9th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

46

2. FULL NAME Fredicka Seidel

(a) Residence. No. 1410-9th Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of F. R. Seidel

6. DATE OF BIRTH (month, day, and year) July 5, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Ruoff
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Neal Seidel
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Nov. 30, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 4, 1936 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to Nov. 28, 1936
I last saw her alive on Nov. 28, 1936: death is said to have occurred on the date stated above, at 4:00 p/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	Not Known
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. I. Scott, M. D.
(Address) Lewiston Ida.

Dr. Carsson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101502

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 735

DEC 1 1936 RECEIVED

(No.) St. Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME M. L. Smith

(a) Residence. No. St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Smith

6. DATE OF BIRTH (month, day, and year) May 30, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	6	-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wheat
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thorncreek, (State or country) Idaho

FATHER
13. NAME Percifer Smith
14. BIRTHPLACE (city or town) (State or country) California

MOTHER
15. MAIDEN NAME Racheal Miller
16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT P. E. Smith
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Thorncreek, Ida. Date 12-4-36, 193...

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 9, 1936 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 21st, 1936, to Nov. 30, 1936
I last saw him alive on Nov. 30, 1936; death is said to have occurred on the date stated above, at 6:15 a/ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Obstruction	7 months

Other contributory causes of importance:

Cancer ma	
of pylorus & stomach	1 month

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) O. L. Carsson, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 101503

Local Registrar's No. 38

2. FULL NAME Jonathan Holmes Weaver

(a) Residence. No. .... St. Pingree Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Stella Curtis

6. DATE OF BIRTH (month, day, and year) Sept 21 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank etc ... Own Farm

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Millville Utah

FATHER

13. NAME Franklin Weaver

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah Holmes

16. BIRTHPLACE (city or town) (State or country) Kirtland Ohio

17. INFORMENT (Address) Florence W. Clement Blackfoot Ida R#3

18. BURIAL, CREMATION, OR REMOVAL Place Thomas Idaho Date Nov 28, 193 6

19. UNDERTAKER (Address) J. Sam Rowan Malad Idaho

20. FILED Nov 27, 193 6 M J Cowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 25 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 193 6, to 11/25, 193 6
I last saw h[illegible] alive on Nov 25, 193 6 death is said to have occurred on the date stated above, at 9:00PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Stenosis	
Other contributory causes of importance:	
Secondary	
Pneumonia	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193 .
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
.... If so, specify ....
(Signed) O B Nate M.D.
(Address) Malad Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida

City of Stone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101504

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 39

1936 RECEIVED No. .....

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME JAY P LMER TALBOT

(a) Residence. No. Stone Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 13th 1915

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	21	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Park Valley

FATHER

13. NAME Joseph S. Talbot

14. BIRTHPLACE (city or town) (State or country) Oak City, Utah

MOTHER

15. MAIDEN NAME Rachel M. Palmer

16. BIRTHPLACE (city or town) (State or country) Park Valley, Utah

17. INFORMANT Joseph S. Talbot
(Address) Stone, Idaho

18. BURIAL, CREMATION OR REMOVAL Buried
Place Park Valley Date 11/30, 1936

19. UNDERTAKER J. Ben Benson
(Address) Burley Ida

20. FILED Nov 28 1936 M. J. Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to ....., 193....

I last saw h... alive on ..June.., 1936.; death is said to have occurred on the date stated above, at 4.... P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart disease.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Edgar Hamilton M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101505

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 40
(No. Community Hosp. Malad, Ida
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Swann

(a) Residence. No. / Malad St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov. 29 1936
7. AGE: Years | Months | Days | If LESS than 1 day 13 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Malad Ida

FATHER
13. NAME: Ben Swann
14. BIRTHPLACE (city or town) (State or country): Preston, Ida

MOTHER
15. MAIDEN NAME: Etta Mansfield
16. BIRTHPLACE (city or town) (State or country): Samaria, Ida

17. INFORMANT (Address): Mrs. Sam Mansfield Samaria Ida

18. BURIAL, CREMATION OR REMOVAL: Burial
Place Samaria Ida Date Nov 30 1936

19. UNDERTAKER (Address): Sam Mansfield (acting) Samaria Idaho

20. FILED Nov 30 1936 M J Kerns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936, to Nov. 29, 1936.
I last saw her alive on Nov. 29, 1936; death is said to have occurred on the date stated above, at 7 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity — 6½ Month	
Weight — 1¾ lbs.	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Marion J. Kerns, M. D.
(Address) Malad, Ida

169

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101506

Registration District No.....
Primary Registration District No..... Local Registrar's No. 5

DEC 7 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

183

2. FULL NAME Clarence Oren Ross

(a) Residence. No. Homedale Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): 11-20-14

7. AGE: Years: 22 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farm
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: work
10. Date deceased last worked at this occupation (mo. and yr.): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Mo

FATHER

13. NAME: Geo Ross
14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Williams
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): Mrs. Gladys McElree, Los Angeles

18. BURIAL, CREMATION OR REMOVAL
Place: Princetown Mo. Date: 11-5, 1936

19. UNDERTAKER: F. K. Robuck
(Address): Nampa Idaho

20. FILED: 11/30, 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accidental Gun Shot Wound Neck	
Virgin Mcpherson	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11 1936
Where did injury occur? Ophir Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.. Shot accidentally
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ... Paul Grant ... M. D.
(Address) ..... Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 7 1936 RECEIVED

PLACE OF DEATH

County of Owyhee.

City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101507

Registration District No. 107

Primary Registration District No. ..... Local Registrar's No. 7

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret Clawson

(a) Residence. No. Homedale Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 9 - 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Neb.

FATHER

13. NAME W. B. Peckham

14. BIRTHPLACE (city or town) ..... (State or country) New York

MOTHER

15. MAIDEN NAME Eli. Skamon

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Geo Upton (Address) Homedale

18. BURIAL, CREMATION OR REMOVAL
Place Wilder Date Oct 7, 1936

19. UNDERTAKER C V Packham (Address) Caldwell Ida

20. FILED Nov 28, 1936 O Mackey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to Oct 4, 1936

I last saw her alive on Sept 15, 1936.; death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1933
Other contributory causes of importance:	
Dead when I arrived	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E Hulbert M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101508

Registration District No. 107
Primary Registration District No. ____ Local Registrar's No. 2

DEC 7 1936 RECEIVED

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Preston Otto O'Bannon

(a) Residence. No. ____ Homedale Ida St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Pearl O'Bannon

6. DATE OF BIRTH (month, day, and year) Nov 13 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wendell Virginia

FATHER
13. NAME O. O. Bannon
14. BIRTHPLACE (city or town) (State or country) Lexington Virginia

MOTHER
15. MAIDEN NAME Almeda Ellington
16. BIRTHPLACE (city or town) (State or country) Wendell Virginia

17. INFORMANT (Address) R. Bannon Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date Aug 6, 1936

19. UNDERTAKER (Address) C. V. Peckham Caldwell Ida

20. FILED 12/3, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 3 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936, to Aug 3, 1936.
I last saw him alive on July 31, 1936.: death is said to have occurred on the date stated above, at 4-15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1934
Coronary thrombosis	Aug 3 1936

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. B. Hanford, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101509

Registration District No. 107
Primary Registration District No. ..... Local Registrar's No. 2
(No. .....)

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winfield Robert McKague 14a

(a) Residence. No. ..... Homedale St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna McKague

6. DATE OF BIRTH (month, day, and year) June 13 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Canada

FATHER
13. NAME Isac McKague
14. BIRTHPLACE (city or town) ..... (State or country) Canada

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (city or town) ..... (State or country) Canada

17. INFORMANT W. C. McKague (Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Cem. Date 8/10, 1936

19. UNDERTAKER C. V. Pierstorff (Address) Caldwell Ida

20. FILED 11/30, 1936 O. Whitney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to 12-6-, 1936
I last saw him alive on 8-4-, 1936: death is said to have occurred on the date stated above, at 2:50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	7-30-36
Other contributory causes of importance:	
Arterio Sclerosis	10 years

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. McKague M.D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cowley
City of Bruneau

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101510

NOV 23 1936 RECEIVED

Registration District No.
Primary Registration District No.
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Benton Conner

(a) Residence. No. Bruneau Ida Co., St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emely Jane Conner.

6. DATE OF BIRTH (month, day, and year) 12-14-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER
13. NAME Lindsey Conner
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Smith
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT William B. Conner (Address) Bruneau Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bruneau Ida Date 10-28 1936

19. UNDERTAKER Roches Funeral Home (Address) Mountain Home Ida.

20. FILED 11-23-1936 Alvin C. Eikenbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 1933, to 10-25-1936.
I last saw him alive on 7-23-, 1936.: death is said to have occurred on the date stated above, at 9:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with paralysis of right side	1932

Other contributory causes of importance:

Name of operation Prospect Date of No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in ~~also the~~ following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Evans M. D.
(Address) Mtn Home Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of Oreana

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101511

Registration District No. 7
Primary Registration District No. 2506
Local Registrar's No. 185

DEC 10 1936 RECEIVED

(No.) 97
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin Carothers

(a) Residence. No. Gen'l. Delivery (38yrs) St. Oreana, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 18, 1854

7. AGE Years	Months	Days	If LESS than 1 day
82	9	15	hrs. and 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer-stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Stock Farm

10. Date deceased last worked at this occupation (mo. and yr.) 11-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelby County
(State or country) Missouri

MOTHER FATHER

13. NAME James Armstrong Carothers

14. BIRTHPLACE (city or town) ✓
(State or country)

15. MAIDEN NAME Helen Elizabeth Christian Carothers

16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Milton Carothers
(Address) Oreana, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oreana, Idaho Date 12-4, 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Dec. 3, 1936. Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov. 3, 1936
I last saw him alive on Nov. 2, 1936: death is said to have occurred on the date stated above, at 11:30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Coronary Disease	Nov. 2-36
(Embolus? thrombosis)	
Congestive Heart Failure	June 1934
Other **contributory causes** of importance: Senility	

Name of operation [illegible] Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1936.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Ralph Nelson, M. D.
(Address) Oreana, Idaho

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 10151 2
Local Registrar's No. 73

1. PLACE OF DEATH
County of Payette
City of New Plymouth
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 1008
(No. ..... St.)

DEC 7 1936 RECEIVED

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alfreda Faye Kersey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem.	White	Infant

6. DATE OF BIRTH
Nov. 6, 1936
(Month) (Day) (Year)

7. AGE
..... Yrs. ..... Mos. ..... ds. 14
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Payette Co. Idaho

10. NAME OF Father Alfred W Kersey

11. BIRTHPLACE OF FATHER (State or Country) Joplin, Mo.

12. MAIDEN NAME OF MOTHER Faye Fulcher

13. BIRTHPLACE OF MOTHER (State or Country) Carterville, Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. S. Kersey
(Address) New Plymouth, Idaho

15. Filed Nov 20 1936 C. Woodward
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov. 20 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 19..., to Nov. 19, 1936 19..., that I last saw her alive on Nov. 19, 1936 19..., and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Congenital heart disease

(Duration) ..... yrs. ..... mos. 14 ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. R. Woodward M. D.
(Address) Payette, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL New Plymouth, Ida
DATE OF BURIAL 11/20/36 19...

20. UNDERTAKER F. S. Kersey
ADDRESS New Plymouth, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette.
City of Gayette.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101513

Registration District No. 4.
Primary Registration District No. 1008. Local Registrar's No. 77.

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Arthur William Blanchard. 940

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Anna S. Blanchard.

6. DATE OF BIRTH (month, day, and year) Sept 15 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austrian New Hampshire.

FATHER
13. NAME Arthur Blanchard.
14. BIRTHPLACE (city or town) (State or country) ... Unknown

MOTHER
15. MAIDEN NAME Neta Stacy.
16. BIRTHPLACE (city or town) (State or country) ... Unknown

17. INFORMANT Mrs. A W Blanchard (Address) Gayette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Idaho. Date 11-18-, 193 6

19. UNDERTAKER Owen C. Lowden (Address) Gayette Idaho.

20. FILED 11/24/36, 193... J. E. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Nov 14, 1936.
I last saw h[illegible] alive on Nov 14, 1936: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	Nov 2 36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Paxton M. D.
(Address) Gayette Idaho

N. B. Paxton'

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gayette
City of Fruitland Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101514

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 78

DEC 7 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Vivian Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Oct 28 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fruitland Idaho.

FATHER
13. NAME Carl Jones.
14. BIRTHPLACE (city or town) (State or country) Injection City Kansas.

MOTHER
15. MAIDEN NAME Vivian Connell.
16. BIRTHPLACE (city or town) (State or country) Mans. Missouri.

17. INFORMANT Carl Jones (Address) Fruitland Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Gayette Ida. Date 11 [illegible], 1936

19. UNDERTAKER Glenn C. Sanders (Address) Gayette Idaho

20. FILED 11/28, 1936 E. J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Nov 17, 1936
I last saw h[illegible] alive on Nov 17, 1936. death is said to have occurred on the date stated above, at 12 15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	Nov 5-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Paxton, M. D.
(Address) Gayette Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101515

PLACE OF DEATH
County of Payette
City of
Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 79

DEC 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME. Martha M. Wayne

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry S Wayne

6. DATE OF BIRTH (month, day, and year) Feb 1 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	81	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin
(State or country)

FATHER
13. NAME John W. Powell
14. BIRTHPLACE (city or town) N. York
(State or country)

MOTHER
15. MAIDEN NAME Maria Allen
16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Henry S. Wayne Jr
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Payette Ida Date 11-24, 1936

19. UNDERTAKER J. L. Foster
(Address) Payette

20. FILED 11/28/36, 193 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 22, 1936
I last saw h alive on Nov 20, 1936: death is said to have occurred on the date stated above, at 7:40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Constant
	Day

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Paxton, M. D.
(Address) Payette Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of New Plymouth

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101516

Registration District No. 4

Primary Registration District No. 1008 Local Registrar's No. 80

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mrs Missouri Ann Black

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mitchel Black

6. DATE OF BIRTH (month, day, and year) May 29-1844

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
92	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) Missouri

MOTHER FATHER

13. NAME Wyatt

14. BIRTHPLACE (city or town) .... (State or country)

15. MAIDEN NAME Susan Stephens

16. BIRTHPLACE (city or town) .... (State or country) West Virginia

17. INFORMANT Mrs J. W. Walker
(Address) New Plymouth Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Idaho Date 11-24, 1936

19. UNDERTAKER Glenn C. Sanders
(Address) Payette Idaho

20. FILED 11-28-36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936, to Nov 19, 1936

I last saw him alive on Nov 19, 1936: death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1936

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) .... M. D.
(Address) ....

A. Boyne

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101517

PLACE OF DEATH
County of Bayette
City of Bayette

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 81

DEC 7 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David C Chase

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Chase

6. DATE OF BIRTH (month, day, and year) Apr. 26-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
83	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Ag't
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meadville Penn.
(State or country)

FATHER
13. NAME Atwood
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Mary Chase
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT D Earl Chase Bayette Ida.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date 11/30, 1936

19. UNDERTAKER J. L. Forter Bayette Ida.
(Address)

20. FILED 11/30/36 1936 J C Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to 11-29, 1936
I last saw him alive on 11-29, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	not known
Other contributory causes of importance: Carcinoma of Prostate	not known
Pyelonephritis	
Uremia	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E L Parkinson, M. D.
(Address) Bayette Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of New Plymouth

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4

Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 101518

Local Registrar's No. 82

1. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline Debruler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): 2-3-1861

7. AGE — Years: 75 — Months: 9 — Days: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany. Europe

FATHER

13. NAME: Jacob Conrad

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Probst

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Sam Debruler New Plymouth

18. BURIAL, CREMATION, OR REMOVAL — Place: Mountain View Cem. Date: 12-3, 1936

19. UNDERTAKER (Address): O. L. Foster Payette Ida.

20. FILED 11/30/36 1936 J. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936, to Nov 30, 1936

I last saw her alive on Nov. 29, 1936; death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right all Lobes)	Nov 21 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. C. Parton, M. D.

(Address) Payette Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101513

PLACE OF DEATH
County of Gooding
City of New Plymouth

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 83

DEC 7 1936 RECEIVED

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Magdalena Mayer.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Mayer.

6. DATE OF BIRTH (month, day, and year) July 22 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Gersau
(State or country) Switzerland

FATHER

13. NAME Martin Mayer

14. BIRTHPLACE (city or town) Gersau
(State or country) Switzerland

MOTHER

15. MAIDEN NAME Therese Wener

16. BIRTHPLACE (city or town) Gersau
(State or country) Switzerland

17. INFORMANT August J. Mayer
(Address) 1937 Locust a Parkland

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 12-7-, 1936

19. UNDERTAKER Glenn C. Hayden
(Address) Gooding Idaho

20. FILED 12/7/36 193.. J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to November 27, 1936
I last saw her alive on Nov. 25, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1924
Myocarditis	1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Thomas, M. D.
(Address) New Plymouth Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of Rockland Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 43 101520

Registration District No. 25

DEC 14 1936 RECEIVED

Primary Registration District No. 2072 Local Registrar's No.

(No. about 7 mi. from Rockland)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgia Marie Evans

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 8 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockland
(State or country) Power Co. Ida

FATHER
13. NAME Lory W. Evans
14. BIRTHPLACE (city or town) Fort Collins
(State or country) Colorado

MOTHER
15. MAIDEN NAME Jessie E. Clark
16. BIRTHPLACE (city or town) La Cross
(State or country) Wash

17. INFORMANT W C Evans
(Address) Colorado

18. BURIAL, CREMATION OR REMOVAL
Place Rockland Date Nov. 12 1936

19. UNDERTAKER A. W. Davis
(Address) Am. Falls Ida

20. FILED 11-28, 1936 Gertrude Fernhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1936 to Nov 7, 1936
I last saw her alive on Nov. 7, 1936: death is said to have occurred on the date stated above, at Not known m.
The principal cause of death and related causes of importance were as follows: Would say about 9:00 PM Nov. 6th

Date of onset

Death unknown - Childs body burned Verdict of Coroners Inquest held

Other contributory causes of importance:
Verdict: Criminal Negligence on part of Parent L. W. Evans & Housekeeper Lela Broadhead

Name of operation Date of
What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Not known Date of injury ....., 193...
Where did injury occur? At farm home
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Not known
Nature of injury burns, Cuts, Bruises, open sores

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Coroners Dept

(Signed) Coroner, M. D.
(Address) Am. Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101521

Registration District No. 25

DEC 11 1936 RECEIVED

Registration District No. 2122

Local Registrar's No. 84

(No.) Home about 18 miles from Am. Falls, 198

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruby Ilene Zetlitz

(a) Residence. No. Eighteen miles West of Am. Falls

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) June 21 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. student school

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

FATHER

13. NAME Adolf Zetlitz Jr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Tilly Orth

16. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida

17. INFORMANT Tilly Zetlitz
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Valley Date 11-12-36

19. UNDERTAKER A. N. Davis
(Address) American Falls, Idaho

20. FILED 12-9, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8-36, 193..., to 11-8-36, 193...
I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at about 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONORS INQUEST	
Verdict: Came to her death by being struck in head with an axe.	
House burned and bodies charred.	
Other contributory causes of importance:	
Frontal and left temporal crushed in.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ? Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? Home 18 miles west of Am. Fa
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury Struck in head with axe af
Nature of injury ter which home burned.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. N. Davis Coroner, M. D.
(Address) Am. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of Am. Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101522

Registration District No. 25

DEC 11 1936 RECEIVED

Primary Registration District No. 2072 Local Registrar's No. 86

(No. Home About 18 miles from Am. Falls,)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gertrude Elsie Zetlitz

(a) Residence. No. 18 Miles West of Am. Falls. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

198

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) November 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

FATHER

13. NAME Adolf Zetlitz Jr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Tilly Orth

16. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

17. INFORMANT Tilly Zetlitz
(Address) American Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Valley Date 11-12, 193 6

19. UNDERTAKER A. W. Davis.
(Address) Am Falls. Ida.

20. FILED 12-9, 193 6 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8- 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-8-36, 193, to 11-8-36, 193
I last saw her alive on, 193: death is said to have occurred on the date stated above, at about 10 A.M.
The principal cause of death and related causes of importance were as follows:

CORONORS INQUEST.
Verdict: Came to her death by being struck in head with an axe.
House burned charring bodies

Date of onset

Other contributory causes of importance:
complete skull crushed about all that was left was face bones and small portion of frontal

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Home 18 miles from am Falls
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury struck in head with axe
Nature of injury after which home burned.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. W. Davis M.D.
(Address) Am. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101523

Registration District No. 25

DEC 11 1936 RECEIVED

Primary Registration District No. 2072 Local Registrar's No. 86

(No. about 18 miles west of Am. Falls)

(If death occurred in a hospital or institution, give its name instead of street and number)

1948

2. FULL NAME Donald Zetlitz

(a) Residence. No. About 18 Miles West of Am. Falls, (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, and year) January 28, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

FATHER

13. NAME Adolf Zetlitz Jr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Tilly Orth

16. BIRTHPLACE (city or town) (State or country) Am. Falls, Idaho.

17. INFORMANT Tilly Zetlitz
(Address) Am. Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Valley Date 11-12, 1936

19. UNDERTAKER A. W. Davis
(Address) Am. Falls, Ida.

20. FILED 12-9, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8-36, 193..., dead to 11-8-36, 193...

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at About 10 a.m.

The principal cause of death and related causes of importance were as follows:

CORONORS INQUEST
Verdict: Came to his death by being struck in head with an axe. House burned charring bodies.

Date of onset

Other contributory causes of importance:

Frontal bone smashed and portion of left temporal.

Name of operation Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? Home 18 miles west of Am. Fa
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck in head with axe
Nature of injury after which home burned.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred Carroll M. D.
(Address) Am. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 88 101524

DEC 1 1936 RECEIVED

Registration District No.
Primary Registration District No. Local Registrar's No.
No.
(If death occurred in a hospital or institution, give its name instead of street and number)

92

2. FULL NAME Herman Nachtigal
(a) Residence. No. 275 Van Buran St St. American Falls, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 47 yrs. 5 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Nachtigal

6. DATE OF BIRTH (month, day, and year) 2/19/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 10/19/34
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) Neufrischingbrug (State or country) Oscpreusen Germany

FATHER
13. NAME Ferdinand Nachtigal
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Hannah Nachtigal (Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Date 11/16, 1936

19. UNDERTAKER A W Davis (Address) American Falls, Idaho.

20. FILED 11-28, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13/36

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 193 5, to 11/13/36, 193
I last saw him alive on 10/1/36, 193; death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embouls	11/13/36
Other contributory causes of importance:	
Valvular heart disease	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Jones, M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls,

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101525

Registration District No. 25
Primary Registration District No. 2022 Local Registrar's No. 89

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Justina Becker

(a) Residence. No. Schiltz Memorial Hospital St. .....
(Usual place of abode) Am Falls (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 24 mos. ds.

101 a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, and year) Oct 22 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) Nov 21st
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kassel South Russia

FATHER

13. NAME Fred Gehring
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Elizabeth Schneid
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT John Becker
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Valley Date Nov 27, 1936

19. UNDERTAKER [signature]
(Address) American Falls, Idaho

20. FILED 11-28, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/23 1936

22. I HEREBY CERTIFY, That I attended deceased from November 18 1936 to November 23 1936
I last saw her alive on Nov. 23, 1936: death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power

City of American Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101526

Registration District No. 25

Primary Registration District No. 2072 1

Local Registrar's No. 90

DEC 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Henry Smith

(a) Residence. No. Two Miles South Am Falls St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 30th 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) American Falls, Idaho

FATHER

13. NAME Robert J. Smith

14. BIRTHPLACE (city or town) Arbon (State or country) Idaho

MOTHER

15. MAIDEN NAME Lola Lavone Harris

16. BIRTHPLACE (city or town) Plesent Grove (State or country) Utah

17. INFORMANT R. J. Smith (Address) American Falls, Ida

18. BURIAL, CREMATION OR REMOVAL

Place Aberdeen, Ida Date 12/2, 1936

19. UNDERTAKER Dewey Davis (Address) American Falls, Idaho

20. FILED 12-1, 1936 Gertrude Trumbill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Did not attend deceased., 193..., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Do not know.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Logan M. D.

(Address) American Falls, Ida.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101527

City of .....

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 91

DEC 12 1936 RECEIVED

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver Jeremiah Quane

(a) Residence. No. American Falls, Idaho St. 301 Polk Street
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisabeth M. Quane

6. DATE OF BIRTH (month, day, and year) Dec. 21. 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	56	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Publisher

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** News paper

10. Date deceased last worked at this occupation (mo. and yr.) 11. 1. 36

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Mankato, Minn

FATHER

13. NAME John Dennis Quane

14. BIRTHPLACE (city or town) (State or country) LaSalle, Ill.

MOTHER

15. MAIDEN NAME Jennie Mather

16. BIRTHPLACE (city or town) (State or country) Sun Prairie, Wis.

17. INFORMANT (Address) Austin Quane American Falls, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello To Mankato Minn Date Dec 9, 1936

19. UNDERTAKER (Address) Downing's Funeral Home Pocatello

20. FILED 12-3..., 1936. Gertrude Thornhill Registrar.

Dec 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-3 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 193.. to 12-3 193.6

I last saw him alive on 12-3, 1936.: death is said to have occurred on the date stated above, at 5:15 mPM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hodgkin's disease	1920
End result, Gastric hemorrhage from ulcer beginning 10-30-36	
Other **contributory causes** of importance:	
Chronic gastric ulcer	1917

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) W. T. Farrell, M. D.
(Address) American Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101528

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 58

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Providence Hospital)

2. FULL NAME Reinhold Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 31 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER
13. NAME Donald Smith
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Margaret McDougall
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Margaret Henderson
(Address) Enterprise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hillcrest Cem Date Dec 2, 1936

19. UNDERTAKER J A Baker (under)
(Address) Wallace Ida

20. FILED Dec 2, 1936 John Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Dec 31, 1936
I last saw him alive on Dec 31, 1936, death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	30 days
Arteriosclerosis	

Other contributory causes of importance: Old Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm A Dobie M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101523

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 59

1936
(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Perry Davis 42

(a) Residence. No. Osburn, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ HELEN DAVIS

6. DATE OF BIRTH (month, day, and year) FEB. 11 - 1909

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
27	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** FARMING

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENDLETON ORE.

MOTHER FATHER

13. NAME CORNELIUS E DAVIS

14. BIRTHPLACE (city or town) (State or country) BANGOR IOWA

MOTHER

15. MAIDEN NAME MAUD E OVERLANDER

16. BIRTHPLACE (city or town) (State or country) OMAHA NEB

17. INFORMANT O. C. Davis
(Address) Samuels Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Sand Point Ida Date Nov 9th 1936

19. UNDERTAKER Bruce G. Ware
(Address) Wallace Ida

20. FILED Nov 8, 1936 John Rowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

NOV 7-1936

21. DATE OF DEATH (month, day and year) ~~OCT~~ NOV 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1936, to Nov 7th 1936

I last saw h. alive on Nov 7, 1936 death is said to have occurred on the date stated above, at 12:45 a.m. PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Streptococcic Cellulitis of neck	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm. T. Smith M. D.
(Address) Wallace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101530

Registration District No. 70
Primary Registration District No. 1011 Local Registrar's No. 60
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

100a

2. FULL NAME Hannah Alina Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Emanuel Johnson
6. DATE OF BIRTH (month, day, and year): May-2-1886
7. AGE: Years 50 | Months 6 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Anna Larson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Emanuel Johnson Wallace Ida.
18. BURIAL, CREMATION OR REMOVAL Place: Wallace Ida. Date: Nov 14 1936
19. UNDERTAKER (Address): J. A Bower (Words) Wallace
20. FILED: Nov 13, 1936 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1936 to Nov 9, 1936
I last saw h[illegible] alive on Nov 9, 1936: death is said to have occurred on the date stated above, at 7:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bilateral	4 days
Other contributory causes of importance:	
Influenza	7-10 days

Name of operation ..... Date of .....
What test confirmed diagnosis: Clinical Symptoms Was autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Wyckoff M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

DEC 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101531

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 61

(No. Coo Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charlie Erickson 31

(a) Residence. No. Orchard Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Erickson

6. DATE OF BIRTH (month, day, and year) March 2 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Carl Erickson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ida Erickson
(Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Ida Date Nov 15, 1936

19. UNDERTAKER J A Bauer (Wards)
(Address) Wallace Ida.

20. FILED Nov - 14 1936 John Bauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193 5, to Nov 10, 1936
I last saw ~~him~~ alive on Nov 9, 1936: death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary	
T B	

Other contributory causes of importance:

None	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. G. Lemmon, M. D.
(Address) Kellogg Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101532

Registration District No. 10
Primary Registration District No. 1011
Local Registrar's No. 62

(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joel Obed Schermanson

(a) Residence. No. 176 Cypress Street St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Kullberg

6. DATE OF BIRTH (month, day, and year) Feb 7-1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead + Silver mine
10. Date deceased last worked at this occupation (mo. and yr.) Nov 10-1936
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Gisleberga Smaland, Sweden

FATHER
13. NAME Johan David Schermanson
14. BIRTHPLACE (city or town) (State or country) Driftseryd Smaland, Sweden

MOTHER
15. MAIDEN NAME Sophia Rebecca Palmberg
16. BIRTHPLACE (city or town) (State or country) Driftseryd Smaland, Sweden

17. INFORMANT Mrs Henrietta Schermanson
(Address) 176 Cypress St - Wallace

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Ida Date Nov 23, 1936

19. UNDERTAKER Bruce G. Worstell
(Address) Wallace Ida

20. FILED Nov 25, 1936 John Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1936, to 11/21, 1936
I last saw him alive on 11/21, 1936: death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Cerebral	11/16/36
Other contributory causes of importance: Arteriosclerosis	8

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elliott Israel, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101533

Registration District No. 70
DEC 15 1936 RECEIVED
Primary Registration District No. 401
Local Registrar's No. 63

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Wallace Hospital) 118

2. FULL NAME George Selich

(a) Residence. No. Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 23 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte
(State or country) Mont.

FATHER
13. NAME Frank Selich
14. BIRTHPLACE (city or town) Yugo Slavia
(State or country)

MOTHER
15. MAIDEN NAME Anna Kolak
16. BIRTHPLACE (city or town) Yugo Slavia
(State or country)

17. INFORMANT Ed Selich
(Address) Mullan Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Dec 29, 1936

19. UNDERTAKER J.A. Brown (Woods)
(Address) Wallace Ida.

20. FILED Dec 14, 1936 John Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1936, to Nov 26th, 1936
I last saw him alive on Nov 25, 1936; death is said to have occurred on the date stated above, at 4:05 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion from Acute Lobar Pneumonia.	
Other contributory causes of importance: Repair of Lumbercal Hernia Nov 4-1936	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. T. Smith M. D.
(Address) Wallace, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101534
State File No.

Registration District No. 20
Primary Registration District No. 1011
Local Registrar's No. 64

(No. Residence
(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME David John Thomas

(a) Residence. No. 6 Near Wallace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Laura Thomas

6. DATE OF BIRTH (month, day, and year) Sept 19 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Hannah Rowland
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Laura Thomas
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Nov 1, 1936

19. UNDERTAKER J.A. Bivens (words)
(Address) Wallace Ida

20. FILED Nov 30 1936 John Bivens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Nov 28, 1936
I last saw him alive on Nov 27, 1936 death is said to have occurred on the date stated above, at 2:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	
Heart Disease	

Other contributory causes of importance:
Cirrhosis of Liver
Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. W. Whitney M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of SHOSHONE
City of WALLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101535

DEC 1 1936 RECEIVED

Registration District No. 70
Primary Registration District No. 101 Local Registrar's No. 65

(No. COUNTY HOSPITAL)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FRANK TULLY

(a) Residence. No. NINE MILE WALLACE, IDA. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) ✓
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ✓
(State or country)

17. INFORMANT Mrs Ewa Hammond
(Address) Wallace, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wallace Id Date Nov 28, 1936

19. UNDERTAKER Bruce F. Wright
(Address) Wallace, Idaho

20. FILED Dec 3, 1936 John Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to Nov 15, 1936

I last saw him alive on 15 Nov, 1936.: death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr	
Hodgkin's Disease	
Weight in Left Pneumonia	
Other contributory causes of importance:	
Arteriosclerosis	
Advanced Severe Type	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so far as I know
(Signed) M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101536

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 66

DEC 1 1936

(No. Stella Nurse Burke Idaho
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Leroy Duff

(a) Residence. No. 16 Cottage Grove St. Wallace Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Stella M.

6. DATE OF BIRTH (month, day, and year) Sept 6 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Walla Walla Wash

FATHER
13. NAME Wm Duff
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Stella M Duff (Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Ida. Date Dec 2, 1936

19. UNDERTAKER Owen G Merrill (Address) Wallace Ida

20. FILED Dec 7, 1936 John Beer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw him alive on ....., 193.....: death is said to have occurred on the date stated above, at 7:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Instant
Chronic Nephritis	4 years
Arteriosclerosis	4 years

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Vallory Cosens M.D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

DEC 19 1936 KHI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101537

Registration District No. 123

Primary Registration District No. 2201

Local Registrar's No. 73

(No. 74a)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice Hinman

(a) Residence. No. Kellogg Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 17 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greenbush
(State or country) Wis

FATHER

13. NAME Edwin Hinman

14. BIRTHPLACE (city or town) Canada
(State or country)

MOTHER

15. MAIDEN NAME Malinda Pettet

16. BIRTHPLACE (city or town)
(State or country) U.S.

17. INFORMANT Ezra Hinman
(Address) Kellogg Ida

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Avon Idaho Date Dec 19 1936

19. UNDERTAKER R. L. Stout
(Address) Kellogg Ida

20. FILED Dec 9, 1936 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1936, to ....., 193..

I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Lindsay M.D.

(Address) Kellogg Idaho

11-5-36 - 12:30 PM.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Near Calda
F

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101538

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 74

DEC 1 1936 REGISTER

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME. Isabelle Lassfolk

(a) Residence. No. 31 St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Apr. 27, 1916
7. AGE: Years 19 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: at home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kellogg Idaho

MOTHER FATHER
13. NAME: John Lassfolk
14. BIRTHPLACE (city or town) (State or country): Finland
15. MAIDEN NAME: Anna Michiels
16. BIRTHPLACE (city or town) (State or country): Finland

17. INFORMANT (Address): John Lassfolk Kellogg Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Kellogg Idaho Date: Nov. 9, 1936
19. UNDERTAKER (Address): M. C. Thornhill Kellogg Idaho
20. FILED Dec. 9, 1936 Fred Helen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 6
22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1935, to 11-6, 1936
I last saw her alive on 11-6, 1936: death is to have occurred on the date stated above, at 12:30 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary	
Bilateral	11-29
Other **contributory causes** of importance:	

Name of operation: none Date of:
What test confirmed diagnosis? — Was there an autopsy

23. If death was due to exter'l causes **(violence)** fill in the following:
Accident, suicide, or homicide? Date of injury..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Howard Anderson M. D.
(Address) Kellogg, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101539

Registration District No. 123

Primary Registration District No. 3201

Local Registrar's No. 75

1010

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry George Mee, Jr.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov-25-1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rome
(State or country) Colo.

FATHER

13. NAME Harry G. Mee.

14. BIRTHPLACE (city or town)
(State or country) Ottawa County, Kansas

MOTHER

15. MAIDEN NAME Inez Sailor

16. BIRTHPLACE (city or town) Rome
(State or country) Colo.

17. INFORMENT Harry G. Mee
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cleanwood Date 11/17/36 193

19. UNDERTAKER M. E. Shanklin
(Address) Kellogg Idaho

20. FILED Dec. 9, 1936 Mrs. Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1936, to Nov 11, 1936

I last saw h alive on Nov 11, 1936; death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 8, 36

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 193

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Glenn McCafferty, M. D.

(Address) Kellogg Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg
DEC 1936 REG

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101540

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 76

(No. Wardner Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

74A

2. FULL NAME Gertrude Dunkle Scudder

(a) Residence. No. ..... St. Kellogg, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Osborne Scudder

6. DATE OF BIRTH (month, day, and year) June 13, 1879

7. AGE Years	Months	Days	If LESS than 1 day or 19 hrs. 12 min.
57	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Own home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Freedom, Penna.

FATHER

13. NAME Peter Snyder Dunkle

14. BIRTHPLACE (city or town) (State or country) West Freedom, Pa.

MOTHER

15. MAIDEN NAME Clara White (Dunkle)

16. BIRTHPLACE (city or town) (State or country) Columbus, Ohio.

17. INFORMENT (Address) A.V.Dunkle, Box 187, Kellogg, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Spokane, Wash. Date Nov. 14, 1936

19. UNDERTAKER Thornhill Company (Address) Kellogg, Idaho.

20. FILED Dec. 9, 1936 Mrs. Helen M. Brule Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1936, to Nov. 12, 1936
I last saw her alive on Nov. 12, 1936; death is said to have occurred on the date stated above, at 12:19 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10-30-36
Arteriosclerosis	?
Other contributory causes of importance:	
arterial hypertension	?

Name of operation ——— Date of .....
What test confirmed diagnosis? ——— Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Glenn McCaffery, M. D.
(Address) Kellogg, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123
Primary Registration District No. 2201
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101541
Local Registrar's No. 77

DEC 12 1936 RECEIVED

2. FULL NAME Albert Emery Bivens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct 14 1874
7. AGE: Years 62 | Months 1 | Days 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Iron molder
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country): Penna.
13. NAME: James Bivens
14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER
15. MAIDEN NAME: Mining
16. BIRTHPLACE (city or town) (State or country): Mo. ini.

17. INFORMANT (Address): Mrs Agnes C. Thorpen Kellogg Idaho
18. BURIAL, CREMATION OR REMOVAL. Place: Denver Colorado Date Nov. 20 1936
19. UNDERTAKER (Address): M. C. Thornhill Kellogg, Idaho
20. FILED Dec. 9, 1936. Mrs. Helen M. Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 18 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on ....., 193....: death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastasis to liver	about 2 years
Suicide by hanging	

Other **contributory causes** of importance:

Long standing	several
Hypertension	years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury, 193.6
Where did injury occur? Bivens Home
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Home
Manner of injury Gun shot fracture of skull
Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased? If so, specify how.
(Signed) H. H. Worry Coroner
(Address) Wallace Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101542

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 78

DEC 9 1936 Kellogg

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cecil Charles Beadle

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabelle Winslow

6. DATE OF BIRTH (month, day, and year) Sept 4, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... office manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ..... mercantile

10. Date deceased last worked at this occupation (month and year) 11-20-36

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

FATHER

13. NAME Charles J. Beadle

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Francis Collins

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMENT (Address) Jeannes Beadle Route 5, Spokane

18. BURIAL, CREMATION, OR REMOVAL Place Spokane Wash Date Nov 23, 1936

19. UNDERTAKER (Address) M. C. Thompkins Kellogg, Ida.

20. FILED Dec. 9, 1936 Mrs. Helen E. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1936, to Nov 21, 1936

I last saw him alive on Nov 21, 1936; death is said to have occurred on the date stated above, at 7.06 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance: Hypostatic degeneration	? 1934

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn McAffee, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101545

Registration District No. 123

Primary Registration District No. 2207

Local Registrar's No. 79

DEC 1 1936 RECEIVED

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

188C

2. FULL NAME Otto Mandau

(a) Residence. No. St. Spokane, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc House mooving

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Mandau

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Morrenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMENT (Address) Christian Mandau Spokane, Wash

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Nov 1936

19. UNDERTAKER (Address) [illegible]

20. FILED Dec. 9, 1936 Mrs. Helen M. Brick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 193..

I last saw him alive on ....., 193..: death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cheyne Stokes Respiration	
Abdominal Cancer	
Accidentally fell	
Other contributory causes of importance:	
Age over 60	
House mooving	
Truck	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 23 1936

Where did injury occur? Public Street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury Fell under truck

Nature of injury Crushed Chest Cavity

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell under truck

(Signed) H. Howard Coroner

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101544

PLACE OF DEATH
County of Shoshone
City of Kellogg

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 80

Dec 1 1936 REC'D (No. 1 E. ...)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Glasson

(a) Residence. No. ... St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): [redacted]

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31/1866

7. AGE: Years 70 | Months | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Joseph Glasson
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Sarah Craze
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMENT (Address): Frank Glasson, Oakland, Calif

18. BURIAL, CREMATION, OR REMOVAL Place: Calpheum Date: Dec. 3, 1936

19. UNDERTAKER (Address): McNaughton Kellogg Idaho

20. FILED Dec. 9, 1936. Mrs. Helen McPhee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Nov. 29, 1936
I last saw him alive on Nov. 29, 1936; death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov. 24-36
Adynamia Hemorrhage	Nov. 29-36
Other contributory causes of importance:	
Aneurism, abdominal aorta - dissecting type - ruptured	?

Name of operation: Exploratory Date of: Nov. 28-36
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn McAffee, M. D.
(Address) Kellogg, Idaho

Anderson

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 10 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101545

Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 81
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Berta Parker

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hugh Parker
6. DATE OF BIRTH (month, day, and year): Aug 21 1892
7. AGE: Years 44 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: John Bayliss
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Nobody
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs. Tom Grimes Kellogg Ida

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Ida Date Nov 1, 1936

19. UNDERTAKER (Address): M. E. Thornberg Kellogg Ida

20. FILED Dec. 9, 1936 Mrs. Helen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from ...12-22-..., 1936, to ...10-30-36..., 1936....
I last saw her alive on ...3-20..., 1936.: death is said to have occurred on the date stated above, at 1.0.M. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	6 mos.
Other **contributory causes** of importance: Myocardial Degeneration	8 years

Name of operation ...none... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) Harold T. Anderson M. D.
(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101546

PLACE OF DEATH
County of Shoshone
City of Kellogg
Registration District No. 123
Primary Registration District No. 2201
Local Registrar's No. 82

DEC 1 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Richard Peterson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 21-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg
(State or country)

FATHER
13. NAME Wilfred M. Peterson
14. BIRTHPLACE (city or town) Coeur d'Alene Idaho
(State or country)

MOTHER
15. MAIDEN NAME Margaret Arnold
16. BIRTHPLACE (city or town) Kellogg Idaho
(State or country)

17. INFORMENT Wilfred Peterson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kellogg Date 12/3/36 Kellogg Idaho

19. UNDERTAKER M. O. Thornhill
(Address) Kellogg Idaho

20. FILED Dec. 9, 1936 Mrs. Helen M. Brinck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30-36, 193..., to 12-2-36, 193...
I last saw him alive on 12-2-36, 193...: death is said to have occurred on the date stated above, at 4:17 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	11-29-36

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold Anderson, M. D.
(Address)

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101547

Registration District No. 12 3

Primary Registration District No. 2201 Local Registrar's No. 83

(No.) 97

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Lee

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of: Frank Lee

6. DATE OF BIRTH (month, day, and year): Oct. 5 - 1857

7. AGE: Years 79 | Months 1 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Frank Lamb

14. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER

15. MAIDEN NAME: Mc Mf

16. BIRTHPLACE (city or town) (State or country): No Mf

17. INFORMANT (Address): O J Sweatt Kellogg

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place Kellogg Ida Date 12/8/36 193..

19. UNDERTAKER (Address): M E Shoemaker Kellogg Ida

20. FILED Dec. 9., 1936. Mrs. Ellen McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3-36 193..., to 12-3-36 193...

I last saw her alive on 12-3-36 193...: death is said to have occurred on the date stated above, at 2 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..No. If so, specify.....

(Signed) Harold Anderson M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Teton

City of Chapin

DEC 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101549

Registration District No. 77

Primary Registration District No. 2176

Local Registrar's No. 10

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thos. Arnold ~~Thomas~~ Nelson

(a) Residence. No. Chapin St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb-18-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Ida~~ Driggs Teton

MOTHER FATHER

13. NAME Ivan Nelson

14. BIRTHPLACE (city or town) (State or country) Victor ~~Teton~~ Idaho

15. MAIDEN NAME Jora Kunseker

16. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

17. INFORMANT (Address) Ivan Nelson Victor Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Victor Date Nov-19, 1936

19. UNDERTAKER (Address) Vern J. Keller Victor, Idaho

20. FILED 11-20/1936 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1936, to 11/17, 1936

I last saw him alive on 11/16, 1936: death is said to have occurred on the date stated above, at 330 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	11/15/36
Other contributory causes of importance:	
Acute Bronchitis	11/10/36

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Davis, M. D.

(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton.
City of Driggs.

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101550

Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 11
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Frank~~ Francis Earl Williams
(a) Residence. No. .... Driggs, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Williams.

6. DATE OF BIRTH (month, day, and year) Apr 6-1901

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook.
10. Date deceased last worked at this occupation (mo. and yr.) Nov-36
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Colorado

FATHER
13. NAME George Washington Williams
14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER
15. MAIDEN NAME Nora Williams
16. BIRTHPLACE (city or town) (State or country) Colorado.

17. INFORMANT (Address) Mrs. Louise Williams Driggs, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Driggs, Ida. Date 11-23-1936

19. UNDERTAKER W. M. Hansen
(Address) Driggs, Ida

20. FILED 11-24-1936 Alice M. Hreand
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/19, 1936, to 11/21, 1936
I last saw him alive on 11/21, 1936: death is said to have occurred on the date stated above, at 4.35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound thru left chest	11/19/36
Other contributory causes of importance: Temporary mental aberration	11/19/36

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Suicide Date of injury 11/19, 1936
Where did injury occur? 11/19/36 Driggs, Idaho,
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury 32 Col. pistol, thru left chest
Nature of injury Bullet wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —
(Signed) L. C. T. Crane, M. D.
(Address) Driggs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Teton
City of Driggs

DEC 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77
Primary Registration District No. 2176
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE
State File No. 101551

Local Registrar's No. 12

183

2. FULL NAME Grant Lanar Daniels

(a) Residence. No. .... Driggs, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 22 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 19- 1914

7. AGE — Years: 22 | Months: 3 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ....
10. Date deceased last worked at this occupation (month and year): ....
11. Total time (years) spent in this occupation: Always

12. BIRTHPLACE (city or town) (State or country): Driggs Idaho

FATHER

13. NAME: Charles Henry Daniels
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER

15. MAIDEN NAME: Ida Alice Christopherson
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMENT (Address): Mrs. Effie Daniels Driggs, Idaho
18. BURIAL, CREMATION, OR REMOVAL Place: Driggs, Ida. Date: 11-24-1936
19. UNDERTAKER (Address): J. M. Hansen St. Anthony Idaho
20. FILED 11-28-1936 Alice M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 21 1936
22. I HEREBY CERTIFY, That I attended deceased from ..... , 193.... , to ..... , 193....
I last saw h.... alive on ..... , 193.... : death is said to have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Killed	Nov. 21

Other contributory causes of importance:

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-21, 1936
Where did injury occur? Near Teton, Idaho
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Deer hunting grounds.
Manner of injury Hunting accident
Nature of injury Shot gun wound above right breast

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) R. R. Peters, M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Teton
City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101552

DEC 10 1936 RECEIVED

Registration District No. 77
Primary Registration District No. 9176
Local Registrar's No. 13

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lambert Kearsley

(a) Residence. No. Victor St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mary Eliza Kearsley

6. DATE OF BIRTH (month, day and year) Apr. 20 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Devonshire Kent England

MOTHER FATHER

13. NAME Richard L. Kearsley
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Frances Ann Mear
16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT (Address) Mrs Richard L. Kearsley Victor

18. BURIAL, CREMATION OR REMOVAL
Place Victor Date 12/9, 1936

19. UNDERTAKER (Address) W. M. Hansen St. Anthony Idaho

20. FILED 12-5-1936 Addie M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) ~~Dec~~ Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1936, to ~~Dec~~ Nov 26 1936
I last saw ~~him~~ alive on August 25 1936; death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer & Diabetes	
No Doctor Attended	
Other contributory causes of importance:	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to ~~exter'l~~ causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Hansen Undertaker M. D.
(Address) St. Anthony Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101553

NOV 13 1936 RECEIVED

Registration District No.
Primary Registration District No.
Local Registrar's No. 1010

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma J. Brooks Douglas.

(a) Residence. No. Hazelton Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of N. A. Douglas.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payson
(State or country) Utah

FATHER
13. NAME Squire Brooks
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Parker Brooks
16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date Aug 15, 1936

19. UNDERTAKER Joseph P. Payne
(Address) Burley Idaho

20. FILED Aug 13, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1936, to 8-13, 1936
I last saw her alive on 8-13, 1936; death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
Myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Hazelton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Burley
P. O.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101554

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.
DEC 1936 RECEIVED
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Albert Bonar

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 7 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	5	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Ida
(State or country)

FATHER
13. NAME Harry C. Bonar
14. BIRTHPLACE (city or town) Bryant Ida
(State or country)

MOTHER
15. MAIDEN NAME Mildred Skidmore
16. BIRTHPLACE (city or town) Rexburg Ida
(State or country)

17. INFORMANT Harry C. Bonar
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 11-2, 1936

19. UNDERTAKER Evans & Johnson
(Address) Burley E. J. Johnson

20. FILED Dec, 1936 E. J. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1936, to 11-1, 1936
I last saw him alive on 11-1, 1936; death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	9 days
Other contributory causes of importance:	
Influenza	

Name of operation ~ Date of ~
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 193
Where did injury occur? ~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. H. Parkinson, M. D.
(Address) Burley Ida

C. BEN. ROSS
GOVERNOR

LEWIS WILLIAMS
COMMISSIONER

DIVISION OF PUBLIC HEALTH
IN CO-OPERATION WITH
U. S. PUBLIC HEALTH SERVICE
AND
CHILDREN'S BUREAU

J. D. DUNSHEE, M.D., DIRECTOR
ECHO DELL WATSON, SECRETARY
M. J. HAMMOND, ACCOUNTANT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE

LOCAL HEALTH SERVICE AND EPIDEMIOLOGY
L. A. LAMBERT, M.D.C.P.H.
DIRECTOR

MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN
CARLYLE THOMPSON, B.S.M.D.
DIRECTOR

SANITARY ENGINEERING AND CHEMICAL LABORATORIES
W. V. LEONARD, B.S.M.E.
DIRECTOR

BACTERIOLOGICAL AND HYGIENIC LABORATORIES
L. J. PETERSON, B.S., DIRECTOR

PUBLIC HEALTH NURSING
KATHRYN MCCABE, R.N.
DIRECTOR

VITAL STATISTICS
PEARL DILLINGHAM, DIRECTOR

G. T. Parkinson, M. D.
Buhl, Idaho

Dear Dr. Parkinson:

We have received your death certificate of Frank A. Bauar who died at Buhl, Idaho on November 1, 1936.

The stated causes of death on this certificate are broncho-pneumonia and influenza.
We have searched our files for the communicable disease report of this case but find that it has not been received.

As all communicable disease cases and suspected cases are reportable by law immediately upon knowledge thereof, we are enclosing our regular report card which should be filled out and returned as soon as possible.

Very truly yours,

L. A. LAMBERT, M. D.
Director, Local Health Administration

I do not have a Frank A. Bauar on my records. Possibly the name is Frank Albert Bonar who died on that date.

#2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101555

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eva L. Walker

15 6

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. D. Walker
6. DATE OF BIRTH (month, day, and year): March 15 - 1872
7. AGE: Years 64 | Months 7 | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shawbaugh Iowa

FATHER
13. NAME: Arkansas Miller
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Lydia Beery
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Earl Walker Twin Falls Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Filer Ida Date: 11-13, 1936
19. UNDERTAKER (Address): Evans & Johnson Burley - Ida
20. FILED Dec 1, 1936 G. L. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11/10 1936
22. I HEREBY CERTIFY, That I attended deceased from 10-5-36 193..., to 11-10, 1936
I last saw her alive on 11-8, 1936: death is said to have occurred on the date stated above, at 10 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending Aulbar paralysis	1934

Other contributory causes of importance:

Polyarthritis arthritis	1934

Name of operation: none Date of:
What test confirmed diagnosis? Clinical was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury .....
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. L. Parkinson M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101557

Registration District No. 39

DEC 5 1936 RECEIVED

Registration District No. 2087 Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mabel Hoad Leland

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of E. S. Leland

6. DATE OF BIRTH (month, day and year) Feb. 14 — 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER
13. NAME Marion Hoad
14. BIRTHPLACE (city or town) (State or country) Mich
15. MAIDEN NAME Ella Stella Sprague
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Margaret Dunham (Address) Gooding Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12-7, 1936

19. UNDERTAKER Evans & Johnson (Address) Burley, Idaho

20. FILED Dec 1, 1936 G. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1936, to 11-24, 1936
I last saw h[illegible] alive on 11-24, 1936; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	11-22-36

Other contributory causes of importance:
Arteriosclerosis
Chron Nephritis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) [redacted], M. D.
(Address) Burley Ida

Dr Jennings

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lincoln
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101558

Registration District No. 39
DEC 7 1936 RECEIVED
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margie O. Lancaster

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Julia Ann Lancaster

6. DATE OF BIRTH (month, day, and year) Dec 26 - 1847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Steam
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Engineer
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbus
(State or country) Ohio

FATHER
13. NAME Palmer Lancaster
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Harvey Stickley
(Address) Burley Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Davenport Iowa Date 11/26, 1936

19. UNDERTAKER Evans & Thomas & Johnson
(Address) Burley Idaho

20. FILED Dec, 1936 G. L. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 13 Nov —, 1936, to 25 Nov —, 1936
I last saw him alive on 13 Nov —, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	(?)
Chronic Brights	
Decompensation	
Other contributory causes of importance:	

Name of operation 0 Date of —
What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify —
(Signed) E. W. MacManus, M. D.
(Address) Burley, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 5 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101553

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 1002

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyd Gerald Gehring

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at Home
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls Idaho
(State or country)

FATHER
13. NAME Theo Gehring
14. BIRTHPLACE (city or town) Freedom
(State or country) Ohio

MOTHER
15. MAIDEN NAME Mary D Reinke
16. BIRTHPLACE (city or town) Byron
(State or country) Nebraska

17. INFORMANT Theo Gehring
(Address) Buhl Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clover (Buhl) Ida Date Nov. 28 1936

19. UNDERTAKER F E Lueck
(Address) Twin Falls Idaho

20. FILED Nov. 28, 1936. L T Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936, to Nov. 27, 1936
I last saw him alive on Nov. 27, 1936; death is said to have occurred on the date stated above, at 11 30 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days
Other contributory causes of importance:	
Premature infant	1 months

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) L T Parkinson, M. D.
(Address) Buhl, Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Burley

DEC 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101560

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. 100

(No. ..... St. .....
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George David Carpenter Shaddy

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
X	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at Stand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Burley Ida.

FATHER

13. NAME Robert Shaddy

14. BIRTHPLACE (city or town) (State or country) Burley Ida.

MOTHER

15. MAIDEN NAME Alice Tilby

16. BIRTHPLACE (city or town) (State or country) Lone Oak Texas.

17. INFORMANT Mrs Alice Shaddy
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida Date 11/30, 1936

19. UNDERTAKER Evans & Johnson
(Address) Burley G. L. Johnson

20. FILED Dec 1, 1936 G. T. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1936

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1936, to November 28 1936
I last saw him alive on November 28, 1936: death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
attack bronchopneumonia	Nov 23
Other contributory causes of importance:	
Pneumonia	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 1936
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John W. Chesterfield, M. D.
(Address) 102 N. Broadway Burley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101562

Registration District No. 37
DEC 14 1936 RECEIVED
Primary Registration District No. 2035
Local Registrar's No. 253

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Samp

(a) Residence. No. (Usual place of abode) Filer, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Filer (State or country) Idaho

FATHER
13. NAME Everett Samp
14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER
15. MAIDEN NAME Emma
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Everett Samp (Address) Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem Date Nov 13, 193 6

19. UNDERTAKER Drake Undertaking Parlors (Address) Twin Falls, Idaho

20. FILED Dec 14, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 11, 193 6

22. I HEREBY CERTIFY, That I attended deceased from November 9, 193 6, to November 11 193 6
I last saw him alive on November 9 193 6: death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningomyelocele	
Other contributory causes of importance:	
Spina bifida	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Woodson Creed M. D.
(Address) Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of ~~Second~~ Twin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 101563

Registration District No.

Primary Registration District No. 2085 Local Registrar's No. 254

(No. Twin Falls Co. Gen'l Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John F. Martin

(a) Residence No. Filer, Ida 27 Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Martin

6. DATE OF BIRTH (month, day, and year) Apr. 29 - 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bro Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver County Pa.

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bellenger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John F. Martin (Address) Filer

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Ida Date 11/16, 1936

19. UNDERTAKER Evans & Johnson (Address) Burial L. D. Johnson

20. FILED 11-16, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1936 to Nov 13, 1936

I last saw h[illegible] alive on Nov 13 1936: death is said to have occurred on the date stated above, at 10 - A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	March 1936
Other contributory causes of importance:	
Vascular Sclerosis	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. F. Martin

(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
State File No. 101564

Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 255

DEC 14 1936 RECEIVED

(No. Twin Falls Co.Gen.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence Eugene Crandall

(a) Residence. No. R.Route # 2 Twin Falls, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Emilia Crandall

6. DATE OF BIRTH (month, day, and year) May 2, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver, (State or country) Colorado

FATHER
13. NAME Ira Crandall
14. BIRTHPLACE (city or town) Ontario, (State or country) Ohio

MOTHER
15. MAIDEN NAME Polhamus
16. BIRTHPLACE (city or town) Lincoln, (State or country) Ill.

17. INFORMANT Mrs.D.L.Hill
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Sunset Memorial Park Date 11/17/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 11-17- 1936 J. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/12/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1936, to 11/12/, 1936
I last saw him alive on 11/12/, 1936; death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) W. E. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
DEC 14 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

Leave

DO NOT WRITE IN THIS SPACE
State File No. 101565

Registration District No. ____
Primary Registration District No. 2085
Local Registrar's No. 256

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jacob F. Dossett

(a) Residence. No. Route # 1 St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Nancy Dossett

6. DATE OF BIRTH (month, day, and year) December 11, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER
13. NAME Alfred Dossett
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Milton Dossett
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 11/18/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 11-17-, 1936 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to November 16, 1936
I last saw him alive on Nov. 14th, 1936; death is said to have occurred on the date stated above, at 12:55 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac myocardial renal disease	

Other contributory causes of importance:

Enlarged prostate & senility	

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Idaho

DO NOT WRITE IN THIS SPACE
State File No. 101566

DEC 14 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 1085
Local Registrar's No. 257
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME DeWitt Clinton Edmondson

(a) Residence. No. 529 3rd ave. east St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Mary C. Edmondson

6. DATE OF BIRTH (month, day, and year)
March 26, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knox County, Indiana

FATHER
13. NAME Joseph Edmondson
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME Mirriam Mitchel
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Mrs. D. C. Edmondson
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 11-18-, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 11-15-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Nov. 15, 1936
I last saw him alive on Nov. 15, 1936; death is said to have occurred on the date stated above, at 3:00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	?
Other contributory causes of importance:	
Old age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101567

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 258

DEC 14 1936 RECEIVED

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah A. Walter

(a) Residence. No. Rural Route # 1 St. Kimberly, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Wilson Walter Mch. 29/85

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Silas Sanders
14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER
15. MAIDEN NAME Cynthia Clark
16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Arthur Walter
(Address) Kimberly, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls Cem. Date 11/20/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 11-15-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

31. DATE OF DEATH (month, day and year) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar-1, 1936, to Nov. 18, 1936
I last saw her alive on 11-17, 1936; death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease	1914
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. 101568

DEC 28 1936

Registration District No. ~~1085~~
Primary Registration District No. ____ Local Registrar's No. 259
(No. Twin Falls Co.Gen.Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Peter E.Dean
(a) Residence. No. 310 3rd. ave.north St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Mary T.

6. DATE OF BIRTH (month, day, and year) April 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Land owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Duchess Co.
(State or country) New York

FATHER
13. NAME John E.Dean
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Margaret Olcott
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Clarance Dean
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 11-18, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 11-19, 1936 J. Emmett Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1936, to Nov.14, 1936
I last saw him alive on Nov.14, 1936: death is said to have occurred on the date stated above, at 2:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion with dilation of heart	11-11-36
Other contributory causes of importance: Cerebral hemorrhage with paralysis of left larynx below direct	11-8-36

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1936
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) John R. Vaughan M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101569

Registration District No. 37

DEC 1 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 260

(If death occurred in a hospital or institution, give its name instead of street and number) Twin Falls Hospital

2. FULL NAME Duane Dean Young

(a) Residence. No. 344 West 4th St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 31, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

MOTHER FATHER

13. NAME Fay J Young.

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Alice Cherry

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Mrs Betsy Cherry.
(Address) 344 West 4th St. Twin Falls

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Nov 21, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls Idaho

20. FILED 11-21-, 1936 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936, to Nov. 20, 1936

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper Respiratory Infection	
Other contributory causes of importance:	
Pneumonia (bronchopneum., lobar)	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Waldo B. Fredenhagen M. D.
(Address) 228 Main Ave. So. Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 101570

Registration District No. .....

Primary Registration District No. 1065 Local Registrar's No. 362

(No. 240 Blue Lakes Blvd. N.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Maude Ward

(a) Residence. No. 240 Blue Lakes Blvd. N. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A.T. Ward

6. DATE OF BIRTH (month, day, and year) May 14, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Beaver Dam (State or country) Utah

FATHER

13. NAME William Shangle

14. BIRTHPLACE (city or town) ..... (State or country) No Inf.

MOTHER

15. MAIDEN NAME Rachel Kerns

16. BIRTHPLACE (city or town) ..... (State or country) Iowa

17. INFORMANT Mrs. Rachel Hughes (Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Ida. Date 11/18, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 11-24-, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Nov. 14, 1936

I last saw her alive on 11-10, 1936 death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1 mo
Other contributory causes of importance: Chr. Myocarditis — Cardio-vasc. disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Blackadar M.D.

(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
State File No. 161571

Registration District No.

DEC 14 1936 RECEIVED

Primary Registration District No. 1085 Local Registrar's No. 263
(No.) Twin Falls Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

1876

2. FULL NAME Earl Lynn Goertzen

(a) Residence. No. 130 5-Av West St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 19-1927

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

FATHER
13. NAME Peter P. Goertzen
14. BIRTHPLACE (city or town) Mt Lake
(State or country) Minn

MOTHER
15. MAIDEN NAME Helen Coleman
16. BIRTHPLACE (city or town)
(State or country) Iowa.

17. INFORMANT Peter P Goertzen
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Nov 25, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls - Idaho

20. FILED 11-25-1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen to was attended
I last saw him alive on [illegible], 193..: death is said to have occurred on the date stated above, at 6.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal skull fracture	
cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following: Accident Nov 23, 1936
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? Twin Falls, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Automobile Accident
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Raymond L Stone, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Mile South Hansen Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101572

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 264

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otto Fred Reinke

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 27, 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	5	27.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Byron
(State or country) Neb

FATHER
13. NAME H C Reinke
14. BIRTHPLACE (city or town) Johnson
(State or country) Neb

MOTHER
15. MAIDEN NAME Sophia Kirchhoff
16. BIRTHPLACE (city or town) ....
(State or country) Neb.

17. INFORMANT H C Reinke
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date 11-28, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls, Idaho

20. FILED 11-28, 1936 ....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Not attended not seen, 193..., to ....
I last ~~saw her~~ alive on ....., 193...: death is said to have occurred on the date stated above, at 1:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing of skull and loss of brain substance	
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 24, 1936
Where did injury occur? Hansen, Twin Falls Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Automobile accident
Nature of injury Crushed head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Harwood L. Stowe, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

DEC 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101573

Registration District No. 39
Primary Registration District No. 2085
Local Registrar's No. 265

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Danjiro Morita

(a) Residence. No. 1/4 Mi S.E. Kimberly St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth 37 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Yellow	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tamono

6. DATE OF BIRTH (month, day, and year) Jan 11 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Tonai Morita

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME ? Shigeo

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT Shigeo Morita (Address) Kimberly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date Nov 29, 1936

19. UNDERTAKER F.E. Drake (Address) Twin Falls Idaho

20. FILED 12-26, 1936 J.C. Rumsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1936, to 11-26-, 1936
I last saw him alive on 11/26, 1936: death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11/24/36.
Other contributory causes of importance:	
Syphilis —	?
Tertiary	

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J.M. Dennis, M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Kimberly

DEC 7 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101574

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 266

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Floyde B Tate 90

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Tate

6. DATE OF BIRTH (month, day, and year) July 11 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME John C. Tate

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Thurman Tate (Address) Kimberly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem Date Nov 30, 1936

19. UNDERTAKER Drake Mortuary (Address) Twin Falls Idaho

20. FILED 11-28, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1936, to ____, 193__
I last saw h[illegible] alive on the date stated above, ____, 193__; death is said to have occurred on the date stated above, at 3:40 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	11/27/36.

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature] M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Murtaugh

DEC 1 - 1936 (illegible)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 101575

Registration District No.

Primary Registration District No. 085

Local Registrar's No. 269

(No. Murtaugh, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Anna McFarland Rutledge

(a) Residence. No. Murtaugh, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas T. Rutledge

6. DATE OF BIRTH (month, day, and year) October 28, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME David McFarlane

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mrs. E.S. Henderson

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Thomas Rutledge
(Address) Murtaugh, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Artesian City Date 12/2 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12-1, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 193 6, to Nov 30, 193 6

I last saw her alive on Nov 30, 193 6: death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	9
Other contributory causes of importance:	
Exophthalmic goiter	1917

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles R. Scott M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101576

Registration District No. 37
Primary Registration District No. 4085 Local Registrar's No. 370
(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lawrence Bell

(a) Residence. No. ..... St. Buhl, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	wh.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Child)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho.

FATHER
13. NAME Lawrence A. Bell
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER
15. MAIDEN NAME Beth Ainsworth
16. BIRTHPLACE (city or town) (State or country) Carey Idaho

17. INFORMANT (Address) Mrs. W. R. Bell Twin Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 12-5-1936

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls. Idaho

20. FILED 12/5/, 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936, to Dec 5, 1936.
I last saw h[illegible] alive on Dec 5, 1936.: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anterior poliomyelitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) V. P. Engelking M. D.
(Address) 228 Main Ave So. T. F.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101577

Registration District No. 37
Primary Registration District No. 2036 Local Registrar's No. 272

DEC 2 1936 RECEIVED

1. (No.) Twin Falls, Idaho R.F.D. 2
(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME William Henry LaBounty

(a) Residence. No. Twin Falls, Idaho R.F.D. 2 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary LaBounty

6. DATE OF BIRTH (month, day, and year) December 2, 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME Abraham LaBounty
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Christina Raymond
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Iva Wilcox
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 12/5, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12/6, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Not seen alive, 193..
I last saw h.. alive on ....., 193..: death is said to have occurred on the date stated above, at 9:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Chest and skull	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following: Accident 12-1
Accident, suicide, or homicide? ..... Date of injury ..... 193..
Where did injury occur? Twin Falls, Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Town
Manner of injury Trampled by mad bull
Nature of injury Multiple fractures skull & chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Stowe M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

DO NOT WRITE IN THIS SPACE
State File No. 101578

Primary Registration District No. 2085 Local Registrar's No. 273

(No. Twin Falls Co. Gen. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mildred McEldowney

(a) Residence. No. Route # 3 Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur McEldowney

6. DATE OF BIRTH (month, day, and year) July 12, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [illegible], (State or country) Ohio

FATHER
13. NAME Nicholas Subler
14. BIRTHPLACE (city or town) Frenchtown, (State or country) Ohio

MOTHER
15. MAIDEN NAME Clara Bulcher
16. BIRTHPLACE (city or town) Frenchtown, (State or country) Ohio

17. INFORMANT Arthur McEldowney
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12/9/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 12-8-, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2d, 1936, to Dec. 8, 1936
I last saw her alive on Dec. 8, 1936: death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	
Septicaemia due to staphylococcus	
Other contributory causes of importance:	
Influenza a/w pregnancy	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. E. Lamb, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Kimberly

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101579

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 274

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert W. James

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Ida James
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8. 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Ill

FATHER
13. NAME Horatio J James
14. BIRTHPLACE (city or town) .....
(State or country) Ill

MOTHER
15. MAIDEN NAME Angeline Wood
16. BIRTHPLACE (city or town) .....
(State or country) Ill

17. INFORMANT Lloyd M. James
(Address) Kimberly Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date Dec 9, 193 4

19. UNDERTAKER F E Drake
(Address) Twin Falls. Idaho

20. FILED 12/9, 193 4 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 193 4

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 193 2, to Dec 7, 193 4
I last saw h alive on Dec 1, 193 4. death is said to have occurred on the date stated above, at 4:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease.	1932
Other contributory causes of importance:	

Name of operation 0 Date of .....
What test confirmed diagnosis Chinical Was there an autopsy? 0

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) J. M. Wanna M. D.
(Address) Kimberly Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC 5 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101580

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 275

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Carlson

(a) Residence. No. Twin Falls Rt 2. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8-36

7. AGE Years	Months	Days	If LESS than 1 day 1 hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER

13. NAME John Karlson

14. BIRTHPLACE (city or town) Estonia
(State or country) Finland

MOTHER

15. MAIDEN NAME Alyde Arnoal

16. BIRTHPLACE (city or town) Estonia
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Park Cem Date 12-11-, 1936

19. UNDERTAKER Parents —
(Address)

20. FILED 12/10, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I saw ~~attended~~ deceased from 12/8, 1936., to ....., 193..
I last saw her ~~him~~ alive on 12/8, 1936.: death is said to have occurred on the date stated above, at 12:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Precipitate Labor	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .....
(Signed) C. E. Mason, M. D.
(Address) Twin Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101581

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 12

DEC 8 1936

(No. McCall Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Regina L. Stanley

(a) Residence. No. McCall - Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 22 1924

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Reno Nevada

FATHER

13. NAME A. Stanley

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT A. Stanley
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Reno, Nev. Date ____, 193...

19. UNDERTAKER W. M. Gratton
(Address) Boise Idaho

20. FILED Nov 27, 1936 M. Gardner Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Nov 17, 1936
I last saw her alive on Nov 17, 1936: death is said to have occurred on the date stated above, at 5:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Terminal Codeine Mixture	Nov 9
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. D. J. Hawkins, M. D.
(Address) McCall Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of Lake Fork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101583

Registration District No. 15

DEC 8 1936

Primary Registration District No. ..... Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vernon Cleo Kaufgar

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. . mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 29 - 1935

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
1	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roseburg Idaho

FATHER

13. NAME Emo Walter Kaufgar

14. BIRTHPLACE (city or town) (State or country) Norwood Idaho

MOTHER

15. MAIDEN NAME Lila Elsie Dragoo

16. BIRTHPLACE (city or town) (State or country) Eagle Idaho

17. INFORMANT (Address) Lela Elsie Kaufgar Lake Fork Idaho

18. BURIAL, CREMATION OR REMOVAL

Place ..... Date ..... 193..

19. UNDERTAKER (Address) [illegible]

20. FILED Nov 30, 1936. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 22, 1936

I last saw him alive on Oct 21, 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
	Nov 21-36
Nephritis	
Other **contributory causes** of importance:	
influenza	Oct 1-36

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? No.. Date of injury.., 193..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Roscoe C. Ward M. D.

(Address) Cascade Idaho

Kennedy

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101584

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Robert Hill

(a) Residence. No. Sunnyside St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Ina Hiet

6. DATE OF BIRTH (month, day, and year) Feb 3 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME John Hiet
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Jennie Ladasou
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT George H Hiet
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bowen, Idaho Date 11-19-, 1936

19. UNDERTAKER L. B. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Nov 14, 1936
I last saw him alive on Nov 4, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	11-6-36
Acute Blood Poisoning	11-13
	1
Other contributory causes of importance:	
Pneumonia	11-10-36
Grippe	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) F A Schmidt M. D.
(Address) Weiser Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 10 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 101585

Registration District No. 86
Primary Registration District No. 1018 Local Registrar's No. 20

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Mrs Annie Elizabeth Russell.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Russell.

6. DATE OF BIRTH (month, day, and year) Nov 22-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased—last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Clinton Co. Ill.

FATHER
13. NAME George Bryant.
14. BIRTHPLACE (city or town) ..... (State or country) Ill.

MOTHER
15. MAIDEN NAME Sarah Seymour
16. BIRTHPLACE (city or town) ..... (State or country) Ill.

17. INFORMANT Mrs O. W. Hall
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 12-17-1936

19. UNDERTAKER Lewis C Sundeen
(Address) Payette Idaho

20. FILED Dec 8, 1936 Theresa Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936 to Nov 15, 1936.
I last saw h[illegible] alive on Nov 15, 1936: death is said to have occurred on the date stated above, at 9:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown
Other contributory causes of importance:	
Arteriosclerosis Cardiac	Oct 23, 1936

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Coats M. D.
(Address) Weiser Idaho.

Dr. Coats.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Cash

DO NOT WRITE IN THIS SPACE
State File No. 101586

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 21

(No. ____)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Elizabeth Ellen Ralston

(a) Residence. No. 853 W 2nd St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A Ralston

6. DATE OF BIRTH (month, day, and year) April 21 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Wm Watson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Ann Scott
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hazel Rehmann
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 11-17- 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 15-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1936, to Nov 15, 1936
I last saw h[illegible] alive on Nov 15, 1936; death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 13, 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical and autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. M. Coates M. D.
(Address) Weiser Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

DEC 1 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 22

Coada

DO NOT WRITE IN THIS SPACE
State File No. 101587

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Norteux Ford

(a) Residence. No. East Weiser St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Edward Ford

6. DATE OF BIRTH (month, day, and year) Aug 20 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis

FATHER
13. NAME E. L. Ellery
14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER
15. MAIDEN NAME Clarcie Wright
16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Ed Ford
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-3- 193 3

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 193 6 Emmas Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 193 3 to Nov 24, 193 6
I last saw h alive on Nov 20, 193 6 death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	Unknown
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. M. Coats M. D.
(Address) Weiser Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2112

DO NOT WRITE IN THIS SPACE
State File No. 101588

Local Registrar's No. 23

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeremiah William Burke

(a) Residence. No. Weiser Flat St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 27 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 2 Wks ago
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) London Canada

MOTHER FATHER

13. NAME Richard John Burke
14. BIRTHPLACE (city or town) (State or country) Tipperary Ireland
15. MAIDEN NAME Elizabeth Barker
16. BIRTHPLACE (city or town) (State or country) Tipperary Ireland

17. INFORMANT Mary McDermott
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Date Nov 25, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Nov 28, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936, to Nov 22, 1936
I last saw h.. alive on Nov. 21, 1936: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. A. Coombs, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101589

DEC 19 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 24

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Alice King

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm King

6. DATE OF BIRTH (month, day, and year) July 15 18[redacted]

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER
13. NAME Isaac Jefferson
14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT J. E. King
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cassville Mo. Date ____, 193

19. UNDERTAKER R. C. Northam
(Address) Weiser Idaho

20. FILED Dec 9, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 193[6]

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Trouble	
Died before the	
Doctor Arrived	
No Inquest	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) R. C. Northam, M.D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101590
State File No. [redacted]

NOV 14 1936 REGISTERED

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 700

(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Ollman

(a) Residence. No. ..... St. Clarkston, Wash.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie Ollman

6. DATE OF BIRTH (month, day, and year) April 14, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bensenvill, Illinois

FATHER
13. NAME William Ollman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Caroline Runnke
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles Kantz
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION OR REMOVAL~~ Removal
Place Clarkston, Wash. Date Oct. 15, 1936

19. UNDERTAKER Vassar-Rawls Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Nov 10, 1936 M. McCurley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1936 to Oct. 14, 1936
I last saw h[illegible] alive on Oct. 14, 1936: death is said to have occurred on the date stated above, at 1 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
Influenza	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm. Van Matre M. D.
(Address) Lewiston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lewis
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101591

101591

Registration District No. 49
DEC 1. 1936 RECEIVED
Primary Registration District No. 2127
Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William T Lefler

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Alice Lefler

6. DATE OF BIRTH (month, day, and year) 12-5-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1926

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Blandinsville
(State or country) Illinois

FATHER

13. NAME Chas. Lefler

14. BIRTHPLACE (city or town) Anderson Co. Ken.
(State or country)

MOTHER

15. MAIDEN NAME Louisa Hardisty

16. BIRTHPLACE (city or town) (?)
(State or country)

17. INFORMANT Ellen Lefler
(Address) Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orangeville Ida Date Sept. 2 1936

19. UNDERTAKER Kamiah Undertaking Co.
(Address)

20. FILED Dec 15 1936 Nell Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 31, 1936
I last saw h alive on Sept., 1936: death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Myocarditis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C E Mayes, M. D.
(Address) Kamiah Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101592

DO NOT WRITE IN THIS SPACE
State File No. 101592

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 411

DEC 13 1936 RECEIVED

(No. 701 1/2 Main St)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry W. Taylor

(a) Residence. No. 701 1/2 Main St. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grinnell
(State or country) Iowa

FATHER

13. NAME Asberry Taylor
14. BIRTHPLACE (city or town)
(State or country) U.S.A.

MOTHER

15. MAIDEN NAME Minnie Reed
16. BIRTHPLACE (city or town)
(State or country) U.S.A.

17. INFORMANT Scott Martin
(Address) Prosser Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Grinnell Iowa Date 12/14, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-14, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from ..... last 193..., to ....., 193.....
I last saw h[illegible] alive on 12-12, 1936: death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy,	
Alcohol	

Other contributory causes of importance:

None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. J. Coats, M. D.
(Address) Boise

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

12-673

PLACE OF DEATH

County of Idaho

City of Warren

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101593

DEC 22 1936 RECEIVED

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 15

(No. ..... 182)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Earnest Stode

(a) Residence. No. Warren St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 31st 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER

13. NAME John S Stode

14. BIRTHPLACE (city or town) (State or country) Boise Ida

MOTHER

15. MAIDEN NAME Anna Marion

16. BIRTHPLACE (city or town) (State or country) Blackfoot Ida

17. INFORMANT (Address) John George Stode Roosbury Ida

18. BURIAL, CREMATION OR REMOVAL
Place. Nampa ..... Date....., 193..

19. UNDERTAKER (Address) A. Dyer Robt Cascade Ida

20. FILED Dec 12 ....., 1936 Gardner Keeley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	
Accidental	
Drowning	
.....	
.....	
Other **contributory causes** of importance:	
.....	
.....	
.....	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury .., 193.

Where did injury occur? Warren Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ..Accident

Manner of injury..... Fell in bridge pond.

Nature of injury..... Drowning

24. Was disease or injury in any way related to occupation of deceased?..No If so, specify .....

(Signed) ..... Evans Ward, M. D.

(Address) Valley County Coroner Cascade Idaho

F01594

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101594

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 216-1
Local Registrar's No. 846

DEC 28 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Pete P. Radika

(a) Residence. No. C. C Camp (Usual place of abode) Pocatello Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1480

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26, 1918 ~~1936~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. C. C Camp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwich Indiana

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown unknown

MOTHER

15. MAIDEN NAME Anna - - - -

16. BIRTHPLACE (city or town) (State or country) unknown unknown

17. INFORMENT (Address) Lieutenant Glass, C C Camp Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Ohio Date Dec 11, 1936

19. UNDERTAKER (Address) M E Han Funeral Home Pocatello, Idaho.

20. FILED 12-11, 1936 D C Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Neck	
Double Compound fracture	
of left Leg below knee	
struck by car driven by	
Louis Hanjuand in careless	
and reckless manner	

Other contributory causes of importance:

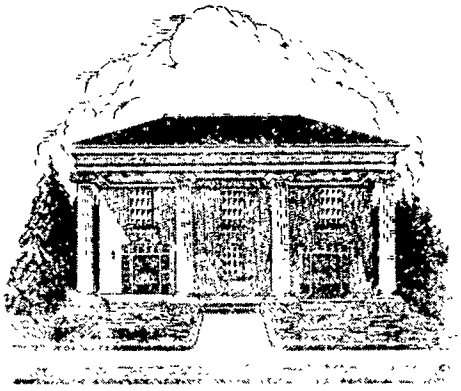
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Arthur W Hall Coroner, M.D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING



McHAN FUNERAL HOME
217 South Arthur
POCATELLO, IDAHO

Dec. 30, 1936.

Gentlemen:

In chicking over our death records we find that we have made a mistake in recording the date of birth on "Peter P. Ladika." The date of birth should be June 26, 1918 instead of 1936. We hope this does not cause you too much added work and are truly sorry for the mistake.

Sincerely Yours.

O. L. McHan.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101595

Registration District No. 2

DEC 23 1936 RECEIVED

Registration District No. 1004

Local Registrar's No. 414

(If death occurred in a hospital or institution, give its name instead of street and number) St Alphonsus Hospital.

2. FULL NAME Ernest Ellsworth Laubaugh.

(a) Residence. No. 1307. N. 16 Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elizabeth Laubaugh.

6. DATE OF BIRTH (month, day and year) August. 20. 1887.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shickskinny. Pennsylvania.

FATHER

13. NAME Elmer. E. Laubaugh.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Sprake.

16. BIRTHPLACE (city or town) (State or country) London England.

17. INFORMANT (Address) Mrs. Elizabeth. C. Laubaugh. 1307. N. 16 Street.

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Cemetery. Date Dec. 16 1936

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 12-16 1936 R. Sharpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1936, to 12/13, 1936

I last saw him alive on 12/13, 1936; death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/9-36
Other contributory causes of importance: Bronchial pneumonia	12/12-36
Exhaustion	12/12-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1936

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph Powell, M. D.

(Address) Boise

Petition 101596

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101596

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 420

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Oliver. G. Rustin.

(a) Residence. No. 1407. N. 13 Street/ St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Daisy. A. Rustin.

6. DATE OF BIRTH (month, day and year) February. 2. 1873.

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
63.	10.	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Omaha, Nebraska.
(State or country)

FATHER
13. NAME Gilbert Rustin.
14. BIRTHPLACE (city or town) Vermont.
(State or country)

MOTHER
15. MAIDEN NAME Harriett Wells.
16. BIRTHPLACE (city or town) Vermont.
(State or country)

17. INFORMANT Mrs. Daisy. A. Rustin.
(Address) 1407. N. 13 Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park. Dec 21 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 12-21 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16th

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to Dec 16 1936
I last saw him alive on Dec 16 1936 death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystis-Vascular Renal degeneration	
Other contributory causes of importance: Uremia	

Name of operation .... Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Fred A. Turnipseed M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE DEPARTMENT OF WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101597

PLACE OF DEATH
County of Elmore
City of Glenns Ferry,

Registration District No. 35
Primary Registration District No. 2021
Local Registrar's No.

DEC 23 1936 RECEIVED

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane Collins

(a) Residence. No. Glenns Ferry St. Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Albert Collins

6. DATE OF BIRTH (month, day, and year) 8-29-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottawa Ont. Canada.

FATHER
13. NAME John Nutterville
14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER
15. MAIDEN NAME Brady
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) J. M. McCarthy Denver Colo.

18. BURIAL, CREMATION OR ~~REMOVAL~~
Place Glenns Ferry Ida Date 12-23 1936

19. UNDERTAKER (Address) Zacher Funeral Home Mountain Home, Ida

20. FILED 12-23, 1936 Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to Dec 20, 1936
I last saw her alive on Dec 20, 1936: death is said to have occurred on the date stated above, at 8.45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Dec 14 1936
Other contributory causes of importance:	
Mitral insufficiency	1920
Tuberculosis	1920

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John W. Davies, M. D.
(Address) Glenns Ferry, Ida.

Box 213
Glenns Ferry, Idaho
Dec. 31, 1936

Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

I do not know who was responsible for the error but the date of my mothers birth was not given correctly on the inclosed certificate.

She was born on August 29th not the 9th as is given - I was [illegible]

As this certificate is to be submitted to a life insurance company [illegible]

I do not understand how such a mistake was made as I am sure my brother, J. M. McCarthy and myself gave it correctly.

I am returning the certificate for correction of birth date and exact age which is also not correct under the circumstances.

Very truly yours.
Burton H. Collins

J. M. McCarthys address is 1560 Steele St. Denver but he will verify the above I am sure.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101578

DO NOT WRITE IN THIS SPACE

State File No. 101598

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 412

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Dale B. Felthouse (Dale D. Felthouse)

(a) Residence. No. ____ St. New Plymouth Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/3/1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dist. Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago Engineering Works

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ##### Idaho
(State or country) New Plymouth

FATHER

13. NAME Noah Felthouse

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Della B. Prough

16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMANT N. S. Felthouse
(Address) New Plymouth

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Idaho Date 12/17/ 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12-15 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14/36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1936, to Dec 14, 1936

I last saw him alive on Dec 14, 1936.: death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sore throat	

Other contributory causes of importance:

Neck Abscess
Septicemia
Endocarditis

Name of operation Neck Abscess Date of Mar 24-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Reno Number M. D.
(Address) Boise Ida

Numbers

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101599

DO NOT WRITE IN THIS SPACE
State File No. 101599

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 419
(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Manford Ellis Masoner

(a) Residence. No. Rupert, Idaho St. Rupert, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gwendolyn J. Masoner

6. DATE OF BIRTH (month, day, and year) Aug. 14, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	4	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

FATHER
13. NAME Charles Masoner
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME Emma Budy
16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT (Address) Gwendolyn J. Masoner Rupert, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date 12/20/ 1936

19. UNDERTAKER (Address) Summers Funeral Home Boise, Idaho

20. FILED 12-18, 1936 R. K. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/13/36, 193..., to 12/18/36, 193...
I last saw h[im] alive on 12/18/36, 193...; death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

Acute Rupture of Spleen - with Hemorrhage and Shock — Date of onset Dec. 13 1936 about A. M.

Other contributory causes of importance: Secondary Broncho-Pneumonia

Operation Removal of Spleen Date of: 12/14/36
Name of operation? What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? A Date of injury Dec. 13 1936
Where did injury occur? Quartzburg, Ida
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Falling Rock in Mine
Nature of injury Crushing Injury of left Chest and Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Mining

(Signed) James L. Hewett, M. D.
(Address) Boise Idaho

Wahle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101600

DO NOT WRITE IN THIS SPACE

State File No. 101600

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 432

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Francis Brennan

(a) Residence. No. 1104 Washington St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 26 1891

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veteran

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) De Lamar, Ida.
(State or country)

FATHER

13. NAME Edward Brennan

14. BIRTHPLACE (city or town) Irland
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann Downs

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Margaret Conan
(Address)

18. BURIAL, CREMATION OR REMOVAL St. John's
Place Boise, Ida. Date 12-26-1936

19. UNDERTAKER Schreiber & McCann
(Address)

20. FILED 12-29, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Dec 24, 1936

I last saw him alive on Dec 23, 1936; death is said to have occurred on the date stated above, at 4.05 A. m. Dec 24

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
acute + hepatitis + uraemia	1936

Other contributory causes of importance:

Old Kidney	
previously pronounced	
several yrs ago	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. Wahle M. D.
(Address) Boise Idaho

101601

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101601

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 428

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME R. Donald Bingham

(a) Residence. No. 115 N. 18th. St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, and year) 11/30/1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boise Concrete Pipe Works

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottertail County Minn.

FATHER

13. NAME Claude E. Bingham

14. BIRTHPLACE (city or town) (State or country) So. Dakota

MOTHER

15. MAIDEN NAME Alma Calkins

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT (Address) C. E. Bingham, Caldwell Ida.

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Ontario Oregon Date 12/26/36 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 12-24-36 193 R. Clarke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 23, 1936

I last saw him alive on Dec 23, 1936; death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Dec 22, 36
Other contributory causes of importance:	
acute nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Allen, M. D.

(Address) 105 N 8th St

Allen

101602

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101602

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 438
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry L. Tolleth

(a) Residence. No. 106 St. Meridian Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nella Tolleth

6. DATE OF BIRTH (month, day, and year) Nov. 12, 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Fairbury Neb

FATHER

13. NAME Jno. H. Tolleth

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Josephine Yantz

16. BIRTHPLACE (city or town) (State or country) Racine Wisconsin

17. INFORMANT Charlotte Tolleth
(Address) Meridian Ida

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Idaho Date 12/31 193 6

19. UNDERTAKER B. Whitman
(Address) Meridian Ida

20. FILED 12-30 193 6 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Dec 28, 1936
I last saw him alive on Dec 28, 1936: death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Right chest	April 1, 1936
Other contributory causes of importance:	

Name of operation Rib resection Date of Dec 28, 1936
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. E. Jewell, M. D.
(Address) Meridian, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101603

PLACE OF DEATH
County [redacted]
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101603

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

JAN 7 1937

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William F. Cramer

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 20 — 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe repair
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (mo. and yr.) 12/1 — 34
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Grantsville Utah

FATHER

13. NAME John Cramer
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Armenta Severe
16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT D.E. Cramer
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/13, 1936

19. UNDERTAKER C.D. Buckner
(Address) Emmett Idaho

20. FILED 12/11, 1936 J.F. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936, 193..., to Dec 10, 1936
I last saw h[illegible] alive on Dec 11, 1936: death is said to have occurred on the date stated above, at 1-20 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J.L. Coppedge, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

REC'D JAN 4 '37

101604

PLACE OF DEATH
County of Cassia
City of Malta

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101604

Registration District No. 119
Primary Registration District No. 2198 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Riblett

(a) Residence. No. Malta Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 24 - 1853
7. AGE: Years 82 | Months 11 | Days 19 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Surveyor, School Teacha
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Nov. 34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) Perkinsop (State or country) Ill

FATHER
13. NAME Riblett
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Masonic Lodge (Address) Burley Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Albion Idaho Date 12-27-, 1934
19. UNDERTAKER L.C. Johnson Mortuary (Address) Vern R. McFadden
20. FILED 12-22-, 1934 C. I. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1934 to Dec 20, 1934.
I last saw him alive on Dec 20, 1934: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and aortic regurgitation	Nov 1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. I. Slater, M. D.
(Address) Albion Idaho

101605

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101605

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
JAN 7 '37
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Oscar Erickson
(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Erickson

6. DATE OF BIRTH (month, day, and year) Aug 1 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Minn

MOTHER FATHER
13. NAME Enquest Erickson
14. BIRTHPLACE (city or town) (State or country) Sweeden
15. MAIDEN NAME Ida Scott
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. D. C. Bryant Boise Idaho
18. BURIAL, CREMATION OR REMOVAL Place Emmett Ida Date 12/28/1936
19. UNDERTAKER C. D. Buckner (Address) Emmett Idaho
20. FILED 12/28, 193 6 J. R. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25/1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193 6 to Dec 26, 193 6
I last saw him alive on Dec 26, 1936; death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	1935
Acute Pneumonia	June 1936
Edema	
Exhaustion	
Failure	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so specify ____

(Signed) W. P. Sandelin, M. D.
(Address) Emmett Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101606

DO NOT WRITE IN THIS SPACE
State File No. 101606

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 72
(If death occurred in a hospital or institution, give its name instead of street and number) (No. Providence Hospital.)

2. FULL NAME Mary Milroy.
(a) Residence. No. Wallace Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6. DATE OF BIRTH (month, day, and year) Nov. 26 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia City. (State or country) Mont.

FATHER
13. NAME Ed Williams.
14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER
15. MAIDEN NAME Harriet Boker
16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT John Williams (Address) Murray Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Murray Ida. Date Jan 2, 1937

19. UNDERTAKER Ga Boyer (Wards) (Address) Wallace Ida.

20. FILED Dec 31, 1936 John Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936 to Dec 30, 1936
I last saw h[illegible] alive on Dec 30, 1936 death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Influenza
Pneumonia
Heart Failure
3 Days
7 Days

Other contributory causes of importance:
Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W. H. Wolfe M. D.
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of MacGregor Idaho
JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

101607

DO NOT WRITE IN THIS SPACE
State File No. 101607

Registration District No. 15
Primary Registration District No. ..... Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Emil Sovey

(a) Residence. No. MacGregor Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT C. G. Peterson
(Address) MacGregor Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 12/23, 1936

19. UNDERTAKER [illegible]
(Address) Cascade Idaho

20. FILED Dec 26, 1936 E. M. Gardner Deputy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 6 30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed beneath railroad car.	
Accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Dec 21 1936
Where did injury occur? MacGregor Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell under R.R. car
Nature of injury Crushed chest.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was brakeman
(Signed) Roscoe C. Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101608

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 288

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles David Weaver

(a) Residence. No. 250 9th ave.east St, Twin Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mata Weaver

6. DATE OF BIRTH (month, day, and year) December 19, [illegible] 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME D.H.Weaver

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Melinda Ruple

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs.C.D.Weaver
(Address) Twin Falls,Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem., Date 12/24/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls,Idaho

20. FILED 12/23, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22/1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1936, to Dec. 22, 1936

I last saw him alive on Dec. 21st, 1936: death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus septicemia from infection in posterior nares.	12-17-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E Loucks, M. D.

(Address) Twin Falls,Idaho

C. D. WEAVER, A. B., M. D. C. RUSSELL WEAVER, A. B., M. D.

DRS. WEAVER & WEAVER
151 MAIN AVENUE WEST
TWIN FALLS, IDAHO

1/16, 1937

Mrs Luins Williams!

I have sent the inclosed certificates to Life Insurance Co.! and they refuse to except them, on account of the discrepancy in age given, and date of birth.

Will you please correct this for me. You know Dr C.D. Weaver personaly I think, and would know 1868 was the date of his birth, rather than 1886. I have been unable to locate any responsibility for the mistake at this end of the line. Address, Mate Weaver, 250 9th Ave. E. Twin Falls

101611

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101611

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 417
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Smith
(a) Residence. No. 1 Whitney Bench St. Boise
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Smith

6. DATE OF BIRTH (month, day, and year) Sept 19 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME John Smith
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget O'Green
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Joaquin Smith Owyhee Hotel Boise

18. BURIAL, CREMATION OR REMOVAL Place St. Johns Cem Date 12-17 1936 Boise, Ida.

19. UNDERTAKER Schneider & McMahon (Address)

20. FILED 12-17 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1936, to Dec 14th 1936
I last saw h[illegible] alive on Dec 14 1936; death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac degeneration	12/1-36
Other contributory causes of importance: advanced cancer of Rectum	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. S. Springer M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101612

PLACE OF DEATH
County of Bonner
City of Clarkfork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101612

Registration District No. 80
JAN 4 '37
Primary Registration District No. 215-7
Local Registrar's No. 12
(No. Clarkfork)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E Ettinger

(a) Residence. No. Clarkfork Idaho St.
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 2 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER
13. NAME Valentine Treffler
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dora Beckemeyer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Loretta Reinder
(Address) Los angeles Cal

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date 12/14, 1936

19. UNDERTAKER Townsend Co
(Address) Sandpoint Idaho

20. FILED Dec 14, 1936 Curtis Crisp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 10, 1936
I last saw her alive on Dec 1, 1936: death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	Several years
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. P. Strachauer M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

101613

PLACE OF DEATH
County of Bonner
City of Cabinet

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 80
Primary Registration District No. 2761

DO NOT WRITE IN THIS SPACE
State File No. 101613

Local Registrar's No. 7

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Benjamin Rogers.

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rogers.

6. DATE OF BIRTH (month, day, and year) Feb 18 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Adair Co. Kentucky

FATHER

13. NAME Jasper Newton Rogers.

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth Armstrong

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMENT (Address) Mrs Mary Rogers Cabinet Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Date Aug. 17, 1936

19. UNDERTAKER Lawrence G. Moon (Address) Sandpoint Idaho

20. FILED 8-13, 1936 Orville Crisp, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h ... alive on ....., 193... : death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Crushed skull.	

Other contributory causes of importance:

Struck by Railway train at crossing.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 8/11, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by Ry. Train.

Nature of injury Crushed Skull &c.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrence G. Moon, M.D. Coroner

(Address) Sandpoint, Ida.

101614

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101614

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. ✓

(No.) Potlatch Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

117

2. FULL NAME Vesta Prudence Berry

(a) Residence. No. New St. Palouse, Wash in Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jess Berry

6. DATE OF BIRTH (month, day, and year) December 14, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Geo. W. Merryman

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Amelia Schultz

16. BIRTHPLACE (city or town) (State or country) California

17. INFORMANT Jess Berry
(Address) Palouse, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date Nov. 27, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED Nov 25, 1936 W. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 22½, 1936, to Nov 24, 1936

I last saw her alive on Nov 24, 1936; death is said to have occurred on the date stated above, at 1:15 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
✓ Appendicitis	Nov 20½
Other contributory causes of importance:	
Peritonitis	

Name of operation Appendectomy Date of Nov 22

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Gibson, M. D.
(Address) Potlatch

1016 IV

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101615

PLACE OF DEATH
County of Bingham
City of Springfield
Registration District No. 116
Primary Registration District No. 2155 Local Registrar's No. 21
(No. Springfield Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry William Chandler
(a) Residence. No. St. Springfield Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Margaret Chandler
6. DATE OF BIRTH (month, day, and year): June 30 1863
7. AGE: Years 73 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm
10. Date deceased last worked at this occupation (mo. and yr.): 1935
11. Total time (years) spent in this occupation: 5-0

12. BIRTHPLACE (city or town) (State or country): Bountiful Utah

FATHER
13. NAME: Henry Chandler
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Emma Hill
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Coll. B. Chandler Springfield Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Springfield Ida Date: Dec 4, 1936
19. UNDERTAKER (Address): E. T. Peck Blackfoot Idaho
20. FILED Dec 3, 1936 McManaman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 1 1936

22. I HEREBY CERTIFY, That I attended deceased from May 36, 193..., to Nov 2, 1936, 193...
I last saw h... alive on Nov 2, 1936, 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senescence	
Anaemia	1931
Other **contributory causes** of importance:	

Name of operation: None Date of: No
What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) McManaman M. D.
(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10 16 16
DO NOT WRITE IN THIS SPACE
State File No. 101616

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 153
(No. Lumberman Hotel)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Erik Flemming alias Erik Larson
(a) Residence. No. Lumberman Hotel St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 18 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) County relief records Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 12-10, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 12/9, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 11.30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis with Cardiac failure	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wayne L. Yarnes, Coroner, M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101618

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 139

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Joseph B. Stilinovich

(a) Residence. No. 1221 Grove St. Boise Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1895 No information

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logger

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Gospic (State or country) Yugoslavia

FATHER

13. NAME Ante B. Stilinovich

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

MOTHER

15. MAIDEN NAME Maria Trkovich

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

17. INFORMANT Mrs. Joseph Stilinovich (Address) 816 Grove

18. BURIAL, CREMATION OR REMOVAL

Place St. Johns Date 12-3 1936

19. UNDERTAKER Schreiber and McCann (Address) 6th & Bannock Blvd.

20. FILED 12-2 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1935, to 11-30 1936

I last saw h. alive on 11-29 1936: death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Cavanaugh, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

near Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101619

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 141

(No. North of Pickel's Station)

(If death occurred in a hospital or institution, give its name instead of street and number) 90

2. FULL NAME Mrs Jannette Simmons

(a) Residence. No. ... St. Ada Co near Boise

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Simmons

6. DATE OF BIRTH (month, day, and year) Jan 23 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (mo. and yr.) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Mc Coy

14. BIRTHPLACE (city or town) (State or country) U S A

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) (State or country) U S A

17. INFORMANT (Address) Otto Simmons

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12-16 1936

19. UNDERTAKER (Address) Schrieber & McCann

20. FILED 12-15 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15½, 1936, to Dec. 12½, 1936

I last saw her alive on Dec 6½, 1936; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Dilatation of Heart	

Other contributory causes of importance:

abdominal neoplasm
senility complication
valvular heart trouble

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Otto Simmons M. D.

(Address) Boise Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101620

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 142

(No. Route 2)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Grace Stockwell

(a) Residence. No. Route 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. E.

6. DATE OF BIRTH (month, day, and year) 1/14/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME ---- Aldrich

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ---- Boomhower

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ethel Moss
(Address) Boise R-2

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/15/36 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12-17 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 36, 193..., to Dec 13 36, 193... I last saw h[illegible] alive on Dec 12 36, 193...: death is said to have occurred on the date stated above, at 7.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Arteriosclerosis	
Coma	
Uremia	
Kidney trouble	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Bowck M. D.
(Address) Boise Ida

J. Bowck

Calloway

PLACE OF DEATH

County of Ada

City of

RECEIVED
1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101621
State File No.

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 143

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Evan. S. Hardin.

(a) Residence. No. 4. Miles. S.W. of Boise. R.D.2. St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma. H. Hardin.

6. DATE OF BIRTH (month, day, and year) December. 12. 1862.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74.	0	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Iowa.
(State or country)

FATHER

13. NAME Evan Taylor Hardin.
14. BIRTHPLACE (city or town) Kentucky.
(State or country)

MOTHER

15. MAIDEN NAME Lentha Boynton.
16. BIRTHPLACE (city or town) Vermont.
(State or country)

17. INFORMANT Mrs. Emma. H. Hardin.
(Address) R.D. # 2. Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill cemetery. Date Dec. 26, 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 12-28, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 —, 1936, to Dec 24 —, 1936
I last saw h/her alive on Dec 24, 1936: death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? ~~V~~ Was there an autopsy? No

23. If death was due to ext'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M. Calloway M. D.
(Address) Boise Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101622

Registration District No. 8

Primary Registration District No. 2004 Local Registrar's No. 144 156

(No. Ada County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Corilla Fry

(a) Residence. No. 1142 E. Bannock St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/20/1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Tilman Wyatt

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Frances Harmon

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT G. O. Fry, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12/31/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 12-30, 193 6 L. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29/36 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 193 6, to 12-29-, 193 6

I last saw her alive on 12-26, 193 6: death is said to have occurred on the date stated above, at 10:18 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteoarthritis (Cat 5 ?)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Calloway, M. D.

(Address) Boise Idaho

Calloway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101623

Registration District No. 2

1936

Primary Registration District No. 1004 Local Registrar's No. 356

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Edwin Normus Carpenter

(a) Residence. No. 1017 Resseguie St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-25-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Normus Carpenter

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Lillie McNees
(Address) Orleans Nebr.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11-6-36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 11-5, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3-36 193

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1936, to 11-3, 1936

I last saw h.. alive on 11-3, 1936.: death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyp stat Congestion	
Hy Lungs.	
Shock.	
Other contributory causes of importance:	
Fracture upper 1/3 Femur	10/24-36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/24 1936
Where did injury occur? Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home.
Manner of injury Fell from Roof.
Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. E. Forney, M. D.
(Address) Boise Idaho

Forney

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101624

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 39

JAN 12 1937

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald L. Kunkel

(a) Residence. No. Route 4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/26/1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleve Montana
(State or country)

FATHER

13. NAME Harry Kunkel

14. BIRTHPLACE (city or town) Illinois
(State or country)

MOTHER

15. MAIDEN NAME Myrtle Tolliver

16. BIRTHPLACE (city or town) Montana
(State or country)

17. INFORMANT Harry Kunkel, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/1/36 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12-1, 193.6 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28/36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 193.6, to Nov, 193.6
I last saw him alive on Nov. 28, 193.6: death is said to have occurred on the date stated above, at 5-9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Nov. 1, 1936
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Swindell, M. D.
(Address) Boise Idaho

Swindell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

RECEIVED
JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101625

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 392

(No. St. Alphonsus Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Diane Irene Davison

(a) Residence. No. ..... St. Smith's Prairie Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-23-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boise Idaho.

FATHER

13. NAME George Davison

14. BIRTHPLACE (city or town) (State or country) Emmett Ida.

MOTHER

15. MAIDEN NAME Gladys Werner

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT George Davison
(Address) Smiths Prairie Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mtn. Home Ida Date 11-28, 1936

19. UNDERTAKER Zaader Funeral Home
(Address) Mtn. Home Ida

20. FILED 12-1, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1936, to 11-28, 1936

I last saw her alive on 11-27, 1936: death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-12-36
was the primary disease	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. A. Carlson, M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101626

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 394

(No. 5th & Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Winfield Cullen Jones

(a) Residence. No. 818 N 10th St. Boise Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J. Jones
6. DATE OF BIRTH (month, day, and year): July 9 1871
7. AGE: Years 65 Months 4 Days 23 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kansas City Mo.

FATHER
13. NAME: Paul Cullen
14. BIRTHPLACE (city or town) (State or country): Wexford Ireland

MOTHER
15. MAIDEN NAME: Addie Spalding
16. BIRTHPLACE (city or town) (State or country): Belmont New Hampshire

17. INFORMANT (Address): T. J. Jones 215 Idaho Bldg Boise

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 12/4, 1936

19. UNDERTAKER (Address): Schreiber & McCann Boise Idaho

20. FILED 12-3, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. Sept 29-36 Dec 2, 1936
I last saw her alive on 12/2, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Left)	
Cerebral Abscess	
Other contributory causes of importance:	
Edema of Lungs	

Name of operation: Drainage Abscess Date of: 11/24/36
What test confirmed diagnosis? Autopsy

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul Cullen Jones M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Farmer

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101627

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 395

I.
JAN 12 1931

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry H. Cain

(a) Residence. No. 516 Washington St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

1012

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 22 1902

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grangeville
(State or country) Idaho

FATHER

13. NAME William A. Cain

14. BIRTHPLACE (city or town) Houston
(State or country) Tex.

MOTHER

15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT R. H. Cain
(Address) Whitebird Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Ida. Date 12/4 193 6

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-3 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-26 193 6, to 12-2 193 6

I last saw alive on 12-2 193 6: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. W. Toney, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

DETAINED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101628

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 396

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Fosdick

(a) Residence. No. 2601 Madison St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. L.

6. DATE OF BIRTH (month, day, and year) 11/9/1873

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Della Storey, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/5/36, 193...

19. UNDERTAKER McBfatney Funeral Home (Address) Boise

20. FILED 12-4, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2/36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Dec. 2, 1936

I last saw h[e] alive on 12-2, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Nov 15 1936

Other contributory causes of importance:

Mitral stenosis & insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm B Shaw, M. D.

(Address) Boise

Shaw

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101629

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 397

JAN 12 1937

(No. St. Lukes Hospital (If death occurred in a hospital or institution, give its name instead of street and number)

100 a

2. FULL NAME James E. Haynes

(a) Residence. No. 202 Capitol Blvd. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, and year) 12/21/1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

FATHER

13. NAME Henry Haynes

14. BIRTHPLACE (city or town) Mo.
(State or country)

MOTHER

15. MAIDEN NAME Eliza C. Rickman

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Evelyn Haynes, Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/5/36, 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12-7, 193 6 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/3/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 193 6, to Death, 193...
I last saw h~~im~~ alive on Dec 3, 193 6: death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-25-36

Other contributory causes of importance:

Aortitis & Myocarditis	uncertain

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. West, M. D.
(Address) Boise Idaho.

West

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

RECEIVED JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101630

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 399

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Chester Kunter

(a) Residence. No. Route 4. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-30-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boise

FATHER

13. NAME Fred H. Kunter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ruth Larson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Ruth Kunter. Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12-8-36, 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 12-7, 193 6 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6-36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 193 6, to Dec. 7, 193 7

I last saw h[illegible] alive on Dec 7, 193 6; death is said to have occurred on the date stated above, at 1 08 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	Probably Dec. 3-36
Other contributory causes of importance: Pneumococcic ulcers on Cornea of both Eyes below Pupil area	P Dec. 28 '36

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? Lab

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) T Harmon Ryman M. D.

(Address) Boise

Tremaine

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101631

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 400

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

189

2. FULL NAME William Earl Hoaglin Jr.

(a) Residence. No. Brunean Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-4-1918

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	18	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ustick Idaho

FATHER

13. NAME William Earl Hoaglin Sr.

14. BIRTHPLACE (city or town) (State or country) Big Lost River Ida

MOTHER

15. MAIDEN NAME Mersh A. Nicholes

16. BIRTHPLACE (city or town) (State or country) Coyote, Utah

17. INFORMANT (Address) W. Earl Hoaglin Sr. Brunean, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Brunean Ida Date 12-2, 1936

19. UNDERTAKER (Address) Barber Funeral Home Mountain Home Ida.

20. FILED 12-7, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1936, to 12/2, 1936, I last saw him alive on 12/2, 1936; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death by Thrown from Horse Skull Fracture	
Other contributory causes of importance: Meningitis	

Name of operation 12/1/36 Decompression

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accd. Date of injury 11/30, 1936

Where did injury occur? Counties Brunean Valley Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home or in public place. Home

Manner of injury Thrown from horse

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was a rider

(Signed) Fred A. Tillotson, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise
DEC 7 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101632

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 401
(No. St. Luke's)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature Boy Baby Orville Jackson
(a) Residence. No. Eagle Rd St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred.—yrs. —mos.—ds. How long in U. S., if of foreign birth? yrs. mos. da.

161A

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 6-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER
13. NAME Orville Jackson
14. BIRTHPLACE (city or town) Lawsbridge
(State or country) Idaho

MOTHER
15. MAIDEN NAME Flory L Sims
16. BIRTHPLACE (city or town) Fairbury
(State or country) Neb

17. INFORMANT Orville Jackson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Dec 7, 1936

19. UNDERTAKER A Entelier Mortuary
(Address)

20. FILED 12-7, 1936 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1936, to 12-7, 1936
I last saw him alive on 12-7, 1936; death is said to have occurred on the date stated above, at 8 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Seven Months —	
Albumenuria in Mother	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) H A Larsen, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH Simulcon

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101633

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 402

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

74 1r

2. FULL NAME James Elliot Wade

(a) Residence. No. 1508 Hays St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lima, Ill.
(State or country)

FATHER

13. NAME Mathew Wade

14. BIRTHPLACE (city or town) Ill.
(State or country)

MOTHER

15. MAIDEN NAME Emily Francis Selby

16. BIRTHPLACE (city or town) Lima Ill.
(State or country)

17. INFORMANT Mrs. Erma Stuart
(Address) 1508 Hays St.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date 12/10/36

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 12-9, 193 6 R Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 193 6, to 12-8, 193 6
I last saw him alive on 12-7, 193 6. death is said to have occurred on the date stated above, at 3:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis - Coronary	11-24-36
Embolis - Cerebral	12-8-36

Other contributory causes of importance:

Hypertension	

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) R D Simonton, M. D.
(Address) Boise Ida

Numbers

PLACE OF DEATH

County of Ada

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101634

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 403

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1882

2. FULL NAME George Edgar Brown

(a) Residence. No. Five miles west of Boise Route #1
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy M. Brown

6. DATE OF BIRTH (month, day, and year) January 20, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

FATHER

13. NAME Emmons Warren Brown

14. BIRTHPLACE (city or town) Indiana
(State or country)

MOTHER

15. MAIDEN NAME Edith Ellis

16. BIRTHPLACE (city or town) Minnesota
(State or country)

17. INFORMANT Daisy M. Brown
(Address) Route #1 Boise

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date 12/11/36

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 12-9, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1936, to Dec 8, 1936

I last saw him alive on Dec 8, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fracture of the skull	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/8, 1936

Where did injury occur? Near Boise Ada
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Struck by auto

Nature of injury Head Laceration & skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reno Numbers, M. D.

(Address) Boise Ada

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

G-20-7

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101635

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 407

(No. 2819 Pleasanton Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME Allie B. Davis

(a) Residence. No. 2819 Pleasanton St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. W.

6. DATE OF BIRTH (month, day, and year) 5/27/1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME A. L. Ball

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sophia Dwinell

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Charles Davis, Boise (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/12/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 12-12-1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec. 10, 1936.

I last saw her alive on Dec 10, 1936; death is said to have occurred on the date stated above, at 1-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Pulmonary	12-8-36

Other contributory causes of importance:

Fall + crushed Chest - Dislocated from Hypospondylitis, Endocarditis + Nephritis	12-8-36 Sept. 12-36

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-8 1936
Where did injury occur? Home Boise Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Fell on floor
Nature of injury crushing chest, hemorrhage lungs.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. C. Hamilton M. D.

(Address) Boise Idaho

Hamilton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101636

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 405
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence J. Little
(a) Residence. No. Star J Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy B.

6. DATE OF BIRTH (month, day, and year) 1-20-13

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Stanley Little
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Sallie Lee
16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Ralph Little (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 12-8, 1936

19. UNDERTAKER F.K. Roberts (Address) Nampa Ida

20. FILED 12-9, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1936, to ....., 193..
I last saw h..... alive on....., 193..: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	12/5/36
Cerebral contusion	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/5, 1936
Where did injury occur? Valley Road Ada Co Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile collision
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. A. Golach, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101637

Registration District No. 2
Primary Registration District No. 1024 Local Registrar's No. 406
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daisy B. Little

(a) Residence. No. [illegible] St. Star Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clarence J.

6. DATE OF BIRTH (month, day, and year) Apl 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridian Ida
(State or country)

FATHER
13. NAME E A. Bowers
14. BIRTHPLACE (city or town) Alabama
(State or country)

MOTHER
15. MAIDEN NAME Rea
16. BIRTHPLACE (city or town) Monroe Ida
(State or country)

17. INFORMANT E. A. Bowers
(Address) Boise Ida Rt 2

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 12-8, 1936

19. UNDERTAKER E K Robinson
(Address) Nampa Ida

20. FILED 12-9, 1936 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1936, to ....., 193..
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	12/5/36
Cerebral Laceration	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/5, 1936
Where did injury occur? Valley Road - Ada Co. Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. Forsch, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

F. Burke

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101638

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 408
(No. St Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Draper

(a) Residence. No. St Alphonsus Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1-01-30

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Draper.

6. DATE OF BIRTH (month, day, and year) Sept. 29th, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Mr ? Draper

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT John Murphy
(Address) Grandview Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grandview Ida. Date 12/14, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-14 1936 L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1936, to Dec 11, 1936

I last saw him alive on 12-11, 1936; death is said to have occurred on the date stated above, at 3p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-1-36
Bilateral	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Was there an autopsy No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Bruce L Dudley M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101639

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 409

(No. 1805 North 10 Boise Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME SARAH ELLEN LEE

(a) Residence. No. 1805 North 10th St. Boise Idaho

(Usual place of abode) Meridian Idaho 21 (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 9-1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 4 Yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) SHREVE (State or country) OHIO

FATHER

13. NAME LEVI MILEY

14. BIRTHPLACE (city or town) (State or country) OHIO

MOTHER

15. MAIDEN NAME ISABELLA McFarland

16. BIRTHPLACE (city or town) (State or country) OHIO

17. INFORMANT MRS G-L-GARRETT (Address) R-2-MERIDIAN IDAHO

18. BURIAL, CREMATION OR REMOVAL Place MORRIS HILL Date Dec 14, 1936

19. UNDERTAKER W-S-Mateer (Address) Meridian Idaho

20. FILED 12-14 1936 L. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th 1936 to Dec 10th 1936

I last saw her alive on Dec 10th 1936: death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
Other contributory causes of importance:	
Valvular Heart	
Lesion-Arthrea-	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) BOISE IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101640

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 410

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

129

2. FULL NAME Margaret Stewart Ferguson

(a) Residence. No. 801 Park Blvd. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patison Robert Ferguson

6. DATE OF BIRTH (month, day, and year) Sept 3, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Alexander Stewart

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Patison R. Ferguson
(Address) 801 Park Blvd, Boise

18. BURIAL, CREMATION OR REMOVAL Clovendale Date Dec 14, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise Idaho

20. FILED 12-14, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1936, to Dec 11th, 1936

I last saw her alive on Dec 10th, 1936: death is said to have occurred on the date stated above, at 12:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis, terminating in Uraemia	
Other contributory causes of importance: Bronchopneumonia Senility.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Taylor, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101641

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 413

(No. 1317 Alturas)

(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 12 '37

129

2. FULL NAME Dr. Berthier Whitford Mather

(a) Residence. No. 1317 Alturas St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, and year) 5/14/1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garrettsville N. Y.

FATHER

13. NAME Elias C. Mather

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Adelaide Whitford

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT (Address) Mrs. B. W. Mather. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/15/36, 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 12-15, 1936 R. L. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec 13, 1936

I last saw h~~im~~ alive on Dec. 13, 1936: death is said to have occurred on the date stated above, at 12-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	years ago.
Pneumonia - Clin. Pneum.	Dec. 6, 1936
Nephritis - Chr. Paren.	Dec. 1936.
Hypertension	Several years.
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 193—
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Hamilton, M. D.

(Address) Boise Ida

Hamilton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Hamilton

DO NOT WRITE IN THIS SPACE
State File No. 101642

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 415

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Melville Shady

(a) Residence. No. 1509 Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marietta Shady

6. DATE OF BIRTH (month, day, and year) Oct. 27. 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER
13. NAME Arthur W. Shady
14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Marietta Shady
(Address) 1509 Jefferson St.

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/17/ 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 12-16 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30 AM 12-14, 1936, to 11 AM 12-14 1936.
I last saw h alive on 12-14, 1936.: death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	12-12-36
Lobar Pneumonia.	12-11-36
Other contributory causes of importance:	
Carbon Monoxide Poisoning	12-9-36

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry.
Manner of injury Carbon Monoxide Poisoning
Nature of injury at Ture Coto Co.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. O. Hamilton, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JAN 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101643

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 416

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Edwards

(a) Residence. No. ... St. Eagle
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude

6. DATE OF BIRTH (month, day, and year) May 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country) Mountain Grove

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Mrs. Charles Edwards
(Address) Eagle

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 12/16/36 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 12-17, 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 193 6, to Dec 13, 193 6
I last saw him alive on Dec 13, 193 6; death is said to have occurred on the date stated above, at 4:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis and Pericarditis	12/10/36
Other contributory causes of importance: Hypertension Heart disease	Unknown

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Boise, Idaho

Poindexter

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101644

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 418

JAN 12 1937

(No. St Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Francis Joseph Clasen

(a) Residence. No. ..... St. Vale Ore.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 11th 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
22	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union City
(State or country) Oklahoma

FATHER
13. NAME Michael Henry Clasen
14. BIRTHPLACE (city or town) Callwich
(State or country) Kansas

MOTHER
15. MAIDEN NAME Elizabeth Ratterman
16. BIRTHPLACE (city or town) Sisco
(State or country) Texas

17. INFORMANT Ralph V Clasen
(Address) Vale, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Ontairo Ore. Date 12/21, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-18, 1936 C. E. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936, to Dec 17, 1936
I last saw him alive on Dec 17, 1936; death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusions and lacerations of brain	12/13/36

Other contributory causes of importance:

Lacerations of face and scalp.	

Name of operation Suturing Wounds of Head Date of 12/13/36
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/13, 1936
Where did injury occur? Ada
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Car accident
Nature of injury Blow to head.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert L Smith M. D.
(Address) 500 Eastman Bldg. Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101645

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 421

JAN 12 1937

(No. 439 Thatcher)

(If death occurred in a hospital or institution, give its name instead of street and number)

1012

2. FULL NAME A. E. Woodruff

(a) Residence. No. 439 Thatcher St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, and year) 12/20/1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marrietta Ohio

FATHER

13. NAME Hiram Woodruff

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Amanda Gilmore

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Benjamin Woodruff (Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date 12/21/36 193

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 12-31 1936 R. Skarp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1936, to 12/18, 1936

I last saw him alive on 12/15, 1936: death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ~ Date of

What test confirmed diagnosis? Clinical symptoms

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Pittinger, M. D.

(Address) Boise Ida

Pittinger

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101646

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 422

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Ivan Brown Hubbs

(a) Residence. No. ..... St. Shoshone Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 22 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	2	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

FATHER
13. NAME Cornelius A. Hubbs
14. BIRTHPLACE (city or town)
(State or country) Utah

MOTHER
15. MAIDEN NAME Gladys Terry
16. BIRTHPLACE (city or town) Draper
(State or country) Utah

17. INFORMANT Gladys Hubbs
(Address) Shoshone Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Shoshone Date 12/19, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-21, 1936 R. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-18-36, 193..., to 12-18, 1936
I last saw ~~him~~ alive on 12-18-36, 193...: death is said to have occurred on the date stated above, at 11:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	12-18-36
Internal hemorrhage abdominal hemorrhage	
Dislocation at elbow	
Fracture left humerus	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-15, 1936
Where did injury occur? Ada County -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway, public
Manner of injury Automobile accident
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. B. Shaw, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101647

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 423

(No. St. Alphonsus)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Schlechter

(a) Residence. No. Mountain Home Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Schlechter

6. DATE OF BIRTH (month, day, and year) 5-11-72

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12-5-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME Schroeder
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Teresa Schlechter
(Address) Mountain Home - Ida.

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Mtn. Home, Ida Date 12-19, 1936

19. UNDERTAKER Zachau Funeral Home
(Address) Mountain Home Idaho

20. FILED 12-22 1936 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1936, to 12-19, 1936
I last saw h[illegible] alive on 12-19, 1936: death is said to have occurred on the date stated above, at 4:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Other contributory causes of importance:	
Bronchopneumonia	12-15-36
Uraemic Coma	12-17-36

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. F. Swendsen, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101648

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 424

(No. St. Alphonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Meinrad Harle

(a) Residence. No. 211 North 5th. St.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora Harle

6. DATE OF BIRTH (month, day, and year) Feb. 9th. 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anton Harle
(Address) Boise, Ida.

18. BURIAL, CREMATION OR REMOVAL St. Johns
Place Boise, Date 12-23 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise, Ida.

20. FILED 12-22, 1936 E. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29th 1936, to Dec 20th 1936

I last saw him alive on Dec 20th 1936; death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension and Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fred Bouck, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101649

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 425

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles P. Higby

(a) Residence. No. Route 4 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, and year) 11/14/1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Grandview, Iowa

FATHER

13. NAME Merritt P. Higby

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Lodicia Adams

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Laura Higby (Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Cloverdale Date 12/24/36, 193...

19. UNDERTAKER McBratney Funeral Home (Address) Boise

20. FILED 12-23, 193 6 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec. 22, 1936

I last saw h[illegible] alive on Dec 22, 1936: death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 17, 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. F. Swindell, M. D.

(Address) Boise Idaho

Swindell

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101650

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 426

(If death occurred in a hospital or institution, give its name instead of street and number) (No. St. Alphonsus Hospital)

2. FULL NAME George Alexander Truckey

(a) Residence. No. Elks Club. 821 Jefferson St. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stella Truckey

6. DATE OF BIRTH (month, day, and year) Oct 6 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cheyenne
(State or country) Wyo.

FATHER
13. NAME George Henry Truckey
14. BIRTHPLACE (city or town) Ogdensburgh
(State or country) N.Y.

MOTHER
15. MAIDEN NAME Catherine Hollihan
16. BIRTHPLACE (city or town)
(State or country) Wisconsin

17. INFORMANT Arthur Truckey
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place M St. John's Date 12/24, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-23 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 20, 1936
I last saw h.im alive on Dec 20, 1936: death is said to have occurred on the date stated above, at 3-30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	12/19/36
Carcinoma of stomach	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. A. Forbush, M. D.
(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101651

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 427

(No. St. Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Newton Hallford

(a) Residence. No. Idaho City, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Frances Hallford

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Rhoda Potters

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Norris Hall Idaho City

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date 12/21/36 193...

19. UNDERTAKER Summers Funeral Home (Address) Boise, Idaho

20. FILED 12-23, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/16, 193.6, to 12/18, 193.6

I last saw h. alive on 12/18, 193.6: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12/16.
	Date determined

Other contributory causes of importance:

Age	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.
(Address)

Rehings

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada.

City of Boise

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101652

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 429

(No. St Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Elizabeth Tanner

(a) Residence. No. Boise St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Hammond Tanner

6. DATE OF BIRTH (month, day, and year) 8-4-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carrollton (State or country) Mo.

FATHER

13. NAME George Harmon

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. F. M. Hobbs (Address) Boise. Idaho

18. ~~BURIAL~~, CREMATION OR REMOVAL

Place Mtn. Home Idaho Date 12-23, 1936

19. UNDERTAKER Quayle Funeral Home (Address) Mountain Home, Idaho

20. FILED 12-28, 1936 L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 193.., to 12/23, 1936

I last saw her alive on 12/23, 1936: death is said to have occurred on the date stated above, at 8.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Heart Disease	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was case an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred A. Quayle M. D.

(Address) Boise

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101653

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 430

(No. St Lukes Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Eli Cochran.

(a) Residence. No. 1301. N. 23 Street. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary. K. Cochran.

6. DATE OF BIRTH (month, day, and year) November. 9. 1908.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	1.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Osteopath

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oregon.
(State or country)

FATHER

13. NAME Eli. C. Cochran.

14. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER

15. MAIDEN NAME Dena Vanderlinden.

16. BIRTHPLACE (city or town) Kansas.
(State or country)

17. INFORMANT Mrs. Mary. K. Cochran.
(Address) 1301. N. 23. Street.

18. BURIAL, CREMATION OR REMOVAL
Cloverdale Memorial Park. Dec28 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 12-29, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1936, to Dec. 26, 1936.

I last saw him alive on Dec. 25, 1936.: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Acute, Streptococcus	Dec. 24/36

Other contributory causes of importance:

Otitis Media, acute suppurative	Dec. 22/36
Labyrinthitis, acute	Dec. 23/36

Name of operation Paracentesis, right. Date of Dec. 24/36
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes slightly, as a physician he was liable to acute infections occasionally. If so, specify
(Signed) A. Hollenbeck, M. D.
(Address) Boise, Idaho.

Stewart

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101654

JAN 1 1937

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 431

(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ella Blomgren

(a) Residence. No. 603 Franklin St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles G. Blomgren

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalarna Sweden

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT W. E. Blomgren (Address) Denver Colo.

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 12-28, 1936

19. UNDERTAKER Schreiber and McEnroe (Address) 607 Bannock Boise Idaho

20. FILED 12-29, 1936 R. L. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1936, to 12/26, 1936

I last saw her alive on ....., 193..: death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	
(b) Nephritis	
(c) Uraemia	12 days

Other contributory causes of importance:

Acute Suppurative Appendicitis Ruptured NOV. 1936

Abscess

Name of operation Appendectomy and drainage Date NOV 1936

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193..

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A. Stewart M. D.

(Address) Boise Idaho

MARGIN RESERVED FOR BINDING

5.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada

City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101655

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 433

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillie Winona La Munyon.

(a) Residence. No. 1710. N. 19 Street. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) November. 15. 1861.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75.	1.	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Missouri.
(State or country)

FATHER

13. NAME Martin Brown.

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Susan Jane Goddard.

16. BIRTHPLACE (city or town) Kentucky.
(State or country)

17. INFORMANT Emory Afton.
(Address) Eagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cemetery. Date Dec. 29. 1936.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 12-29 1936 C. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to ....., 193..

I last saw her alive on Dec 24, 1936; death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Bronchial Pneumonia	Dec 23/1936

Other contributory causes of importance:

Bronchial Asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. D. Anderson M.D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. Bridge

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101656

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 434

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME William F. Wiebelhaus

(a) Residence. No. ..... St. Mayfield, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7 - 25 - 1889

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer and Stock Raiser

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nebraska
(State or country)

FATHER

13. NAME Frank Wiebelhaus

14. BIRTHPLACE (city or town) Mich.
(State or country)

MOTHER

15. MAIDEN NAME Mary Reifanrad

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Harry J. Wiebelhaus
(Address) R. Mayfield

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 12-31, 1936

19. UNDERTAKER Sabrisky and McCann
(Address) Boise, Idaho

20. FILED 12-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1936, to 12/28, 1936

I last saw him alive on Dec 28, 1936: death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/28/36

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alfred Budge & Mrs., M. D.

(Address) .....

A.B. Beach

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101657

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 435

(No. 512 East Jefferson St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Mahlia Bowerman

(a) Residence. No. 512 East Jefferson St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Samuel Clever

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT A. C. Bowerman
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12-26 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 12-30, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936, to Dec 21, 1936

I last saw her alive on Dec 21, 1936: death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated heart.	

Other contributory causes of importance:

Senility.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. B. Beach, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Nobles

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101658

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 436

(No. St. Alhonsus Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Jackson Murphy

(a) Residence. No. ____ St. Eagle Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Murphy

6. DATE OF BIRTH (month, day, and year) Dec. 23rd. 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herkimer Co. N.Y.

FATHER

13. NAME Andrew Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) W. J. Murphy Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. John's Date 12/31, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 12-30, 1936 C. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to 12-29-, 1936.
I last saw him alive on 12-29, 1936: death is said to have occurred on the date stated above, at 12 45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Other contributory causes of importance:	
Senility -	
Hypertrophied Prostate	?

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Donald T. Nuckolls, M. D.
(Address) Boise, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101659

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 437
(No. St Lukes Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian E. Crowbridge

(a) Residence. No. ..... St. Kuna Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of H. J. Crowbridge

6. DATE OF BIRTH (month, day, and year) Aug 9 1902

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
34	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Webster S. Dakota

FATHER
13. NAME Albert Ragsdale
14. BIRTHPLACE (city or town) (State or country) Unknown Wisconsin

MOTHER
15. MAIDEN NAME Anna Tobolar
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT H. J. Crowbridge
(Address) Kuna, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Meridian Ida. Date Jan 1st 193 7

19. UNDERTAKER C. W. Robinson
(Address) Meridian Idaho

20. FILED 12-30 193 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 193 6 to Dec 26, 193 6
I last saw ~~her~~ alive on Dec 26, 193 6: death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus, coma	12/25/36
Other contributory causes of importance:	
Chronic nephritis	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlyle Small, M. D.
(Address) Meridian & Kuna, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101660

Registration District No. 2
Primary Registration District No. 1004
Local Registrar's No. 439

(No. 1818 N. 9th.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. Elmer Meaders

(a) Residence. No. 1818 N. 9th. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, and year) 4/16/1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Artesian S. Dakota

FATHER
13. NAME James Benjamin Meaders
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Patricia Patterson
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Lula Meaders, Boise

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/31/36 193

19. UNDERTAKER (Address) McBratney Funeral Home Boise

20. FILED 12-30, 193 6 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 193 6, to Dec 29, 193 6.
I last saw him alive on Dec 29, 193 6: death is said to have occurred on the date stated above, at 3:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Rt Lower Lobe.	Dec 24, 1936.
Other contributory causes of importance:	
Influenza	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Joseph M. Downs, M. D.
(Address) Boise, Idaho

Downs

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101661

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 440

(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nellie May Shaver Ross

(a) Residence. No. 316 Bannock St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Walter Ross

6. DATE OF BIRTH (month, day, and year) August 8 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Center Chain (State or country) Martin Co. Minn.

FATHER

13. NAME L. G. Shaver

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Myrtle Thompson

16. BIRTHPLACE (city or town) (State or country) Clearfield Co. Penn.

17. INFORMANT Mrs. A. M. Wolfe (Address) 316 Bannock Street

18. BURIAL, CREMATION OR REMOVAL

Place Ft. Hall - Date 12-31, 1936

19. UNDERTAKER Schrieber-McCann (Address) Boise Idaho

20. FILED 12-31 1936 R. E. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1936, to Dec 23, 1936

I last saw her alive on Dec 23, 1936; death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset Dec 21 1936

Hypertension — several yrs.

Other contributory causes of importance:

Cardio vascular renal disease — several years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Wahle M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Boise.

[redacted] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101662

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 441

(No. St Alphonsus Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Boardman Perkins.

(a) Residence. No. 522. Franklin Street. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July. 27. 1901.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35.	5.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountain Home, Idaho.

FATHER

13. NAME Thomas. G. Boardman.

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary. A. Alley.

16. BIRTHPLACE (city or town) (State or country) Nebraska.

17. INFORMANT (Address) Thomas. G. Boardman. 2114. W. Bannock Street.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Home, Idaho Date Jan. 3, 1937

19. UNDERTAKER (Address) Summers Funeral Home. Boise, Idaho.

20. FILED 12-31, 1936 R. Starr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1936, to Dec. 30, 1936.

I last saw h[illegible] alive on Dec. 30, 1936: death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Other contributory causes of importance:	
Tuberculosis of Lumbar Vertebrae	

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Bunnell, M. D.

(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Kuna

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101664

Registration District No. 124

DEC[illegible] RECORD

Primary Registration District No. ..... Local Registrar's No. 124

(No. Kuna Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME Jesse Francis Hatfield

(a) Residence. No. Kuna Ada Co. Rt #1 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-16-80

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio (State or country)

FATHER

13. NAME Irwin Hatfield

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Francis

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Mrs Manuita Hatfield (Address) Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida Date NOV 11, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED 11-12 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1936, to 11-8, 1936.

I last saw alive on 11-8, 1936; death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage brain	
Paralysis heart	
Other contributory causes of importance:	
High blood pressure probable. Not treated	

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace D. Benson, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101665

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 194

(No. 5 miles East Nampa)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bonnie Elizabeth Delzell

(a) Residence. No. 5 miles East Nampa St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 23rd 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

FATHER

13. NAME John W. Delzell

14. BIRTHPLACE (city or town) (State or country) Ashgrove Mo.

MOTHER

15. MAIDEN NAME Nellie Petty

16. BIRTHPLACE (city or town) (State or country) Lincoln Nebraska

17. INFORMANT (Address) Mrs. J. W. Delzell Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rohlerlawn

Place Nampa, Ida Date 12-6, 1936

19. UNDERTAKER (Address) Mrs. Nina M. Talley Nampa Ida

20. FILED 12-6, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 5, 1936

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
Following ruptured appendix,	Nov 30 36
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) ~~fill in also~~ the following:

Accident, suicide, or homicide? ..... Date of injury....., 193..

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. C. Beckman, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Adams
City of New Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101666

REC'D JAN 5 '37
Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 150

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alpha C. Dickenson

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 2 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male		

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) June 20 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	25.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Coroner
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Old Fellows Cemetery Date 12-16 193 6

19. UNDERTAKER Robert Jennings
(Address) Adams County

20. FILED JAN - 8 1937 193 DR. ALVIN S. THURSTON COUNCIL, IDAHO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15 193 6

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__
I last saw h[illegible] alive on 12-15, 193 6: death is said to have occurred on the date stated above, at 1-30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	12-15-36

Other contributory causes of importance:
Left leg leg and knocked down Mountain side.

Name of operation 0 Date of 0
What test confirmed diagnosis? Clinical Was there an autopsy? 0.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12-15, 193 6
Where did injury occur? Salmon River New Meadows (Specify city or town, county, and state) Idaho
Specify whether injury occurred in industry, in home, or in public place. Logging Camp
Manner of injury Riding on Caterpillar tractor
Nature of injury struck by log rolling down hill

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify ____

(Signed) J. L. Johnson, M.D.
(Address) New Meadows Coroner

JAN 5 '37

PLACE OF DEATH

County of Adams

City of Cambridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101667

Registration District No. .....

Primary Registration District No. 21 Local Registrar's No. 151

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wesley Jefferson Anderson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ira Anderson

6. DATE OF BIRTH (month, day, and year) Oct 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Prospector

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Texas Idaho

FATHER

13. NAME John L Anderson

14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Hartt Logan

16. BIRTHPLACE (city or town) ..... (State or country) Ill

17. INFORMANT ..... (Address) S. B. Haworth 515 Main Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sod Valley Date 12-29 1936

19. UNDERTAKER J. A. Anderson
(Address) Cambridge

20. FILED JAN 8 1937 193... ..... Registrar.
ALVIN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1934, to 12-26 1936

I last saw him alive on 12-25, 1936; death is said to have occurred on the date stated above, at 5:40 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Empyema Pleural Abscess	10-19-36

Other **contributory causes** of importance:

Myocarditis	
Chr Nephritis	
Mitral Insufficiency	10-1936

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? 0 Date of injury .., 193.
Where did injury occur? 0
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Alvin Thurston M.D.

(Address) Council Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

DEC 14 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101668

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 826
(No. Saint Anthony's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maida Marlene Rolfe

(a) Residence. No. 632 East Lewis St. Pocatello, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 18, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER
13. NAME Wilbert Rolfe
14. BIRTHPLACE (city or town) Rigby,
(State or country) Idaho.

MOTHER
15. MAIDEN NAME Florence Jones
16. BIRTHPLACE (city or town) Menan,
(State or country) Idaho.

17. INFORMANT Wilbert Rolfe
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date Nov. 16, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 15, 1936. D. C. Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936, to Nov 14, 1936.
I last saw her alive on Nov 14, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nov 9 Bronchio Pneumonia	Nov 9
Other contributory causes of importance:	
Mass Changing Tis	Nov 5

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee McClung M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101669

Registration District No. 98
Primary Registration District No. 2161
Local Registrar's No. 834

DEC 14 1936 RECEIVED

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Hyrum Croxall

(a) Residence. No. 233 South Grant St. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1855.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER
13. NAME Thomas W. Croxall
14. BIRTHPLACE (city or town) (State or country) England.

MOTHER
15. MAIDEN NAME Ann Taylor
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Joseph Croxall
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Nov. 25, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Nov. 25, 1936. D. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Nov. 22, 1936
I last saw him alive on Nov. 14, 1936: death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Laborer	
Other contributory causes of importance:	
old age	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101670

Registration District No. 28

Primary Registration District No. 2166 · Local Registrar's No. 841

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bobby Dean Richardson

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1, 1936.

7. AGE Years	Months	Days	If LESS than 1 day 6 hrs. or ..... min.
none	none	none	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Infant

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER

13. NAME John Doyle Richardson

14. BIRTHPLACE (city or town) Moreland,
(State or country) Idaho.

MOTHER

15. MAIDEN NAME Eva Edna Stewart

16. BIRTHPLACE (city or town) Wyoming.
(State or country)

17. INFORMANT John Doyle Richardson
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moreland, Idaho. Date Dec. 3, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 2, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936, to ....., 193.....

I last saw h[illegible] alive on 12-, 1936.: death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 6½ months	

Other **contributory causes** of importance:

Mothers Nurses employed 10 days previous with [illegible] experience

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101671

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 842
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Richard David Pannell

(a) Residence. No. Hawkins Basin, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

FATHER
13. NAME Jack Pannell
14. BIRTHPLACE (city or town) Jackson County
(State or country) North Carolina.

MOTHER
15. MAIDEN NAME Annie Lockver
16. BIRTHPLACE (city or town) Robin,
(State or country) Idaho.

17. INFORMANT Mrs. Jack Pannell
(Address) Hawkins Basin, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Hawkins Basin, Ida Date Dec. 5, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 4, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936, to Dec. 3, 1936, I last saw h[illegible] alive on Dec. 3, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	June 20, 1936
Acute dilatation of stomach	Dec. 3, 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101672

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 843

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Nicholas Albert Kummer

(a) Residence. No. 430 S. 8th St.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth

6. DATE OF BIRTH (month, day, and year) Jan. 23, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a master mechanic

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Berne (State or country) Switzerland

FATHER

13. NAME Nicholas Albert Kummer

14. BIRTHPLACE (city or town) Berne (State or country) Switzerland

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) ..... (State or country) Switzerland

17. INFORMANT Mrs. Theodore Kathe (Address) 430 S. 8th

18. BURIAL, CREMATION OR REMOVAL

Place Logan, Utah Date Dec. 8, 1936

19. UNDERTAKER Downard's Funeral Home (Address) Pocatello Idaho

20. FILED Dec 7, 1936 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to 12/5, 1936

I last saw ~~him~~ alive on 12/4, 1936: death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101673

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 844

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Georgiana Holt Potter

(a) Residence. No. 954 West Center St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced wife of Charles C. Holt

6. DATE OF BIRTH (month, day, and year): May 8, 1882.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At - Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bergen, Norway.

FATHER

13. NAME: Jorgus Jorensen Sathrum

14. BIRTHPLACE (city or town) (State or country): Norway.

MOTHER

15. MAIDEN NAME: Anna Louise Sathrum

16. BIRTHPLACE (city or town) (State or country): Norway.

17. INFORMANT (Address): Mrs. Marge Holt Wilson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Pocatello, Idaho Date: Dec. 9., 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Dec. 8, 1936. D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 7, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 7, 1936.

I last saw her alive on Dec 6, 1936.: death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Name of operation: None. Date of:

What test confirmed diagnosis?: Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101674

Registration District No. 28

Primary Registration District No. 2761 Local Registrar's No. 847

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Ellett Wanamaker

(a) Residence. No. 635 East Lewis St. Pocatello, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs 9 mos. 0ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of John Wanamaker

6. DATE OF BIRTH (month, day, and year): June 5, 1890.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada.

FATHER

13. NAME: John D. Ellett

14. BIRTHPLACE (city or town) (State or country): Fillmore, Utah.

MOTHER

15. MAIDEN NAME: Jeanette McArthur

16. BIRTHPLACE (city or town) (State or country): Scipio, Utah.

17. INFORMANT (Address): Mrs. Cecil D. Watson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL: Place Pocatello, Idaho. Date Dec. 13, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Dec. 11, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Dec 10, 1936

I last saw her alive on Dec 9, 1936: death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Aortitis with Aortic insufficiency	1935

Other contributory causes of importance:

Tabes Dorsalis	

Name of operation none Date of

What test confirmed diagnosis? Kahn Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. P. Howard, M. D.

(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101675

Registration District No. 21
Primary Registration District No. 2161 Local Registrar's No. 841

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Retta Ilene Weller

(a) Residence. No. South Fifth Ave. St. Pocatello, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs 0 mos. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27, 1929.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At - School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

FATHER

13. NAME Lynn D. Weller

14. BIRTHPLACE (city or town) (State or country) Salt Lake City, Utah.

MOTHER

15. MAIDEN NAME Lauretta Wray

16. BIRTHPLACE (city or town) (State or country) Moreland, Idaho.

17. INFORMANT Lynn D. Weller
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 13, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 11, 1936. D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 10, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1936, to 12-10, 1936
I last saw h.r alive on 12-10, 1936: death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal Septicemia	1 week

Other contributory causes of importance:

Otitis media - Sinusitis - Mastoiditis	One week 3 days

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 21
Primary Registration District No. 9161

DO NOT WRITE IN THIS SPACE
State File No. 101676

Local Registrar's No. 849

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Caroline White

(a) Residence. No. 1135 East Freemont St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white.	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. A. White.

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad Idaho
(State or country)

FATHER
13. NAME Eph. E. Jones
14. BIRTHPLACE (city or town) Lafontaine Wales
(State or country)

MOTHER
15. MAIDEN NAME Amelia A. Davis
16. BIRTHPLACE (city or town) Willard Utah
(State or country)

17. INFORMENT Caroline E. A. White
(Address) 1635 East Freemont.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Malad Idaho Date Dec 13 1936

19. UNDERTAKER McClain Funeral Home
(Address) Pocatello, Idaho

20. FILED 12-14, 1936 D. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1936, to 12/11, 1936
I last saw h alive on 12/11, 1936: death is said to have occurred on the date stated above, at ~~8:00~~ m. 4:00 P.M.
The principal cause of death and related causes of importance were as follows: Date of onset

Cholecystitis with stones & perforation

Other contributory causes of importance:

Peritonitis

Name of operation Cholecystotomy Date of 12/9/36
What test confirmed diagnosis? Clinical & Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 193
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. Call, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 9
Primary Registration District No. 9/64

DO NOT WRITE IN THIS SPACE
State File No. 101677

Local Registrar's No. 850

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mildred Wolfington Woodmansee 131

(a) Residence. No. 216 N - Grant St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If maried, widowed, or divorced — HUSBAND of (or) WIFE of: Raymond M. Woodmansee

6. DATE OF BIRTH (month, day, and year): April 20, 1911

7. AGE — Years: 25 — Months: 7 — Days: 21 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

FATHER

13. NAME: Mr. John L. Wolfington

14. BIRTHPLACE (city or town) (State or country): S. Lodhong Idaho

MOTHER

15. MAIDEN NAME: Spriggs

16. BIRTHPLACE (city or town) (State or country): Colebville Utah

17. INFORMENT (Address): Raymond M. Woodmansee Pocatello Idaho

18. BURIAL, ~~CREMATION~~, OR REMOVAL — Place: Mt. View Cemet. Date: Dec 13, 1936

19. UNDERTAKER (Address): McHan Funeral Home Pocatello, Idaho

20. FILED 12-14, 1936 — D. C. Kay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/20/36, 193 , to 12/11/36, 193 .
I last saw h alive on 12/11/36, 193 : death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Melancholia	
Hypertonic Blood Pressure	
Toxemia	
Other contributory causes of importance:	
Tobacco Kidney Depression	

Name of operation: autopsy Date of: 12/9/36
What test confirmed diagnosis? Physician, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. K. Earl, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101678

Registration District No. 28
Primary Registration District No. 261 Local Registrar's No. 851
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marjorie L Litton

(a) Residence. No. St. Anthony Idaho St. St. Anthony Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER
13. NAME Ralph Litton
14. BIRTHPLACE (city or town) (State or country) Rock Springs, Wyoming

MOTHER
15. MAIDEN NAME Mary Evelyn Petersen
16. BIRTHPLACE (city or town) (State or country) Teton County Wyoming

17. INFORMANT Ralph Litton
(Address) St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 12/12, 1936

19. UNDERTAKER
(Address)

20. FILED 12-13 1936 D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936, to Dec 12, 1936
I last saw her alive on Dec 12, 1936: death is said to have occurred on the date stated above, at 9:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	Dec 3
Other contributory causes of importance:	

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193....
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Lee McDougall, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101679

Registration District No. 24
Primary Registration District No. 2264 Local Registrar's No. 852
(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marie Lucretia Miller

(a) Residence. No. 546 North Sixth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Claude Miller

6. DATE OF BIRTH (month, day, and year): June 18, 1853.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Carrie Adamson, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Dec. 16, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Dec. 15, 1936. D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13, 1936.

22. I HEREBY CERTIFY, That I attended deceased from November, 1936 to Dec 13, 1936
I last saw her alive on Dec 11, 1936; death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	indefinite
Cerebral Hemorrhage	Nov 23

Other contributory causes of importance:

Hypertension	
Pernicious Fibrillation	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. P. Howard, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101680

Registration District No. 98
Primary Registration District No. 2161
Local Registrar's No. 853

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Joseph Hyrum Curtis

(a) Residence. No. 1935 South Fifth Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Tabetha Richardson

6. DATE OF BIRTH (month, day, and year): Dec. 14, 1853.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At - Home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Payson, Utah.

FATHER

13. NAME: Joseph Curtis

14. BIRTHPLACE (city or town) (State or country): Pennsylvania.

MOTHER

15. MAIDEN NAME: Sarah Ann Reed

16. BIRTHPLACE (city or town) (State or country): Pennsylvania.

17. INFORMANT (Address): Mrs. F. C. Ormond, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 17, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Dec. 15, 1936. D. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 14, 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 1 - , 1936, to Dec 14 - , 1936
I last saw h.. alive on Dec 14, 1936.: death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....
(Signed) ..... M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101681

Registration District No. 98
Primary Registration District No. 9167
Local Registrar's No. 854

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary Feeney

(a) Residence. No. 237 N. 15th St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J.

6. DATE OF BIRTH (month, day, and year) Apr. 25, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Wood River
(State or country) Nebraska

FATHER

13. NAME Anthony Moore
14. BIRTHPLACE (city or town) ....
(State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Collins
16. BIRTHPLACE (city or town) ....
(State or country) Ireland

17. INFORMANT Mrs. F.X. Crandall
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 17, 1936

19. UNDERTAKER Desmarais Funeral Home
(Address) Pocatello Idaho

20. FILED 12-17, 1936 R. O'Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936, to Dec 14, 1936
I last saw h(e/r) alive on Dec 12, 1936: death is said to have occurred on the date stated above, at about 7:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Chronic cystitis	
Catarrhal bronchopneumonia	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A.M. Preston, M. D.
(Address) 19 Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101682

Registration District No. 28
Primary Registration District No. 2164 Local Registrar's No. 855
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME June Idaho Albiston

(a) Residence. No. Hawkins, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1, 1925.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Student At - School
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hawkins,
(State or country) Idaho.

FATHER
13. NAME John Lorenzo Albiston
14. BIRTHPLACE (city or town) Richmond,
(State or country) Utah.

MOTHER
15. MAIDEN NAME Sarah Ellen Littlefield
16. BIRTHPLACE (city or town) Henryville,
(State or country) Utah.

17. INFORMANT Mrs. John L. Albiston
(Address) Hawkins, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Robin, Idaho. Date Dec. 19, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 18, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936, to Dec. 17, 1936, I last saw her alive on Dec. 17, 1936, death is said to have occurred on the date stated above, at ..... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Suffering from Ruptured gangrenous appendix	12/9/36.
Other contributory causes of importance:	

Name of operation appendectomy Date of 12/12/36.
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101683

Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 256

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen B. Kelley

(a) Residence. No. 137 Wayne Ave. Pocatello, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Alice Lundgren

6. DATE OF BIRTH (month, day, and year): Sept. 2, 1870.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ranching

10. Date deceased last worked at this occupation (mo. and yr.): 1933

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Payson, Utah.

FATHER

13. NAME: Russell Kelley

14. BIRTHPLACE (city or town) (State or country): New York State.

MOTHER

15. MAIDEN NAME: Harriett Moore

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT (Address): Mrs. Stephen B. Kelley, Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Lava Hot Springs Date: Dec. 21, 1936.

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED: Dec. 18, 1936. D. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 18, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1936, to Dec. 18, 1936.
I last saw him alive on Dec. 17, 1936, death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	2 years ago.
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. N. Hughart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101684

Registration District No. 28
Primary Registration District No. 216 Local Registrar's No. 857
(No. General Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Miriam T. Fowler

(a) Residence. No. 455 N. Arthur St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W.

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME John Tracey
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Ann Wood
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Cuthbert Tracey Minidoka, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place West Salem, Wis. Date Dec. 23, 1936

19. UNDERTAKER Downard's Funeral Home
(Address) Pocatello Idaho

20. FILED 12-22, 1936 D. Clay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1936, to 12-2, 1936
I last saw h[er] alive on 12-2, 1936: death is said to have occurred on the date stated above, at 5:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unresolved pneumonia	11-28-36
Other contributory causes of importance:	
Chr. myocarditis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)
(Signed) E. E. Powell, M. D.
(Address) Pocatello

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101685

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 859

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Tony Bozokas

(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Feb. 14, 1881.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O.S.L.R.R. Watchman

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Turkey.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Personal Records Bureau

(Address) O. S. L. Rail-Road

18. BURIAL, CREMATION OR REMOVAL

Place Pocatello, Idaho Date Dec. 31, 1936.

19. UNDERTAKER: Hall Mortuary

(Address) Pocatello, Idaho.

20. FILED Dec. 31, 1936. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Found dead
Myocarditis
Had been treated for past by Dr J.A. Young for Lobar and grip Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Arthur W. Hall Coroner M. D.

(Address) P Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101686

Registration District No. 28

Primary Registration District No. 2161 Local Registrar's No. 860

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Alford C. Dotson

(a) Residence. No. North of City St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hobby

6. DATE OF BIRTH (month, day, and year) November 25, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME H. P. Dotson

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Adline Weeks

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT James A. Quinn
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Firth, Idaho Date Dec 27, 1936

19. UNDERTAKER Arthur I. Hall
(Address) Pocatello, Idaho.

20. FILED Dec. 26, 1936. D C Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 23 1936.
I last saw h[illegible] alive on Dec 23 1936: death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	

Other contributory causes of importance:

[illegible]	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, [illegible]

(Signed) [illegible], M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101687

Registration District No. 28

Primary Registration District No. 216 1

Local Registrar's No. 864

(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

105

2. FULL NAME Robert Roy Condie

(a) Residence. No. 620 North Main St. Pocatello
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 4. 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

FATHER

13. NAME Robert Condie

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Emma Jame Sedons

16. BIRTHPLACE (city or town) St Louis. Mo.
(State or country)

17. INFORMANT J. C. Condie
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 26, 193 6.

19. UNDERTAKER Arthur T. Hall
(Address) Pocatello

20. FILED Dec. 26, 1936. D C Roy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 23 193 6

22. I HEREBY CERTIFY, That I attended deceased from 12-1- , 193 6, to 12-23, 193 6

I last saw h[illegible] alive on 12-23, 193 6: death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia	
2 Flu	
Other contributory causes of importance: Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2/61

DO NOT WRITE IN THIS SPACE
State File No. 101688

Local Registrar's No. 862

(No. 88 a)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Wash Madison

(a) Residence. No. 534 - North 5th St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If maried, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 15 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. janita for Union Pacific shops

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clinton Missouri

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown unknown

17. INFORMENT (Address) Union Pacific Records Pocatello Idaho

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place St. Louis, Missouri Date Dec. 28 1936

19. UNDERTAKER McClain Funeral Home
(Address) Pocatello, Idaho.

20. FILED 12-28, 1936 D. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to Dec 24, 1936
I last saw h alive on Dec 20, 1936; death is said to have occurred on the date stated above, at 6.45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance:	
age	

Name of operation — Date of —
What test confirmed diagnosis? Ex. am Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 193
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) J. H. Logan, M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101689

Registration District No. 28
Primary Registration District No. 2761 Local Registrar's No. 864

(No. Lynn Brothers Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John O' Leary

(a) Residence. No. 400 South Arthur Ave. St. Pocatello, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 2, 1857.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realtor

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Morris,
(State or country) New York.

FATHER

13. NAME Patrick O' Leary

14. BIRTHPLACE (city or town)
(State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary ---------

16. BIRTHPLACE (city or town)
(State or country) Ireland.

17. INFORMANT Henry O' Leary
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Dec. 28, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Dec. 28, 1936. D C Kay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1936, to Dec 25, 1936
I last saw him alive on Dec 25, 1936: death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
and	
Chronic Nephritis	
Other contributory causes of importance:	
age	

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. T. Lynn, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101690

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 865

(No. St. Anthony Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1(a)

2. FULL NAME Claude Jones

(a) Residence. No. ..... St. Longley Ky.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

*PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 18, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. C. C.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 2 mo.

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Miles Jones

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Records at C. C. C. Headquarters

18. BURIAL, CREMATION OR REMOVAL
Place Maytown, Ky. Date Dec., 1936

19. UNDERTAKER (Address) Downard's Funeral Home Pocatello Idaho

20. FILED 12-30, 1936 D. C. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1936, to December 28, 1936

I last saw him alive on December 25, 1936: death is said to have occurred on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ingrowed fingernail, abscess of	Oct 14, 1936
Toxic encephalitis with cardiac failure	Dec 27, 1936
Chronic cholecystitis	?
Chronic appendicitis	?
Other contributory causes of importance:	

Name of operation Cystostomy Appendectomy Date of 12-25-36

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman R. Hawley II, M. D.

(Address) Hq. Pocatello Dist. C.C.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Lund

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101692

DEC 5 1936 RECEIVED

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 37

(No. Residence)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frederick Herbert Reddish

(a) Residence. No. Lund, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Zillah Linford

6. DATE OF BIRTH (month, day, and year): Dec. 28, 1866.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.): 1933.

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): England.

FATHER

13. NAME: Henry Reddish

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Eliza Hurst

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Mrs. Frederick Reddish, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place: Lund, Idaho. Date: Nov. 27, 1936

19. UNDERTAKER (Address): Hall Mortuary, Pocatello, Idaho.

20. FILED Nov 27, 1936. Mrs. J. J. Fisk Registrar.
Dec 1—1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 24, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov-19-, 1936, to Nov-19, 1936

I last saw him alive on Nov-19-, 1936: death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Cerebral Hemmorhage.	

Name of operation: None Date of:
What test confirmed diagnosis? E X Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [signature] M. D.
(Address) Bancroft Idaho.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 9 1937

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 84

County of Bannock Primary Registration District No. 2161

File No. 101693

City of Lava Hot Springs (St.)

Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ezra Dean Crossley

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: March (Month) 31 (Day) 1935 (Year)

7. AGE: 1 Yrs. 8 Mos. 3 ds.

IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lava Hot Springs Ida.

10. NAME OF FATHER: Joseph Heber Crossley

11. BIRTHPLACE OF FATHER (State or Country): Nounan Idaho

12. MAIDEN NAME OF MOTHER: Martha Catherine Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Ovid Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Crossley

(Address) Lava Hot Springs Ida

15. Filed Jan 3 1937 Mrs. G. G. Fitz Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 4 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1936 to Dec. 4 1936 that I last saw him alive on Dec 1, 1936, and that death occurred on the date stated above, at 4:10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... Yrs. ... mos. 15 ds.

Contributory (Secondary) Severe cold

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. A. Rich M. D.

12-4 1936 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nounan Idaho

DATE OF BURIAL: 12-6-1936

20. UNDERTAKER

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

GYNS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier
JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101694

Registration District No. 52
Primary Registration District No. 2756 Local Registrar's No.

(No. 90 (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME John Moses Rumy

(a) Residence. No. (Usual place of abode) St. Montpelier Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lead Eveiler

6. DATE OF BIRTH (month, day, and year) May 10- 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bern Idaho

FATHER
13. NAME Christian Rumy
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Elisa Bushler
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Seth Th. Rumy
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bern Idaho Date Sept 27, 1936

19. UNDERTAKER J. D. Williams
(Address) Montpelier Idaho

20. FILED Dec 1st 1936 A. H. Rumy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows: Unknown

	Date of onset
Died some time during night of Sept 24-36	
Apparently of Heart Attack	
Autopsy. Was found dead	
in bed by wife who left her	
Bedroom	
Other contributory causes of importance:	
Victim of Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Williams M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101695

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 47)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Minnie Wilcox

(a) Residence. No. St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29 1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alma Wisc

FATHER
13. NAME Joseph Wilcox
14. BIRTHPLACE (city or town) (State or country) Augusta Maine

MOTHER
15. MAIDEN NAME Emma Smith
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT C. Wilcox
(Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct 14, 1936

19. UNDERTAKER Thatcher Mortuary
(Address) Montpelier Idaho

20. FILED Dec 1st 1936 A. W. Neeley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 12 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936 to Oct 12, 1936
I last saw her alive on Oct 12, 1936: death is said to have occurred on the date stated above, at 6:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Uncertain
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Thatcher M. D.
(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Raymond

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101696

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 164 If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha R. Hart

(a) Residence. No. St. Raymond Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel R. Hart

6. DATE OF BIRTH (month, day, and year) June 12 - 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

FATHER

13. NAME Grandison Raymond
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ellen Hall
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT S. R. Hart (Address) Raymond Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Raymond Idaho Date Jan 7, 1937

19. UNDERTAKER The Stillman Co (Address) Preston Idaho

20. FILED Dec 1st 1936 N. Nielsen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died without medical attention from natural causes incident to age.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Williams M.D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake

City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101697

Registration District No. 52

Primary Registration District No. 2136 Local Registrar's No. 4

(No. 101)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Finley Bower

(a) Residence. No. [illegible] St. Oakville Wyo.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 18—1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER

13. NAME Wayne Bowers

14. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

MOTHER

15. MAIDEN NAME Vera Russell

16. BIRTHPLACE (city or town) (State or country) Oakley Idaho

17. INFORMANT (Address) Wayne Bowers Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL Place Oakley Wyo. Date Dec 9., 1936

19. UNDERTAKER (Address) [illegible] Montpelier Idaho

20. FILED Dec 31st, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1936, to Dec 6, 1936

I last saw h[illegible] alive on Dec 5, 1936: death is said to have occurred on the date stated above, at 11.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 30-36
Contracted from mother	
Other contributory causes of importance:	
Congenital Pulmonary Atelectasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bear Lake
City of Mount Dwyle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101698

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No.) 51
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Joseph Lindsay

(a) Residence. No. St. Dwyle Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 9 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dwyle Idaho

FATHER
13. NAME Joseph Lindsay
14. BIRTHPLACE (city or town) (State or country) Dwyle Idaho

MOTHER
15. MAIDEN NAME Ralphine Bankhead
16. BIRTHPLACE (city or town) (State or country) Georgetown Idaho

17. INFORMANT (Address) Joseph Lindsay Dwyle Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Dwyle Date Dec 22 1936

19. UNDERTAKER (Address) Montpelier Idaho

20. FILED Dec 1st 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 19 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1936 to Nov 19, 1936
I last saw h.M alive on Nov 18, 1936: death is said to have occurred on the date stated above, at 3. P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute exacerbation of Chronic Tonsilitis complicated by Fever with Myocardial Failure	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Reed Hall, M. D.
(Address) Montpelier Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

A

PLACE OF DEATH
County of Bear Lake
City of Montpelier

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 101699

Local Registrar's No. 74 5

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christine Jacobsen

(a) Residence. No. St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil Madison

6. DATE OF BIRTH (month, day, and year) Dec 9 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark.

FATHER
13. NAME ? Jacobsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs Jacobsen Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bloomington Date Dec 8, 1936

19. UNDERTAKER (Address) Mont Hollingshead Montpelier Idaho

20. FILED Dec 31st 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1936, to Dec 5, 1936
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 6:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Cancer	
Other contributory causes of importance:	
age	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? N Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N If so, specify .....

(Signed) Guy Clark M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Liberty
JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101700

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.

(No. 745 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Christensen Morgan.

(a) Residence. No. St. Liberty, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R Morgan.

6. DATE OF BIRTH (month, day, and year) Oct 18 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomington Idaho

FATHER
13. NAME Jacob Christensen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Mary J Meyers
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Wm R Morgan Liberty Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Liberty Idaho Date Dec 17, 1936

19. UNDERTAKER (Address) Thatcher Idaho

20. FILED Dec 31st 1936 E J Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Dec 14, 1936
I last saw her alive on Dec 14, 1936: death is said to have occurred on the date stated above, at 5:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coma	
Other contributory causes of importance:	
Age	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? Bear Lake County
(Specify city, or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Geo V Peebles, M. D.
(Address) Montpelier

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STA IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101701

Registration District No. 52
Primary Registration District No. 2136
Local Registrar's No.

(No. 56)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl James Patterson

(a) Residence. No. St. Montpelier Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bloomington (State or country) Idaho

FATHER
13. NAME J. W. Patterson
14. BIRTHPLACE (city or town) Bloomington (State or country) Idaho

MOTHER
15. MAIDEN NAME Pearl Price
16. BIRTHPLACE (city or town) Paris (State or country) Idaho

17. INFORMANT J. W. Patterson (Address) Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bloomington Idaho Date Dec 18, 1936

19. UNDERTAKER [illegible] (Address) Montpelier Idaho

20. FILED Dec 31st 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle Was found dead in Bed Dec 16 Morning. Body been affected all last Summer with Diabetes	
Other contributory causes of importance:	
Pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... County.
(Signed) J. W. Williams Coroner M. D.
(Address) Montpelier Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101702

PLACE OF DEATH

County of Benewah

City of Lovell

Registration District No. 21

Primary Registration District No. ..... Local Registrar's No. 14

(No. At Home of John Moses)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ignace Leo Coyote

(a) Residence. No. Wellipinit, Washington. St. Wellipinit, Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Coyote

6. DATE OF BIRTH (month, day, and year)
No Record

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Geheral Farm Work.

10. Date deceased last worked at this occupation (mo. and yr.) Nov/15/36

11. Total time (years) spent in this occupation 36 Yrs.

12. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER/FATHER

13. NAME Leo Coyote

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Idaho.

17. INFORMANT John Moses
(Address) Rt 1 Plummer, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place De Smet, Idaho. Date ....., 193..

19. UNDERTAKER Kimball Funeral Home
(Address) Tekoa, wash.

20. FILED Nov. 18., 1936 John Post
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15., 1936, to Nov. 17., 1936
I last saw him alive on Nov 15., 1936.; death is said to have occurred on the date stated above, at 7. P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 7-36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Nelson, M. D.
(Address) Tekoa, Washington.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101704

Registration District No. 121
Primary Registration District No. 8194
Local Registrar's No. 19

JAN 7 1937

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

88

2. FULL NAME MARIAH McDERMOTT

(a) Residence. No. ---- St. ----
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William McDermott

6. DATE OF BIRTH (month, day, and year) December 12th, 1856

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
79	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) ---- (State or country) Utah

FATHER
13. NAME --------Foster
14. BIRTHPLACE (city or town) (State or country) no data

MOTHER
15. MAIDEN NAME no data
16. BIRTHPLACE (city or town) (State or country) no data

17. INFORMANT (Address) Records of State Hospital South Blackfoot, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Eldorado Idaho Date ...., 193..

19. UNDERTAKER (Address) W. W. Goodnight Pocatello Idaho

20. FILED Dec 1, 1936 Miss Helen Fabian Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1931, to December 1st, 1936
I last saw her alive on December 1, 1936: death is said to have occurred on the date stated above, at 6:05 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC ENDOCARDITIS,	present
VALVULAR DISEASE	April 15th 1931

Other contributory causes of importance:

Name of operation None Date of ----
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ...., 193..
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ....

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101705

Registration District No. 121
Primary Registration District No. 2104 Local Registrar's No. 200
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

1596

2. FULL NAME George Daniel Kerley Jr.

(a) Residence. No. R#3 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Caucasian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-29-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Blackfoot R#3
(State or country) Idaho

FATHER
13. NAME Geo. D Kerley Sr.
14. BIRTHPLACE (city or town) ....
(State or country) Oklahoma

MOTHER
15. MAIDEN NAME Esther A Wike
16. BIRTHPLACE (city or town) ....
(State or country) North Carolina

17. INFORMANT Geo D Kerley
(Address) Blackfoot Bdx (R.D.)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place I.C. Cem Blackfoot Date Dec ...., 193 6

19. UNDERTAKER Geo D Kerley
(Address) Blackfoot Idaho

20. FILED Dec 7, 193 6 Mc Nalen & Fahrni
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 193 6, to 12-1, 193 6
I last saw him alive on 12-1, 193 6: death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Congenital
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) H E Mallen, M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

JAN 1 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101706

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 201

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther O Kerley

(a) Residence. No. 81. 3 St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. D. Kerley

6. DATE OF BIRTH (month, day and year) Aug 7, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23	3	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) North Carolina
(State or country)

FATHER
13. NAME A. B. Wike
14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER
15. MAIDEN NAME Kitter Wilson
16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Geo. D. Kerley
(Address) Rt 3 Blackfoot, Ida.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Blackfoot, Ida. Date Dec. 7, 1936

19. UNDERTAKER John C Langley
(Address) Blackfoot Ida.

20. FILED Dec. 7, 1936 Mrs Malissa Fillerie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1936, to 12-4, 1936
I last saw ~~her~~ alive on 12-4, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia (Puerperal)	?
Acute Nephritis	
Other contributory causes of importance:	
Typhoid Fever	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) A E Mills M. D.
(Address) Blackfoot Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101707

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 20

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME HARRY STEINER

(a) Residence. No. ____ St. Boise, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) August 29th, 1869

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) no data Germany

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) (State or country) no data no data

MOTHER

15. MAIDEN NAME no data

16. BIRTHPLACE (city or town) (State or country) no data

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH
(Address) BLACKFOOT, IDAHO.

18. BURIAL, CREMATION OR REMOVAL
Place State Cem Blackfoot Date Dec 5, 1936

19. UNDERTAKER acting C. P. Stephens
(Address) Blackfoot, Idaho,

20. FILED Dec 5, 1936 W. Malcuit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from December 30th 1933, to December 4th, 1936

I last saw him alive on December 4, 1936: death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	Dec. 4th 1936
Other contributory causes of importance:	
PARALYSIS AGITANS	present Dec. 1933

Name of operation None Date of ---

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? ---

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ---, 193--
Where did injury occur? none
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---- If so, specify ----

(Signed) Chas. R. Dowd, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101708
State File No.

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 203

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lavaune Killion

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) NOV 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot (State or country) Ida

FATHER
13. NAME Harvey Killion
14. BIRTHPLACE (city or town) Kansas (State or country)

MOTHER
15. MAIDEN NAME Myrtle Dixon
16. BIRTHPLACE (city or town) Fruitvale (State or country) Oregon

17. INFORMANT Harvey Killion (Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place I.O.O.F. Blackfoot Date 12-5, 1936

19. UNDERTAKER Harvey Killion (Address) Blackfoot, Idaho

20. FILED Dec 5, 1936 W. M. Stalker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936, to Dec 5, 1936.
I last saw him alive on Dec 3, 1936: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Twin Premature Twin birth	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

JAN 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101709

Registration District No. 121
Primary Registration District No. 2194
Local Registrar's No. 20

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME * DANIEL M. BELL

(a) Residence. No. ____ St. Grimes Pass, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no data

6. DATE OF BIRTH (month, day, and year): December 13, 1858

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
77	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: No data
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no data
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town): No data
(State or country): No data

FATHER
13. NAME: no data
14. BIRTHPLACE (city or town): no data
(State or country)

MOTHER
15. MAIDEN NAME: no data
16. BIRTHPLACE (city or town): no data
(State or country)

17. INFORMANT: Records of State Hospital South
(Address): Blackfoot, Idaho.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place: Boise, Idaho Date: Dec. 10 6

19. UNDERTAKER: John C. Sandberg
(Address): Blackfoot, Idaho.

20. FILED Dec 9, 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1936, to December 7th, 1936
I last saw him alive on December 7, 1936: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	present
Myocardial degeneration	June 8th 1936

Other contributory causes of importance:

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas. R. Lowe, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101710

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 205

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hannah Elizabeth Nelson

(a) Residence. No. Blackfoot R.F.D. #3 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1896.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her parents
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME N. Nelson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Kerstin Johnson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT (Address) Mrs. Marie Eastman Salt Lake City, Utah

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Blackfoot, Ida. Date Dec 13, 1936

19. UNDERTAKER E. T. Peck
(Address) Blackfoot, Idaho.

20. FILED Dec 12, 1936 Mrs Helen E Eskine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1936, to 12/8, 1936
I last saw her alive on 12/8, 1936: death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	6 days

Other contributory causes of importance:

Chorea	15 years ago

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. L. Eagan M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101711

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 206

(No. 1610)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kenneth Hansen

(a) Residence. No. Route 1 St. Shelley Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 12 /36

7. AGE Years	Months	Days	If LESS than 1 day 2 hrs. or 50 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelley Idaho

FATHER
13. NAME Wayne C. Hansen
14. BIRTHPLACE (city or town) (State or country) Shelley Idaho

MOTHER
15. MAIDEN NAME Della Crane
16. BIRTHPLACE (city or town) (State or country) Jamestown

17. INFORMANT (Address) Wayne C. Hansen

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley Idaho Date Dec 14, 1936

19. UNDERTAKER None
(Address)

20. FILED Dec 14, 1936 Mrs Nalus E Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936, to Dec 12, 1936
I last saw h[im] alive on Dec 12, 1936: death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Dec 12/36
Other contributory causes of importance:	
Prematurity	
Breech Delivery	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. Lloyd Nelson M. D.
(Address) Shelley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Shelley, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101712

Registration District No. 121

JAN 7 1937

Primary Registration District No. 2194

Local Registrar's No. 207

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Etta Maude "Huffaker" Davis

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred. 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cyrus Colfax Davis

6. DATE OF BIRTH (month, day, and year) November 28, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Welby Richardson Huffaker

14. BIRTHPLACE (city or town) (State or country) Cost on Wood Utah

MOTHER

15. MAIDEN NAME Martha Winn

16. BIRTHPLACE (city or town) (State or country) Smithfield Utah

17. INFORMANT (Address) C C Davis Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date 12-28, 1936

19. UNDERTAKER Thompson
(Address) Shelley Idaho

20. FILED Dec 28, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15 —, 193 6, to Dec 25 —, 193 6
(last saw her alive on Dec 23, 193 6: death is said to have occurred on the date stated above, at 10.45P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the right breast and lung.

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Curtis, M. D.
(Address) Box 86 - Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

JAN 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101713

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 208

(No. STATE HOSPITAL SOUTH)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME NELSON D. PORTER

(a) Residence. No. ..... St. Idaho Falls, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 3yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) ----------1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --------

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation ----

12. BIRTHPLACE (city or town) ---------- (State or country) Ireland

FATHER

13. NAME Alexander Porter

14. BIRTHPLACE (city or town) ------ (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Doak

16. BIRTHPLACE (city or town) ------ (State or country) Ireland

RECORDS OF STATE HOSPITAL SOUTH

17. INFORMANT (Address) Blackfoot, Idaho.

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Idaho Falls Ida. Date Dec. 16, 1936

19. UNDERTAKER C. L. Buck

(Address) Ida. Falls, Ida.

20. FILED Dec. 14, 1936 Wm. Waters Registrar. By Valance

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-14-1936

22. I HEREBY CERTIFY, That I attended deceased from December 5th, 1933, to December 14, 1936

I last saw him alive on December 14 1936.: death is said to have occurred on the date stated above, at 9:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	present
MYOCARDIAL DEGENERATION	Dec. 1933

Other contributory causes of importance:

Name of operation None Date of ----

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ------ Date of injury ....., 193...

Where did injury occur? ---------- (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ------

Nature of injury --------

24. Was disease or injury in any way related to occupation of deceased? ----- If so, specify ----

(Signed) Chas. A. Lowe, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Shelley,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101714

Registration District No. 121

Primary Registration District No. 2194 Local Registrar's No. 209

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Arno Paul Beck

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Inez Ann Mitchell

6. DATE OF BIRTH (month, day, and year) June 4 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rosen Brunn (State or country) Germany

FATHER

13. NAME Franz Beck

14. BIRTHPLACE (city or town) [illegible] (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Pfretzschener

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Paul Beck (Address) Shelley - Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Shelley, Ida Date 12 17, 1936

19. UNDERTAKER L. M. Walder (Address) Shelley

20. FILED Dec 18, 1936 Mrs Hulen Eastman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1936, to 12-16-, 1936.

I last saw h[illegible] alive on 12-15-, 1936: death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Probably 1933

Other contributory causes of importance:

Name of operation Date of

What was confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Cutler M. D.
(Address) Box 26 — Shelley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

JAN 4 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101715

Registration District No. 121
Primary Registration District No. 2104 Local Registrar's No. 210

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHARLES NEWBANKS

(a) Residence. No. St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) April 28th, 1881

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
55	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Kansas City, Kans.
(State or country) Kansas

FATHER

13. NAME Asa Newbanks
14. BIRTHPLACE (city or town) ---
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Ann Forbes
16. BIRTHPLACE (city or town) ---
(State or country) Kentucky

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Cem. Date Dec 16, 1936

19. UNDERTAKER acting C. W. Stenger.
(Address) Blackfoot, Idaho

20. FILED Dec 16, 1936 Mrs. Nadine Latimer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16- 1936

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1936, to December 16, 1936
I last saw him alive on December 15, 1936: death is said to have occurred on the date stated above, at 7:18a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC ENDOCARDITIS	present
MYTRAL INSUFFICIENCY	Nov. 15, '36
ASTHMA	May, 1936

Other contributory causes of importance:

Name of operation None Date of ---
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 193...
Where did injury occur? ---
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---

(Signed) Chas. R. Ellis, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Moreland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101716

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 211
(No. 151)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alva Henry Benson
(a) Residence. No. Moreland, Idaho St. Moreland, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lorena Benson

6. DATE OF BIRTH (month, day, and year) Jan 20 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moreland H. S.
10. Date deceased last worked at this occupation (mo. and yr.) Nov 1936
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Hyrum Utah

FATHER
13. NAME Moroni Benson
14. BIRTHPLACE (city or town) (State or country) Independence Iowa

MOTHER
15. MAIDEN NAME Martha Phillips
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT (Address) Mrs. Lorena Benson Moreland, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moreland, Ida. Date Dec. 20, 1936

19. UNDERTAKER (Address) John C. Sandberg Blackfoot Idaho

20. FILED Dec 20 1936 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Dec 16, 1936
I last saw him alive on Dec 16, 1936: death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Left foot	Dec 5, 1936
Other contributory causes of importance:	
Pneumonia	Nov 24, 36
Thrombosis of leg vessels	Dec 5 36

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. W. Beck M. D.
(Address) Blackfoot, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101717

JAN 7 1937

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 212.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baron Killion

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot

FATHER
13. NAME Harvey Killion
14. BIRTHPLACE (city or town) (State or country) Pittsburg Kansas

MOTHER
15. MAIDEN NAME Myrtle Dixon
16. BIRTHPLACE (city or town) (State or country) Trewiler Oregon

17. INFORMANT Harvey Killion (Address) Blackfoot Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Ft Hill Blackfoot Date Dec 27 1936

19. UNDERTAKER Wm S Simison (Address) Blackfoot Idaho

20. FILED Dec 27, 1936 Mrs Helen E Tabor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936, to Dec 21, 1936
I last saw her alive on Dec 4, 1936: death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Weakness	Nov 30, 1936
Other contributory causes of importance:	
Premature Birth 7th m.D	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) W W Beck, M. D.
(Address) Blackfoot, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham
City of Shelley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101718

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 213

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Arnold Galloway

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
0	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Shelley (State or country) Idaho

FATHER
13. NAME William Galloway
14. BIRTHPLACE (city or town) Woodville (State or country) Idaho

MOTHER
15. MAIDEN NAME Delma Davis
16. BIRTHPLACE (city or town) .... (State or country) Utah

17. INFORMANT Wm. Galloway (Address) Shelley,

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Shelley, Idaho Date 12-22-, 1936

19. UNDERTAKER L.M.Nalder (Address) Shelley

20. FILED Dec 21, 1936 Mrs Valeria Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1936

22. I HEREBY CERTIFY, That I attended deceased from At birth 8-25, 1936
I last saw him alive on 12-19, 1936: death is said to have occurred on the date stated above, at 6:40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	12-12-36
Other contributory causes of importance: Influenza	12-7-36

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) Edwin Cutler, M. D.
(Address) Box 86 Shelley.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bingham,
City of Firth, Idaho
JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101719

Registration District No. 121
Primary Registration District No. 2194 Local Registrar's No. 214

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Milon Divillan Andrus

(a) Residence. No. Firth Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Maggie Feeder Andrus

6. DATE OF BIRTH (month, day, and year) Mar. 3, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. teacher rancher.
10. Date deceased last worked at this occupation (mo. and yr.) June, 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York U.S.A.

FATHER
13. NAME Sam Andrus
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT O. J. Andrus (Address) Firth Ida
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Firth Idaho Date 12-27, 1936
19. UNDERTAKER E. J. Rusk (Address) Blackfoot Ida
20. FILED Dec 25, 1936 M. Malise Eadie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec. 20, 1936
I last saw h[illegible] alive on Dec 20, 1936: death is said to have occurred on the date stated above, at 12:25 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
with decompensation	1936
Other contributory causes of importance:	
Arteriosclerosis,	
Senility	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) H. Lloyd Peterson, M. D.
(Address) Shelley Idaho

887

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of Blackfoot

JAN 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101720

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 215

(No. State Hospital South)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. H. MAHAFFEY

(a) Residence. No. ____ St. Eagle, Idaho.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	no data

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no data

6. DATE OF BIRTH (month, day, and year) March 3rd, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ---------- (State or country) Iowa

FATHER

13. NAME Samuel Mahaffey

14. BIRTHPLACE (city or town) ---------- (State or country) Ohio

MOTHER

15. MAIDEN NAME Orphia Fier

16. BIRTHPLACE (city or town) ---------- (State or country) Ohio

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH (Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~

Place State Cem. Blackfoot Date Dec. 22, 1936

19. UNDERTAKER acting R. P. Hullenger (Address) State Hosp. South, Blackfoot

20. FILED Dec 22, 1936 Wm. Hatlestad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1936, to December 22nd 1936

I last saw him alive on December 22nd 36, ..., death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERAL ARTERIO SCHLEROSIS	1934

Other contributory causes of importance:

Name of operation None Date of ----

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury ....., 193...

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ----- If so, specify .....

(Signed) Chas. R. Sears, M. D.

(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of BINGHAM
City of BLACKFOOT

JAN 4 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101721

Registration District No. 121
Primary Registration District No. 21GH
Local Registrar's No. 216.

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

887

2. FULL NAME MARY HOOPER

(a) Residence. No. ____ St. Bonneville County
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, and year)
No data ---------- 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	no data	no data	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No data None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ----------
(State or country) Ohio

FATHER

13. NAME no data

14. BIRTHPLACE (city or town) no data
(State or country) no data

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) no data
(State or country) No data

17. INFORMANT RECORDS OF STATE HOSPITAL SOUTH
(Address) Blackfoot, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place State Hosp. Cem. Date Dec. 29, 1936

19. UNDERTAKER A. H. Holland
(Address) Blackfoot, Idaho

20. FILED Dec. 29, 1936 Wm. Palmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from September 17th 1931, to December 29th 1936
I last saw her alive on December 28, 1936: death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC ENDOCARDITIS	present
VALVULAR DISEASE	9-17-31
ARTERIO SCHLEROSIS	1928

Other contributory causes of importance:

Name of operation None Date of ----
What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to ~~exter'l~~ causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? None Date of injury ....., 193...
Where did injury occur? ----------
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ----------
Manner of injury. ----------
Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. R. Lewis, M. D.
(Address) Blackfoot, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101722

Registration District No. 121
Primary Registration District No. 1007 Local Registrar's No. 217

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

164

2. FULL NAME Elizabeth L. Adelman Hopkins

(a) Residence. No. Kennedy Apts., Bridge & Broadway
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno Hopkins

6. DATE OF BIRTH (month, day, and year) Dec 31 1839

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
97			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) North Carolina
(State or country)

FATHER

13. NAME James Rumsee
14. BIRTHPLACE (city or town) Jamestown
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Rebecca Jackson
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Margaret Hopkins
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ferncliff Cem. Date Jan 2, 1937

19. UNDERTAKER E. J. Fuller
(Address) Blackfoot Idaho

20. FILED Jan 2, 1937 Wm. Talus E. Morris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1936, to 12/31, 1936
I last saw her alive on 12/31, 1936: death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	2 Yrs ago
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Of Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Eggan M. D.
(Address) Blackfoot Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

E on R

PLACE OF DEATH

County of Bingham

City of Fort Hall Idaho

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101723

Registration District No. I2I

Primary Registration District No. 2I94 Local Registrar's No. 2I8

(No. Fort Hall Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alta Leta Broncho

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Sho- Ban 3/4	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, and year) Sept. 9. I936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

FATHER

13. NAME Salmon Broncho

14. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

MOTHER

15. MAIDEN NAME Rose Martin

16. BIRTHPLACE (city or town) (State or country) Fort Hall Idaho

17. INFORMANT Salmon Broncho
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Presby. Mission Date I2- 8- 3693

19. UNDERTAKER Brown- Eldredge
(Address) Blackfoot, Idaho.

20. FILED Jan. 3, 1937 Wm Nelson E Patrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1936, to Dec. 4, 1936

I last saw her alive on Dec. 4, 1936: death is said to have occurred on the date stated above, at 3:50P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza- respiratory and cerebral type	II-23-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. V. Rogers, M. D.

(Address) Fort Hall, Idaho

E. on R.

PLACE OF DEATH

County of Bingham

City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101724
State File No.

Registration District No. I2I-R

Primary Registration District No. 2I94-R Local Registrar's No. 2I9

(No. Fort Hall Agency Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lucy Holbrook

189

(a) Residence. No. Fort Hall Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Shoshone 4/4	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willie Holbrook

6. DATE OF BIRTH (month, day, and year) I902

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	———	———	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.) II-30-36

11. Total time (years) spent in this occupation I8

12. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

FATHER

13. NAME Warjack

14. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Ella Eagle

16. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

17. INFORMANT Mamie Holbrook
(Address) Fort Hall Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cedars Cemetery, Date I2-8-36, 193...

19. UNDERTAKER Brown-Eldredge
(Address) Blackfoot, Idaho

20. FILED Jan. 3, 193 7 Mrs. Nalus E. Labrie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) I2-4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1936, to Dec. 4, 1936
I last saw her alive on Dec. 4, 1936: death is said to have occurred on the date stated above, at I0:20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct from infected compound fracture of right ankle	II-30-36
Due to fall from wagon, drawn by runeway team.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) R. V. Rogers, M. D.
(Address) Fort Hall, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bingham

City of Sterling

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

Local Registrar's No. 22

DO NOT WRITE IN THIS SPACE

State File No. 101725

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie Frank Wilmoth

(a) Residence. No. ..... St. Sterling Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): May 29 1936

7. AGE — Years: — Months: 6 Days: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Decatur Arkansas

FATHER

13. NAME: Robert Lee Wilmoth

14. BIRTHPLACE (city or town) (State or country): Decatur Arkansas

MOTHER

15. MAIDEN NAME: June Agnes Courtney

16. BIRTHPLACE (city or town) (State or country): Long Beach California

17. INFORMANT (Address): R. L. Wilmoth Sterling Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Springfield Ida Date: Dec 15, 1936

19. UNDERTAKER (Address): Friends

20. FILED Dec 14, 1936 M. McKinney, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Undetermined	
Died in bed at night -	
no physician in	
attendance	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) M. McKinney M. D.

(Address) Aberdeen Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101726

Registration District No. 57
Primary Registration District No. 2022 Local Registrar's No. 53
(No. Hailey Clinical Hospital) For
JAN 1 1937 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sadie Young Mallory

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Mallory

6. DATE OF BIRTH (month, day, and year) May 6 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Menominee Michigan
(State or country)

FATHER
13. NAME Lewis Young
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Anna Allen
16. BIRTHPLACE (city or town) Manitowoc Wis
(State or country)

17. INFORMANT Chas R Mallory
(Address) Hailey Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place F.O.E. Plot Hailey Date Dec 4, 1936

19. UNDERTAKER L. L. Harris
(Address) Hailey Ida

20. FILED 1-1, 1937 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936 to Dec 2, 1936
I last saw her alive on Dec 2, 1936; death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Nov 28-36
with abscesses	
and perforation	
Carcinoma with metastases	
Other contributory causes of importance:	
Carcinoma of uterus	
	'36

Name of operation Appendectomy Date of Nov 30
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. W. Harris M. D.
(Address) Hailey Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10172

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 54

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jimmy LeRoy Cutler Heckert. 8

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) March 6 1933 3-6-33

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
3	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hailey Ida

FATHER

13. NAME Arthur LeRoy Heckert

14. BIRTHPLACE (city or town) (State or country) Bellevue Ida

MOTHER

15. MAIDEN NAME Verda H Cutler

16. BIRTHPLACE (city or town) (State or country) Preston Ida

17. INFORMANT (Address) A. LeRoy Heckert Hailey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Ida Date 12-9-, 1936

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Idaho

20. FILED 1-1, 1937 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 12/7/6, 1936, to 12/8/6, 1936.

I last saw him alive on 12/8, 1936: death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	
	12/4-36

Other contributory causes of importance:

Scarlet fever in whole family	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. [illegible], M. D.

(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101728

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 55

JAN - 1 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Milford Blakely

(a) Residence. No. ..... Hailey Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Robert James Blakely

6. DATE OF BIRTH (month, day, and year) 12-20-79

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 10 Days ago
11. Total time (years) spent in this occupation 34 yr

12. BIRTHPLACE (city or town) Port Rush
(State or country) Antrim Ireland

FATHER
13. NAME Geo. Graham
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Wilson
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs John McManigle
(Address) Hailey Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Ida Date 12-15, 1936

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Ida

20. FILED 1-1, 1937 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1936, to 12/12, 1936
I last saw h[illegible] alive on 12/11, 1936: death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12/9-36
Other contributory causes of importance:	
Bronchial pneumonia	12/1-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. [illegible], M. D.
(Address) Hailey Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Blaine

City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101730

Registration District No. 57

Primary Registration District No. 2022 Local Registrar's No. 57

(No. Hailey Clinical Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Ray Butterfield

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) 9-5-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Shoshone, Ida

FATHER

13. NAME John F. Butterfield

14. BIRTHPLACE (city or town) (State or country) Lava Hot Springs, Ida

MOTHER

15. MAIDEN NAME Lucille A. Tripp

16. BIRTHPLACE (city or town) (State or country) Robertson Wyoming

17. INFORMANT John F. Butterfield (Address) Hailey, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Hailey Ida. Date 12-17, 1936

19. UNDERTAKER Ray McFarland (Address) Hailey Ida.

20. FILED 1-1, 1937 Robert H. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1936, to 12-15, 1936

I last saw h. / Malive on 12-15, 1936: death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ignanition Fever	12-12-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Wise, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Gannett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101731

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 58

JAN 11 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Albrethsen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Martin Albrethsen

6. DATE OF BIRTH (month, day, and year) 3-31-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1 day
11. Total time (years) spent in this occupation 56 Yrs

12. BIRTHPLACE (city or town) Slegsvig Denmark
(State or country)

FATHER
13. NAME Jens Peters Pedersen
14. BIRTHPLACE (city or town) Slesvig Denmark
(State or country)

MOTHER
15. MAIDEN NAME Kjersten
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Walter Albrethsen
(Address) 1816 No 28th St. Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Cemetery Date 1-21, 1937

19. UNDERTAKER Ray McGaldrick
(Address) Hailey, Ida

20. FILED 1-11, 1937 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 193[illegible] to 12/19, 193[illegible]
I last saw ~~her~~ alive on 12/19, 193[illegible]: death is said to have occurred on the date stated above, at 2:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mo
Other contributory causes of importance:	
Cirrhosis	1 mo

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. W. Jost M. D.
(Address) Hailey, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Bellevue

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101732

Registration District No. 57
Primary Registration District No. 2022
Local Registrar's No. 59

JAN 11 1937

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret McSwany Werry

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of N. G. Werry

6. DATE OF BIRTH (month, day, and year) 1-31-1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	11	No.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 6 mo.
11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) Llanidloes Wales
(State or country)

FATHER
13. NAME Richard Higgs
14. BIRTHPLACE (city or town) Llanidloes Wales
(State or country)

MOTHER
15. MAIDEN NAME Margaret Brown
16. BIRTHPLACE (city or town) Llanidloes Wales
(State or country)

17. INFORMANT N. G. WERRY
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Bellevue Date Jan 3, 1937

19. UNDERTAKER Ray McGoldrick
(Address) Hailey Idaho

20. FILED 1-9, 1937 Robert H. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1936, to 12-31, 1936
I last saw h~~er~~ alive on 12-19, 1936: death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of involving uterus	4-1-36

Other contributory causes of importance:
Both breasts amputated for carcinoma - pectoral gland previous

Name of operation amputation of breasts Date of ~~operation~~ unknown
What test confirmed diagnosis? pathological Was there an autopsy? no

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boise

City of Horse Shoe Bend.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101733

Registration District No. 8

Primary Registration District No. 2004

Local Registrar's No. 140

(No. CCC Camp, Horse Shoe Bend)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Alvin E. Andrew

(a) Residence. No. Horse Shoe Bend St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE OF~~ Myrtle Andrew

6. DATE OF BIRTH (month, day, and year)
Dec. 2, 1886

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC Camp

10. Date deceased last worked at this occupation (mo. and yr.) 12/10/36

11. Total time (years) spent in this occupation 3 6/12

12. BIRTHPLACE (city or town) (State or country) Park City, Utah

FATHER

13. NAME ~~Surname~~ Issac Alvin Andrew

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Adeline Roxey McRea

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Commanding Officer, Co. 4736
(Address) CCC, Horse Shoe Bend, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Idaho Date 12/14/36 193..

19. UNDERTAKER Mc Bratney Funeral Parlors
(Address) Boise, Idaho

20. FILED 12-15, 1936 L. L. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11/36

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1936, to 12/11, 1936

I last saw him alive on 12/11, 1936: death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	12/11/36
Other contributory causes of importance:	
Acute Abdoman	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Hilpern, M. D.

(Address) Co. 4736 CCC, Horse Shoe Bend

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Benner
City of ClarksFork

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101734

Registration District No. 80
Primary Registration District No. 2157
Local Registrar's No. 11

REC'D JAN 4 '37

(No. ClarksFork, Idaho.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William L. Mahnken

(a) Residence. No. ClarksFork, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny A. Mahnken

6. DATE OF BIRTH (month, day, and year) March 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1936

11. Total time (years) spent in this occupation 7 mo.

12. BIRTHPLACE (city or town) Vernon County (State or country) Mo.

FATHER

13. NAME Herman C. Mahnken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah R. Rosenbaum

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Thomas E. Mahnken (Address) Clarksfork Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Ekalaka, Mont. Date Dec. 10, 1936

19. UNDERTAKER Moon Mortuary (Address) Sandpoint Idaho.

20. FILED Dec 10, 1936 Orville Crisp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at about 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Traumatism	
Struck by Railway Train	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Dec. 8, 1936
Where did injury occur? ClarksFork, Bonner Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by Railway Train
Nature of injury Broken neck & crushed back.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Moon Coroner, M. D.
(Address) Sandpoint Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101735

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 29

JAN 8 1937

(No. Bayview Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Buckland

(a) Residence. No. 801 - 5th St. Helena. Mont

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 8. 1936

7. AGE	Years	Months	Days	If LESS than 1 day 2.0 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sandpoint Idaho

FATHER

13. NAME Adrian Buckland

14. BIRTHPLACE (city or town) (State or country) Noonan N. Dak

MOTHER

15. MAIDEN NAME Helen Glover

16. BIRTHPLACE (city or town) (State or country) Helena Mont.

17. INFORMANT (Address) Adrian Buckland 801-5th Helena Mont

18. BURIAL, CREMATION OR REMOVAL
Place Lakeview Date Dec 10, 1936

19. UNDERTAKER Tannell Co
(Address) Sandpoint

20. FILED Dec 10, 1936 Virgil C. Godwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1936, to Dec 9, 1936.

I last saw him alive on Dec 8, 1936: death is said to have occurred on the date stated above, at 4 20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	
caused unknown	
6 month Foetus	
Other contributory causes of importance:	

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of BONNER
City of SANDPOINT

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101736

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 293
(No. 201 N. Fourth Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME NICK GRANDGENET

(a) Residence. No. 201 N. Fourth Ave. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Indigent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) Luxemburg
(State or country) France

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. A. Henry
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem,
Place Sandpoint, Ida. Date Dec. 15, 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED 12-15 1936 Virgil L. Gordon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 13, 1936
I last saw h~~im~~ alive on Dec 10, 1936.: death is said to have occurred on the date stated above, at 7:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. K. Page, M. D.
(Address) Sandpoint, Idaho.

Dr. Stackhouse

PLACE OF DEATH

County of Bonner

City of Sandpoint

JAN 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101737

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No.

(No. 402 Pine St.)

(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME Joseph W. Thompson.

(a) Residence. No. 402 Pine St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Thompson

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery.

10. Date deceased last worked at this occupation (mo. and yr.) 1927

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Faribault Minn.

FATHER

13. NAME Joseph Thompson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lucretia Schauerhamer

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Della Thompson Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Lakeview Cem. Place Sandpoint Ida. Date Dec. 26, 1936

19. UNDERTAKER Lee Moon (Address) Sandpoint Idaho

20. FILED 12-26, 1936 Ouida E. Godwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Dec 23, 1936

I last saw ~~him~~ alive on Dec 23, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	July 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Stackhouse, M. D.

(Address) Sandpoint Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101738

Registration District No. 78

Primary Registration District No. 2155 Local Registrar's No. 295

(No. Cage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Byron Zeigler

(a) Residence. No. Sandpoint Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 10

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME James Zeigler

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs Zeigler
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Kootenai Cem. Date Dec 28, 1936

19. UNDERTAKER Turnbull Co
(Address) Sandpoint

20. FILED Dec 28, 1936 Dwight C. Gordon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936, to Dec 25, 1936

I last saw him alive on Dec 25, 1936; death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 19 1936

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Dover

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101739

Registration District No. 78
Primary Registration District No. 2155
Local Registrar's No. 296

JAN 6 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vincent Sindelar

(a) Residence. No. ..... St. Sagle, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sindelar

6. DATE OF BIRTH (month, day, and year) April 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wis.

FATHER

13. NAME Vaclav Sindelar

14. BIRTHPLACE (city or town) (State or country) Prague Austria

MOTHER

15. MAIDEN NAME Anna Hanslik

16. BIRTHPLACE (city or town) (State or country) Prague Austria

17. INFORMANT Joseph Sindelar (Address) Sagle, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem
Place Sandpoint, Ida. Date Dec. 30, 1936

19. UNDERTAKER R. R. Moon (Address) Sandpoint Idaho.

20. FILED 12-30, 1936 Virgil E. Godwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 27, 193

22. I HEREBY CERTIFY, That I attended deceased from for many years, 193.., to 12-27, 1936
I last saw him alive on Dec 20, 1936 death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. P. Staechouse M. D.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of PRIEST RIVER IDA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE
State File No. 101740
Local Registrar's No. 26-36

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August C. Lartz

90

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 11 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolina Lartz

6. DATE OF BIRTH (month, day and year): Oct 31, 1860

7. AGE — Years: 76 — Months: 1 — Days: 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Own Farm
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Carl Lartz
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Johanna Bramer
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Carolina Lartz, Priest River, Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Priest River, Ida. Date: Nov 18, 1936

19. UNDERTAKER (Address): F. G. Moon, Priest River, Idaho

20. FILED Nov 16, 1936. B. C. Ross, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ...Nov. 15..., 193..6., to ..Nov. 15., 193.6.
I last saw him alive on Nov. 15, 1936; death is said to have occurred on the date stated above, at 6 Hr. p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1a. Coronary Occlusion	
Other **contributory causes** of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
(Signed) Edward J. Bond, M. D.
(Address) PRIEST RIVER IDA

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonner
City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101741

Registration District No. 85
Primary Registration District No. 2185
Local Registrar's No. 27-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Westlie Sherman Spoor

94 W

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): 1865
7. AGE: Years 71 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER / FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): None

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Priest River Date Dec 4 1936

19. UNDERTAKER (Address): L. G. Moon Priest River, Idaho

20. FILED Dec 4 1936 Ben C. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 ..., 1936.., to Dec 2 ..., 193.6.
I last saw h[illegible] alive on Sept 15 ..., 1936.: death is said to have occurred on the date stated above, at 9 A ...m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 15 1934
Other **contributory causes** of importance: —	

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) L. J. Stauffer, M. D.
(Address) Priest River Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner

City of Laclede

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101742

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 28-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME WILLIAM ELLERSICK

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ellersick

6. DATE OF BIRTH (month, day, and year) November 27, 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (mo. and yr.) Dec 1936

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Herman Ellersick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robt. Ellersick
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date Dec. 22 1936

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho

20. FILED Dec 22, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 6:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	
Found dead in Bed.	
Probable Cerebral Hemmorhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. G. Moon Coroner, K. C.
(Address) Sandpoint, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101743

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 29-36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Sweeney

88 ✓

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 19, 1884

7. AGE — Years: 52 — Months: 6 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Bartender

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Beer Parlor

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): White Bear Lake Minnesota

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): None

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Priest River Ida. Date Jan. 2., 1937

19. UNDERTAKER (Address): L. A. Moon Priest River Idaho

20. FILED Dec 31, 1936. Ben C. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to Dec 24, 1936

I last saw him alive on Dec 24, 1936; death is said to have occurred on the date stated above, at 11:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	June 1, 1936
Other **contributory causes** of importance: Chronic myocarditis and myocardial degeneration	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leslie J. Stauffer, M. D.

(Address) Priest River, Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Priest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101744

Registration District No. 85

Primary Registration District No. 2185

Local Registrar's No. 30-36

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luthard Johnson

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	No

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Lawyer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Woods

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Roda (State or country) Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " " (State or country)

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT Kamloops Masonic Lodge # 85 (Address) Priest River, Idaho,

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Priest River, Ida. Date Dec. 31, 1936

19. UNDERTAKER L. T. Moon (Address) Priest River, Idaho,

20. FILED Dec 31, 1936 Ben C. Pott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Dec. 27, 1936

I last saw him alive on Dec. 27, 1936; death is said to have occurred on the date stated above, at 8 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
influenza epidemic	Dec 20 1936

Other **contributory causes** of importance:

Pneumonia	Dec 22-1936

Name of operation .... Date of ....

What test confirmed diagnosis? Pneumonia Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Leslie J. Stauffer M. D.

(Address) Priest River Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner.

City of Blanchard.

RECEIVED

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101745

Registration District No.

Primary Registration District No.

Local Registrar's No. 31-36

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Morris Clark

(X) Residence. No. Blanchard, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James E. Clark

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
~~80~~ 78	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Cyrus Morris

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT R.C. Clark
(Address) Blanchard Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Ida. Date 193?

19. UNDERTAKER L.P. Moon
(Address) Sandpoint, Idaho.

20. FILED Jan 31, 1936 Blair Ruth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Dec 30, 1936

I last saw her alive on Dec 26, 1936.: death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Clifford Schmidt M. D.

(Address) Spirit Lake Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101746

Registration District No. 73

Primary Registration District No. 2170

Local Registrar's No. 237

JAN 7 1937

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Joseph Watson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 55 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sabina Watson

6. DATE OF BIRTH (month, day, and year) April 6, 1860

7. AGE: Years 76 | Months 7 | Days 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired

10. Date deceased last worked at this occupation (mo. and yr.) 1921

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Elora
(State or country) Ontario, Canada

FATHER

13. NAME George Watson

14. BIRTHPLACE (city or town) Forfar
(State or country) Scotland

MOTHER

15. MAIDEN NAME Maria Carder

16. BIRTHPLACE (city or town) London
(State or country) England

17. INFORMANT James Watson
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Idaho Falls, Ida. Date Dec. 8, 193 6

19. UNDERTAKER [illegible]
(Address) Idaho Falls, Idaho

20. FILED 1/7, 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 5 193 6

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 193 5, to Dec. 5, 193 6.

I last saw him alive on Dec. 5, 1936; death is said to have occurred on the date stated above, at 7:10 AM.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other **contributory causes** of importance:

Name of operation Transurethral Resection Date of. (May 8, 1935 / May 29-36 / Nov 29-36)

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Abbott M. D.
(Address) Idaho Falls, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101747

Registration District No. 13
Primary Registration District No. 2 1 7 0
Local Registrar's No. 234

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Earl Strand

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): Oct. 1, 1936

7. AGE — Years: 0 — Months: 2 — Days: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: None
10. Date deceased last worked at this occupation (mo. and yr.): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town): Idaho Falls
(State or country): Idaho

FATHER
13. NAME: H. S. Strand
14. BIRTHPLACE (city or town): Selby
(State or country): S. Dakota

MOTHER
15. MAIDEN NAME: Lena Mertz
16. BIRTHPLACE (city or town): Java
(State or country): S. Dakota

17. INFORMANT: H. S. Strand
(Address): Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Idaho Falls ..... Date: Dec. 9., 193 6

19. UNDERTAKER: McHan's Funeral Home
(Address): Idaho Falls, Ida.

20. FILED: Dec 9..., 193 6 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 8 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 2., 1936., to Dec 8...., 1936.
I last saw him alive on Dec 8, 1936.; death is said to have occurred on the date stated above, at 6:15PM.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	
Bronchio pneumonia	7 days.

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. C. Abbott M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101749

Registration District No. 13
Primary Registration District No. 21-0 Local Registrar's No. 24

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Top

(a) Residence. No. ..... St. Rigby, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fm.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nels Top

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (mo. and yr.) 11/36
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER
13. NAME Hans Knud Laurits Knudsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Marie Larsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Rigby, Idaho R. #2 Nels Top
18. BURIAL, CREMATION OR REMOVAL
Place Rigby Idaho Date 12/3, 1936
19. UNDERTAKER (Address) Rigby, Idaho
20. FILED 12/11, 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936, to Nov 30, 1936
I last saw h[illegible] alive on Nov 30, 1936; death is said to have occurred on the date stated above, at 11:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 28, 1936
Other contributory causes of importance: none	

Name of operation none Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. R. Larsen, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101751

JAN 7 1937

Registration District No. 73
Primary Registration District No. 2110
Local Registrar's No. 24
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

188

2. FULL NAME Hjalmar Holm
(a) Residence. No. Idaho Falls Rt #3 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): May 30, 1885
7. AGE — Years: 51 | Months: 6 | Days: 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Andrs P. Holm
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Johanna Gorson
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: L. A. Holm
(Address): Idaho Falls Rt #3

18. BURIAL, CREMATION OR REMOVAL
Place: Edmonton, Idaho Date: Dec. 9, 1936

19. UNDERTAKER: Jack A. Ward
(Address): Idaho Falls, Idaho

20. FILED 12/11, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 6, 1936
I last saw him alive on Dec 6, 1936 death is said to have occurred on the date stated above, at 5-15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma head injury	
Fracture leg	
Manure spreader	12/4/36

Other contributory causes of importance:

Name of operation ——— Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193
Where did injury occur? Idaho Falls R 3
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. on farm
Manner of injury Manure spreader
Nature of injury crushed head

24. Was disease or injury in any way related to occupation of deceased? ——— If so, specify
(Signed) [signature] M. D.
(Address) Idaho Falls Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101752

Registration District No. 13

Primary Registration District No. 211 D Local Registrar's No. 245

(No. L. D. S. Hospital, Idaho Falls, Ida.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darlene Harker

(a) Residence. No. Route 1 St. Shelley, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 26, 1936

7. AGE: Years | Months | Days: 14 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: -

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: -

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shelley, Idaho

FATHER

13. NAME: Leslie Harker

14. BIRTHPLACE (city or town) (State or country): Shelley, Idaho

MOTHER

15. MAIDEN NAME: Lettie Ellis Saunders

16. BIRTHPLACE (city or town) (State or country): Fairfield, Idaho

17. INFORMANT (Address): Leslie Harker

18. BURIAL, CREMATION OR REMOVAL
Place: Shelley, Idaho Date: 12/10, 1936

19. UNDERTAKER (Address): None

20. FILED: Dec 10, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1936, to Dec 10, 1936.

I last saw her alive on Dec 10, 1936; death is said to have occurred on the date stated above, at 9:35 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 6 '36
Other **contributory causes** of importance:	
Prematurity	

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Lloyd Ackers, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101753

Registration District No. 13

Primary Registration District No. 21N-6

Local Registrar's No. 244

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Olson 90

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth 43 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Erick Olson

6. DATE OF BIRTH (month, day, and year) March 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
74	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (mo. and yr.) August 1926

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vester Yttermark Narpes, Finland

FATHER

13. NAME Matts Mattsjon Gull

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Anna Lisa Stenfors

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mrs. Emma Beckman
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place New Sweden Cem. Date Dec. 15 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 12/14, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 10:30PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thrombo angina Obliterans	Oct 1-1936

Other **contributory causes** of importance:

Arteriosclerosis	?

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) [signature] M. D.

(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 2170

DO NOT WRITE IN THIS SPACE
State File No. 101754

Local Registrar's No. 24 V

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

600

2. FULL NAME Emma May Hendricks

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Alonzo J. Hendricks

6. DATE OF BIRTH (month, day and year) May 5-1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesley Idaho

FATHER

13. NAME Byram Blanchard

14. BIRTHPLACE (city or town) (State or country) Springville Utah

MOTHER

15. MAIDEN NAME Annie McLane

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Alonzo J. Hendricks
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Ida. Date Dec. 15, 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony Idaho

20. FILED 12/14, 1936 Chas. Hyfman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936 to Dec 11, 1936.
I last saw her alive on Dec 11, 1936: death is said to have occurred on the date stated above, at 4:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goiter	7
Other contributory causes of importance:	
Myocarditis	7
	1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto Clemm, M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonniville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101755

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 246
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Dredge Ray Dredge

(a) Residence. No. St. Shelley Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 30, 1925

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goshin
(State or country) Idaho

FATHER
13. NAME Richard Henry Dredge
14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER
15. MAIDEN NAME Esther Heward
16. BIRTHPLACE (city or town) Kaysvill
(State or country) Utah

17. INFORMANT Esther M Dredge
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Ida. Date 12-16-, 1936

19. UNDERTAKER I.M. Nalder Shelley, Idaho
(Address)

20. FILED 12/16-, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Dec. 13, 1936
I last saw him alive on Dec. 13, 1936: death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, left	Dec 19 36

Other contributory causes of importance:

Chronic Myocarditis with valvular Heart disease	1934

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. Floyd Acheson M. D.
(Address) Shelley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City, of Idaho Falls

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101756

Registration District No. 13
Primary Registration District No. 2170 Local Registrar's No. 247

(No. 110 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Le Roy Sundholm Harmon

(a) Residence. No. Canyon, Ore. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Harmon

6. DATE OF BIRTH (month, day, and year) March 17, 1912

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
24	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dona
(State or country) Idaho

FATHER
13. NAME Francis U. Harmon
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Selah Lindholm
16. BIRTHPLACE (city or town)
(State or country) Sweden

17. INFORMANT Mrs. Helen Harmon
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls Date Jan 16, 1937

19. UNDERTAKER Jack G. Ward
(Address) Idaho Falls, Idaho

20. FILED Jan 7 1937 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec 13, 1936
I last saw h alive on Dec 13, 1936: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/2/36
Other contributory causes of importance:	
Influenza	about 12/4/36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101757

JAN 7 1937

Registration District No. 73
Primary Registration District No. 2170
Local Registrar's No. 240

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gloria LaVay Albright

(a) Residence. No. 464 - College St. Heights St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

11a

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov 23, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

FATHER
13. NAME Lincoln Albright
14. BIRTHPLACE (city or town) Big Timber (State or country) Montana

MOTHER
15. MAIDEN NAME Ruby Allred
16. BIRTHPLACE (city or town) Iona (State or country) Idaho

17. INFORMANT Lincoln Albright (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ammon, Idaho Date Dec 14, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 1-9-37, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 10, 1936
I last saw her alive on Dec 11, 1936; death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Influenza	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. A. Griffel M.D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101758

Registration District No.
Primary Registration District No. Local Registrar's No. 249
(No. L. D. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jeanette A. Ames

(a) Residence No. Ucon, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph A. Ames

6. DATE OF BIRTH (month, day, and year): Oct 17 1865

7. AGE: Years 71 | Months 1 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Bloomington (State or country) Idaho

FATHER
13. NAME: William Austin
14. BIRTHPLACE (city or town) (State or country): U. S.

MOTHER
15. MAIDEN NAME: Agnes M. Intyre
16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT: Elmer Ames (Address) Ucon, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ucon, Idaho Date: Dec. 16, 1936

19. UNDERTAKER: Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED: 12/17, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936 to Dec 14, 1936
I last saw her alive on Dec 14, 1936: death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12/12/36
Other contributory causes of importance:	
Influenza	Nov 29, 36

Name of operation: None Date of:
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. B. Ling M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ~~95~~ 73
Primary Registration District No. ~~2375~~ 2N 7 Local Registrar's No. 2 v 7
(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101759

2. FULL NAME Kay Dee Glenn.

(a) Residence. No. ..... St. Menan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
[illegible]	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montpelier, Ida.

FATHER

13. NAME Newbern Glenn.
14. BIRTHPLACE (city or town) (State or country) Rigby, Idaho.

MOTHER

15. MAIDEN NAME Thelma Ruth Bagley.
16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

17. INFORMANT M. Glenn
(Address) Roberts, Ida. Star R.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 12/16, 193 6

19. UNDERTAKER None
(Address)

20. FILED 12/14, 193 6 C. Hammond
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 193 6, to Dec 14, 193 6
I last saw him alive on Dec 14, 193 6: death is said to have occurred on the date stated above, at 5:55 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Broncho-pneumonia	12/12
Other contributory causes of importance: Influenza	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? A ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. R. West, M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101760

PLACE OF DEATH
County of Bonn
City of Ida. Falls
Registration District No. 73
Primary Registration District No. 2N-0 Local Registrar's No. 2N-2
JAN 7 193?
(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Karen Hokanson

(a) Residence. No 275 – 6th Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustave Hokanson
6. DATE OF BIRTH (month, day, and year): Oct. 19 1868
7. AGE: Years 68 | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home
10. Date deceased last worked at this occupation (mo. and yr.): Oct. 1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ystad Sweden

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Mrs. Ruth Scott Ida. Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL: Burial
Place Ida. Falls Date 12-19, 1936
19. UNDERTAKER (Address): O. L. Bugg Ida. Falls
20. FILED 12/14, 193 6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 16 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1936, to Dec. 16, 1936
I last saw her alive on Dec. 15, 1936; death is said to have occurred on the date stated above, at 1:00 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct 13-36

Other **contributory causes** of importance:

Arterio-Sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify .....
(Signed) A. W. Hokanson M. D.
(Address) Idaho Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101761

Registration District No. 13

Primary Registration District No. 214-0

Local Registrar's No. 2 4703

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Irving Ray Erickson

(a) Residence. No. L.D.S. Hospital St. Idaho Falls, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-16-36.

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Leonard Douglas Erickson

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mildred Albarelle Hansen

16. BIRTHPLACE (city or town) (State or country) American Fork Utah

17. INFORMANT (Address) Mrs. L. D. Erickson Hamer, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Ida. Date Dec 19, 1936

19. UNDERTAKER (Address) Peffer Mortuary

20. FILED 12/19, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Dec 17, 1936.

I last saw him alive on Dec 17 1936: death is said to have occurred on the date stated above, at 1 0 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Traumatic injury of head	birth

Other **contributory causes** of importance:

Faulty presentation	

Name of operation Instrumental Date of 12/16/36

What test confirmed diagnosis? Observed Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101762

Registration District No. 13
Primary Registration District No. 2470 Local Registrar's No. 24-7
(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Esther E. Williams 101
(a) Residence. No. Idaho Falls St. #7 St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M. Williams

6. DATE OF BIRTH (month, day, and year) August 8, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER
13. NAME William Milo
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Ann Fey Osborn
16. BIRTHPLACE (city or town) .....
(State or country) England

17. INFORMANT Elma Williams
(Address) Idaho Falls St #7

18. BURIAL, CREMATION OR REMOVAL
Place Emery, Utah Date Dec 21, 1936

19. UNDERTAKER Clark & Ward
(Address) Idaho Falls, Idaho

20. FILED 12/17, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to Dec 17, 1936
I last saw her alive on Dec 16 1936; death is said to have occurred on the date stated above, at 4 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov 19/36
acute Bronco colitis	Dec 11/36
Other contributory causes of importance:	
Old Age	20 yrs
Chr asthma	
Arth myocarditis	Dec

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [signature] M. D.
(Address) Idaho Falls

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2-0

DO NOT WRITE IN THIS SPACE
State File No. 101763

Local Registrar's No. 2 V

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Poitner

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Poitner

6. DATE OF BIRTH (month, day, and year): Oct. 25, 1869

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
67	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: At Home

10. Date deceased last worked at this occupation (mo. and yr.): Dec. 1926

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Unknown, France

FATHER

13. NAME: Joe Galliart

14. BIRTHPLACE (city or town) (State or country): Unknown, France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown, France

17. INFORMANT (Address): Kathryn Poitner, Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Idaho Falls, Ida. Date: Dec. 21 1936

19. UNDERTAKER: McHan
(Address): Idaho Falls, Idaho

20. FILED 12/17, 1936. C. Seymour
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to Dec 17, 1936.

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11:00 PM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Broncho pneumonia	5 days

Other **contributory causes** of importance:

Name of operation: None Date of: Claimed

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... No If so, specify .....

(Signed) W. R. Cahill M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101764

Registration District No. 73
Primary Registration District No. 21-D
Local Registrar's No. 21-6

JAN 1937

(No. Idaho Falls L. D. S. Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elaine Joyce Nebeker.

(a) Residence. No. ..... St. Labelle, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White.	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rexburg, Idaho.

FATHER
13. NAME Delyle John Nebeker.
14. BIRTHPLACE (city or town) (State or country) Clark, Idaho.

MOTHER
15. MAIDEN NAME Alta Leon Barker.
16. BIRTHPLACE (city or town) (State or country) Lorenzo, Ida.

17. INFORMANT Delyle Nebeker
(Address) Rigby, Ida. R. #2

18. BURIAL, CREMATION OR REMOVAL
Place Annis, Idaho. Date 12/21, 1936

19. UNDERTAKER [signature]
(Address) Rigby, Idaho.

20. FILED 12/27, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 19, 1936.
I last saw her alive on Dec 19, 1936.: death is said to have occurred on the date stated above, at 7.10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Dec 1st 1936
Double	
Other contributory causes of importance:	
Septic Anemia	Dec 5

Name of operation Thoracentesis Date of 12/19
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [signature] M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonnieville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101765

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 21-7

JAN 7 1937

(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Geo Heber Longhurst

(a) Residence. No. St. Shelley Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Longhurst

6. DATE OF BIRTH (month, day, and year) Feb. 6, 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iona Idaho

FATHER

13. NAME George Heber Longhurst

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Eleanor Moore

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Willard Longhurst
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date 12-18, 1936

19. UNDERTAKER L.M. Nalder Shelley Ida
(Address)

20. FILED 12/24/1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 15, 1936

I last saw him alive on Dec 15, 1936; death is said to have occurred on the date stated above, at 6:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Body burns	
% 3rd body	Dec 15 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 12/15 1936

Where did injury occur? Kosbe Shelley Idaho
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Explosion of Gasoline

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Onniville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101766

Registration District No. 73
Primary Registration District No. 21 D
Local Registrar's No. 21 7

(No. L D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

179

2. FULL NAME Elizabeth Pritchard Chadwick Longhurst

(a) Residence. No. Shelley, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced. (write the word)
F.M	White	Marrie

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Heber Longhurst

6. DATE OF BIRTH (month, day and year) July 27 1895

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Fork
(State or country) Utah

FATHER
13. NAME James Chadwick
14. BIRTHPLACE (city or town) Liverpool
(State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Pritchard
16. BIRTHPLACE (city or town) Bermingham England
(State or country) England

17. INFORMANT Alice Goddard
(Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley, Idaho Date 12-18-36, 193

19. UNDERTAKER L. W. Calder
(Address) Shelley, Idaho

20. FILED 12/22, 193 6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 193 6, to Dec 15, 193 6
I last saw h... alive on Dec 15, 193 6.: death is said to have occurred on the date stated above, at 11:25p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe body burns 2nd & 3rd Body	Dec 15 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/15 193 6
Where did injury occur? Shelley
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Upturned gasoline
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [signature], M. D.
(Address) Idaho Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101767

Registration District No. 3
Primary Registration District No. 2 en-0
Local Registrar's No. 2 v-9

JAN 7 1937

(No. 107)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louisa S. Holden

(a) Residence. No. Ridge Ave St. Idaho Falls Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, and year) June 21 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
91	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottawa Canada

FATHER

13. NAME Wm J Ross

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Katherine Bonnifield

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Arthur Holden (Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Dec 30 1936

19. UNDERTAKER Hayes Mortuary by C C Hayes (Address) Idaho Falls Idaho

20. FILED 12/29 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936, to Dec. 27, 1936
I last saw her alive on Dec. 27, 1936; death is said to have occurred on the date stated above, at 12:50 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	12-26-36
Other contributory causes of importance:	
Myocarditis	1926

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry L. Wilson, M. D.
(Address) Idaho Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of R 7

Idaho Falls Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101768

Registration District No. 73

Primary Registration District No. 21-0

Local Registrar's No. 260

(No.) JAN 7

(If death occurred in a hospital or institution, give its name instead of street and number)

159P

2. FULL NAME Joseph Norman Fuller

(a) Residence. No. Idaho Falls, R 7 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		59	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

FATHER

13. NAME Joseph W Fuller

14. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho

MOTHER

15. MAIDEN NAME Leona Howard

16. BIRTHPLACE (city or town) (State or country) Herman Idaho

17. INFORMANT (Address) Jos W. Fuller Idaho Falls R 7.

18. BURIAL, CREMATION OR REMOVAL

Place Rigby, Idaho Date Dec 30, 1936

19. UNDERTAKER Jack A. Woods

(Address) Idaho Falls Idaho

20. FILED 12/30, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Dec 29, 1936

I last saw h alive on Nov 17, 1936: death is said to have occurred on the date stated above, at 8:00 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Spina bifida	at birth
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Ray Hatch M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101769

Registration District No. 13
JAN 7 1937
Primary Registration District No. 2170 Local Registrar's No. 262
(No. 155-4th St.)
(If death occurred in a hospital or institution, give its name instead of street and number)

21

2. FULL NAME Elsie Evlyn Spracher.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Glenn B. Spracher.

6. DATE OF BIRTH (month, day, and year) Oct. 20, 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 12/36
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Ouray, Colo.

FATHER
13. NAME Edward D. Lake.
14. BIRTHPLACE (city or town) (State or country) Mt. Pleasant, Utah Iowa

MOTHER
15. MAIDEN NAME Della Ann Lowen.
16. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Iowa.

17. INFORMANT Glenn B. Spracher
(Address) 155-4th St. Idaho Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 12/31, 1936

19. UNDERTAKER C. B. Eckersell
(Address) Rigby, Idaho.

20. FILED 1/4, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936, to Dec 28, 1936.
I last saw h[illegible] alive on Dec 28, 1936; death is said to have occurred on the date stated above, at 7:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	Dec 21, 1936.
Other contributory causes of importance: Premature Labor (5 mo gestation)	Dec 24, 1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. R. Abbott, M. D.
(Address) Idaho Falls, Ida.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101770

County of Bonneville

City of Idaho Falls
Idaho

Registration District No. 13

Primary Registration District No. 2170

Local Registrar's No. 263

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Girl Jones. Karen ?

(a) Residence. No. L. D. S. Hospital St. Idaho Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-10-36.

7. AGE: Years | Months | Days
If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) L. D. S. Hospital Idaho Falls, Ida.

FATHER

13. NAME Aaron L. Jones.

14. BIRTHPLACE (city or town) (State or country) Bay Oklahoma.

MOTHER

15. MAIDEN NAME Belva Ann Adams

16. BIRTHPLACE (city or town) (State or country) Shelley Idaho

17. INFORMANT (Address) Aaron L. Jones Shelley, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Kelly Ida. Date Dec 11, 1936

19. UNDERTAKER None
(Address)

20. FILED 12/11, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936, to Dec. 10, 1936.

I last saw her alive on Dec. 10 1936: death is said to have occurred on the date stated above, at 1:10 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Asphyxia	Dec 10/36

Other **contributory causes** of importance:

Strangulation of cord.	
Prefuncturity	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) H. Lloyd Atkin, M. D.
(Address) Shelley, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonny

City of Ida Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 3 IND

DO NOT WRITE IN THIS SPACE

State File No. 101771

JAN 1 1937

Local Registrar's No. 264

45

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Isabelle Hubbard

(a) Residence. No. 414 - 3rd Street St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Hubbard

6. DATE OF BIRTH (month, day, and year): Mar. 3, 1865

7. AGE: Years 71 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): Sept. 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Logan Utah

MOTHER FATHER

13. NAME: John McCulloch

14. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

15. MAIDEN NAME: Margaret McNeal

16. BIRTHPLACE (city or town) (State or country): Glasgow Scotland

17. INFORMANT (Address): Mrs. Milton Maughan Ida Falls

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Ida Falls Date: 12-26, 1936

19. UNDERTAKER (Address): O. Buck Ida Falls, Ida.

20. FILED: 12/26, 193.6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1936, to Dec. 23, 1936.

I last saw her alive on Dec. 23 1936.: death is said to have occurred on the date stated above, at 5:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of the colon	
Other **contributory causes** of importance:	

Name of operation: None Date of: .....

What test confirmed diagnosis?: Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Hubbard M. D.

(Address) Idaho Falls, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101772

Registration District No. 73

Primary Registration District No. 2130 Local Registrar's No. 26V

(No. 49)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Halmar Fennell

(a) Residence. No. 346 South Water St. (If nonresident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jakobina Fennell

6. DATE OF BIRTH (month, day, and year): Nov 2 1871

7. AGE: Years 60 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Merchant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

13. NAME: ? Not known

14. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. J. H. Fennell Idaho Falls Idaho

18. BURIAL, CREMATION, OR REMOVAL: Place Idaho Falls Idaho Date Jan 3, 1936

19. UNDERTAKER (Address): Jack Gallagher Idaho Falls Idaho

20. FILED Feb 2, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Dec 31, 1936.

I last saw him alive on Dec 31 1936; death is said to have occurred on the date stated above, at 5:55 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other **contributory causes** of importance:

Name of operation: Resection Date of: Aug 21-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Abbott, M. D.

(Address) Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

101773

DO NOT WRITE IN THIS SPACE

State File No. [redacted]

PLACE OF DEATH

County of Butte

City of Arco

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 16

DEC 1 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hubert Jay Perreaud

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 29 - 1936

7. AGE: Years | Months | Days: 21 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Arco Idaho

PARENTS

10. NAME OF FATHER: Albert Perreaud

11. BIRTHPLACE OF FATHER (city or town) (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Maude Hadden

13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Seven Utah

14. Informant: Mrs Albert Perreaud

(Address) Arco Idaho.

15. Filed Dec. 9, 1936 Mary G. Dietrich Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 29 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936, to Nov. 29, 1936

that I last saw him alive on Nov. 19, 1936

and that death occurred, on the date stated above, at 4:30 A [redacted]

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia following influenza.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

Dec. 9, 1936 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Moore	Nov 30 1936
20. Undertaker: none	Address: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

101774

State File No. [redacted]

PLACE OF DEATH

County of Butte Registration District No. 39

City of Arco Primary Registration District No. 2129 Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DF[illegible] 1936 KHLIVER

2. FULL NAME Walter Sutton

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)

Length of residence in city or town where death occured. 31 yrs. mos. ds. How long in U. S if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of V

6. DATE OF BIRTH (month, day and year) Feb. 28 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Klamath Falls Oregon

PARENTS

10. NAME OF FATHER George W. Sutton

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Cherokee Co N. C.

12. MAIDEN NAME OF MOTHER Harriet Montgomery

13. BIRTHPLACE OF MOTHER (city or town) (State or County) Cherokee Co N. C.

14. Informant (Address) Manning Sutton

15. Filed Nov 6, 1936 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 4 (Month) (Day), 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to Nov. 4, 1936, that I last saw h.im alive on Nov. 3, 1936 and that death occurred, on the date stated above, at 9.28 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) L. T. Egbert. M. D.

Nov 6, 1936 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Winfield S. Marvel	Nov 6 1936
20. Undertaker	Address
Arco - Idaho	arco

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Camas

City of Fairfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101775

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME James Rea McCann

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 6 - 1923

7. AGE: Years 13 | Months 9 | Days 9 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fairfield Idaho

FATHER

13. NAME: James Henry McCann
14. BIRTHPLACE (city or town) (State or country): Pico Arkansas

MOTHER

15. MAIDEN NAME: Allie Adair Rea
16. BIRTHPLACE (city or town) (State or country): Leadville Colo

17. INFORMANT (Address): James H. McCann

18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Fairfield Date: Dec. 27 1936

19. UNDERTAKER (Address): McCann Bros Fairfield Idaho

20. FILED: Dec 31, 1936 W B Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 25 1936.
I last saw him alive on Dec 24 1936.; death is said to have occurred on the date stated above, at 9a, m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral heart lesion	1933
Other **contributory causes**, of importance: Brights disease, (Acute)	Dec 5 1936

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) W B Parkinson M. D.
(Address) Fairfield Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101776

Registration District No. 2007

Primary Registration District No. 3 Local Registrar's No. 81

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Mary Jane Oatey

(a) Residence. No. Parma Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 7-1-1850

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
86	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gyrn Scotland

FATHER

13. NAME: Wm Speer

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Ellen Hunter

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs C. C. Case

18. BURIAL, CREMATION OR REMOVAL
Place Roswell Cemetery Date 12-29 1936

19. UNDERTAKER (Address): Ralph L. Case Caldwell Idaho

20. FILED 12-30 1936 Mrs. Clyde Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1936, to 12-27 1936.
I last saw her alive on 12-27 1936; death is said to have occurred on the date stated above, at ....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Double Pneumonia	12/22/36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? No Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Robert E. Talbert M. D.
(Address) Weiser Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101777

County of Canyon
City of Parma
Registration District No. 2007
Primary Registration District No. 3 Local Registrar's No. 82
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jo Ray Marsolais
(a) Residence. No. Parma R.D. St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

113

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 6 - 1932
7. AGE Years — Months 3 Days 9 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Parma Ida

FATHER
13. NAME E. A. Marsolais
14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER
15. MAIDEN NAME Clea Sealey
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Ernest Marsolais Parma Ida
18. BURIAL, CREMATION OR REMOVAL Place... Parma Date 12-16 1936.
19. UNDERTAKER (Address) L. V. Replogle Caldwell Ida
20. FILED 12-30 ., 1936 Mrs. E. Lyck Hill ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/15 ....., 1936, to 12-15 ....., 1936
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 5.58 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other **contributory causes** of importance:	
Illeo Colitis	

Name of operation no Date of....
What test confirmed diagnosis? no Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** no
Manner of injury....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? If so specify....
(Signed) Dr. M. Mitchell M. D.
(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2007

Primary Registration District No. 3

Local Registrar's No. 83

DO NOT WRITE IN THIS SPACE

State File No. 101778

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Sabina Hammock.

(a) Residence. No. Parma St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. L. Hammock

6. DATE OF BIRTH (month, day, and year): July 26-1895

7. AGE: Years 41 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeping

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: ....

10. Date deceased last worked at this occupation (mo. and yr.): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): North Bend Nebraska

FATHER

13. NAME: William E Bonner

14. BIRTHPLACE (city or town) (State or country): Lough Grove Canada

MOTHER

15. MAIDEN NAME: Minnie V Elliott

16. BIRTHPLACE (city or town) (State or country): New York Nebraska

17. INFORMANT (Address): J. L. Hammock Parma Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Parma Cem Date: 12/30 193 6

19. UNDERTAKER (Address): C. V. Leuthauser Caldwell Idaho

20. FILED 12-30 193 6 Mrs. Clyde Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/28 193 6

22. I HEREBY CERTIFY, That I attended deceased from 12/28 193 6 to 12/28 193 6

I last saw her alive on 12/28 193 6 death is said to have occurred on the date stated above, at 8 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Epilepsie	
attack.	

Other **contributory causes** of importance:

no	

Name of operation no Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following.

Accident, suicide, or homicide? .... Date of injury .., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) W. M. Mitchell M. D.

(Address) Parma Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101779

Registration District No. 2007

Primary Registration District No. 3 Local Registrar's No. 84

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Henriette Patterson

(a) Residence. No. R F D #2 Caldwell St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Patterson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
94	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Lee Wayne

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dunkill

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Frank Patterson (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Caldwell Date 12-14, 1936

19. UNDERTAKER B B Fiemkamper (Address) Nampa Ida

20. FILED 12-30, 1936 Mrs C by Jo Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1936 to Dec 9, 1936

I last saw h alive on Dec 9, 1936: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A M Mickels, M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon.

City of Nampa

DEC 1 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101780

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 184

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Richard S. Gaither

(a) Residence. No. Nampa, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-1-36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa, Ida.

FATHER

13. NAME W. J. Gaither

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Robinson

16. BIRTHPLACE (city or town) (State or country) Nampa Idaho

17. INFORMANT W. J. Gaither (Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Nampa, Ida. Date 11-4, 193 6

19. UNDERTAKER F. K. Robinson (Address) Nampa, Idaho

20. FILED Dec 3, 193 6 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 193 6, to 11-3, 193 6

I last saw h~~e~~ alive on 11-3, 193 6; death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	
(Acute Bronchio	
Breathed Mud before birth)	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Bilbert, M. D.

(Address) Nampa Ida

8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Melba

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101782

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 193

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edward Everett Weible

(a) Residence. No. Melba, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-14-62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME George Weible

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Siblerd

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs Mary Weible
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 12-4, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 12-4, 1936 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936, to Nov 30, 1936

I last saw him alive on Sept 8, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Endocarditis	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel H. Swan M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101783

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 195
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr William A. Hill

(a) Residence. No. Samaritan Hospital St. Nampa Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Hill

6. DATE OF BIRTH (month, day, and year) June. 1901

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	35			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mechanic
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)... Oklahoma
(State or country)

MOTHER FATHER
13. NAME unknown.
14. BIRTHPLACE (city or town)... //
(State or country)
15. MAIDEN NAME unknown.
16. BIRTHPLACE (city or town)... //
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Date 12-5..., 1936.

19. UNDERTAKER W. D. Potts
(Address) Cascade Idaho

20. FILED 12-10, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to Dec. 5, 1936.
I last saw him alive on Dec. 5, 1936: death is said to have occurred on the date stated above, at 6 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	1934
Other **contributory causes** of importance:	

Name of operation None Date of.....
What test confirmed diagnosis? X-ray & Sputum. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Holt, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101784

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 196

(No. 916 - 15th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Matilda Ella Blott 11a

(a) Residence. No. 916 - 15th Ave So St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Blott.

6. DATE OF BIRTH (month, day, and year) March 21st 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomfield Iowa

FATHER

13. NAME Samuel Jarrence

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Brugan

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Mrs. Edith Holly Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Fotherlain

Place Nampa, Ida. Date 12-8, 1936

19. UNDERTAKER (Address) Mrs. Nina M. Fallers Nampa Ida

20. FILED 12-8, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to Dec 6, 1936

I last saw her alive on Dec 6, 1936: death is said to have occurred on the date stated above, at 8:20 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
The pneumonia a.	
Other contributory causes of importance: Mitral insufficiency d	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:

Accident, suicide, or homicide? ..... Date of injury ....., 193..

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Thos E. Hamburne, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101785

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 199
(No. 6 mi east of Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leona Pedra Aguirre

(a) Residence. No. 6 mi East of Nampa. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15th 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nampa Idaho

FATHER
13. NAME Leon Aguirre
14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER
15. MAIDEN NAME Georgia Urquiaga
16. BIRTHPLACE (city or town) (State or country) Nampa

17. INFORMANT Angelina Aguirre (Address) Mountain Home, Ida.

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary
Place Nampa, Ida. Date 12-10-, 1936

19. UNDERTAKER Mrs. Nina McTalley (Address) Nampa, Idaho

20. FILED 12-10-, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 1936, to ..., 1936
I last saw her alive on ..., 1936; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidently Drowned	
in New York Canal	
Sudden death while hunting	
Mother on a dark night.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 12/8 1936
Where did injury occur? 6 mi East Nampa Country
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Negro Home
Manner of injury Drown
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Wm D Talley M. D. Coroner
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 200

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 101786

Rodwell

2. FULL NAME Elona May Goodman

(a) Residence. No. Route #2 St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 7th 35

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Nampa Ida

FATHER

13. NAME Chester J. Goodman

14. BIRTHPLACE (city or town) Wayne County (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Carol Irwin

16. BIRTHPLACE (city or town) Garfield (State or country) Wash.

17. INFORMANT Chester J. Goodman (Address) Route #2 Nampa

18. BURIAL, CREMATION OR REMOVAL Interment

Place Nampa, Ida. Date Dec. 10, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa, Ida.

20. FILED 12-10 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1936, to Dec 9th, 1936

I last saw her alive on Dec 9th, 1936: death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Streptococcic Septicemia	Dec 8th 36
Other contributory causes of importance: acute streptococcic sore throat	Dec 8th 36

Name of operation — Date of —

What test confirmed diagnosis? Sp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Rodwell, M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

H. P. Burkey

DO NOT WRITE IN THIS SPACE
State File No. 101787

Registration District No. 7
Primary Registration District No. 1004
Local Registrar's No. 201
(No. 1615 - 12th St. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cebuycio Ganglarias

(a) Residence. No. 615 12th St. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown
6. DATE OF BIRTH (month, day, and year): Unknown
7. AGE: Years: 50; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepherder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spain

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Anita Ganzone Nampa
18. BURIAL, CREMATION OR REMOVAL: Rohlerlawn
Place Nampa, Ida. Date 12-19, 1936
19. UNDERTAKER (Address): Keith Galley Nampa, Ida.
20. FILED 12-19, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

11:30 AM

21. DATE OF DEATH (month, day and year) 12/17 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-12, 193..., to 12-17, 1936
I last saw h alive on 12/17, 1936 death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Uremia	

Other contributory causes of importance:
Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Roger W. Burkey M. D.
(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Note

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101788

Registration District No. 7
Primary Registration District No. 2 006 Local Registrar's No. 202
(No. Samaritan Hosp —)
(If death occurred in a hospital or institution, give its name instead of street and number)

1012

2. FULL NAME Mrs Henriette Pegram
(a) Residence. No. Homedale, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Separated
6. DATE OF BIRTH (month, day, and year): Mar 21 - 1910
7. AGE — Years: 26 — Months: 3 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Waitress
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Centerton Ark -

FATHER
13. NAME: Henry mc Ferrin
14. BIRTHPLACE (city or town) (State or country): Tenn -

MOTHER
15. MAIDEN NAME: Mary Stroud
16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT (Address): Mrs. Mary Perkins Home Dale
18. BURIAL, CREMATION OR REMOVAL
Place. Weiser. Ida. Date. 12-19, 193 6
19. UNDERTAKER (Address): Paul L. Case Caldwell, Idaho
20. FILED. 12-19, 193 6. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1936, to Dec. 16, 1936.
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) W. C. Dahl, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101789

Registration District No. 7

Primary Registration District No. 2004 Local Registrar's No. 203

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Christian Martin

(a) Residence. No. Caldwell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Laura E Martin

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
50	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) not known

FATHER

13. NAME Abraham Martin

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah Ellen Sears

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Laura E. Martin

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12-15 1936

19. UNDERTAKER (Address) Paul L. Case Caldwell Ida.

20. FILED 12-15, 1936 Lyda Rodkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1931, to Dec 13, 1936.
I last saw him alive on Dec 13, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of the stomach	

Other **contributory causes** of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. C. Wolfe, M. D.
(Address) Nampa, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101790

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 204
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Micheal Cartzdafner
(a) Residence. No. St. Meridian, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarissa Ellen Cartzdafner

6. DATE OF BIRTH (month, day, and year) July 28 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME George W. Cartzdafner
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Martha Gray
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Mrs. B. B White Meridian, Ida.
18. BURIAL, CREMATION OR REMOVAL Rohrerlawn
Place Nampa, Ida Date 12-20, 1936
19. UNDERTAKER (Address) Keith Talley Nampa, Ida.
20. FILED 12-20, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1936, to 12/17, 1936
I last saw him alive on 12/17, 1936: death is said to have occurred on the date stated above, at 10 A.P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Endocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Eugene Schreiber, M. D.
(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101791

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 203
(No. 120 - 10th Ave. No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ruth Celesta Pugh

(a) Residence. No. 120 - 10th Ave. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Pugh

6. DATE OF BIRTH (month, day, and year) October 18 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME George Connor
14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER
15. MAIDEN NAME Mariah Taylor
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Bud Pugh (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Rothrelaum
Place Nampa, Ida. Date 12-20, 1936

19. UNDERTAKER Mrs. Nina M. Tallee (Address) Nampa Ida

20. FILED 12-20, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 193.6, to Dec 18, 1936
I last saw her alive on Dec. 18, 193.6: death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	2 -
Other contributory causes of importance:	
Fractured Left Hip	Nov Oct 15

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) Robert L. Rodwell, M. D.
(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101792

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 206.
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Samuel Ulrich

(a) Residence. No. One mile West of Nampa St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of Fanning Ulrich (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Peter Ulrich
14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Barbara Ayer
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Benjamin Ulrich Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 12-24, 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 1-2-37, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1936, to 12-21, 1936
I last saw him alive on 12-20, 1936: death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia and	
Bronchopneumonia	

Other contributory causes of importance:

Hypertrophy Prostate	
Chronic Nephritis	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Belknap, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101793

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 207

(No. 312 - 7th Ave. No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME La Roy Adelbert Wilson

(a) Residence. No. 312 - 7th ave no. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6th 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stanton Co / Kansas

FATHER

13. NAME Wm A. Wilson

14. BIRTHPLACE (city or town) (State or country) Atchison Co / Kansas

MOTHER

15. MAIDEN NAME Hazel Meharg

16. BIRTHPLACE (city or town) (State or country) Russell Co. / Kansas

17. INFORMANT (Address) Mrs. W. A. Wilson / Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL / Ohlerlawn

Place Nampa, Ida. Date 12-24 1936

19. UNDERTAKER (Address) Keith Talley / Nampa Ida

20. FILED 12-24, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936., to ....., 1936.

I last saw h..... alive on ....., 1936.: death is said to have occurred on the date stated above, at 4:27 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jurais Verdict.	
Unavoidable accident,	
Hit by car driven by	
Mrs. Charlotte Miller.	
Other contributory causes of importance:	
Crushed Skull & Broken neck.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 12-22 1936

Where did injury occur? City

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury hit by car

Nature of injury Crushed skull + broken neck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Keith Talley M. D.

(Address) Nampa Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 2006

(No. Samaritan Hospital, Nampa)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
101794
State File No.

Local Registrar's No. 208

2. FULL NAME Ronald Doyle Boxwell

(a) Residence. No. St. New Plymouth, Route 2
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 19, 1931

7. AGE: Years | Months: 6 | Days: 7 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth (State or country) Ida

FATHER

13. NAME Doyle Leonard Boxwell

14. BIRTHPLACE (city or town) Oklahoma (State or country)

MOTHER

15. MAIDEN NAME Dorothy James

16. BIRTHPLACE (city or town) Fairbo, Minn. (State or country)

17. INFORMANT Samaritan Hosp. Nampa (Address)

18. BURIAL, CREMATION ~~OR REMOVAL~~ Place New Plymouth Date 12-27 1936

19. UNDERTAKER F. H. Robinson (Address) Nampa Ida

20. FILED 12-27 1936 Lydia Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1936, to Dec. 26, 1936

I last saw him alive on Dec. 24, 1936: death is said to have occurred on the date stated above, at 7 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mastoiditis	12/16/36
Otitis media	12/12/36
Other **contributory causes** of importance:	
Bronchial Pneumonia following acute bronchitis	12/8/36

Name of operation Mastoidectomy Date of 12/19/36

What test confirmed diagnosis? X Ray was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Emmett, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101795

PLACE OF DEATH
County of Clearwater
City of Nampa

Registration District No. 7
Primary Registration District No. 2006
Local Registrar's No. 209

JAN 11 1937

(No. State School & Colony)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jack Pinkston

(a) Residence. No. Buhl St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-12-1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buhl Idaho

FATHER

13. NAME Jesse B Pinkston

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Ada M Grayson

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMENT (Address) Don Goyne Nampa Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Mountain Home Idaho Date 12-25-1936

19. UNDERTAKER Zacher Funeral Home
(Address) Mountain Home Ida.

20. FILED 12-26-, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1936, to 12-25-, 1936
I last saw h.... alive on 12-25-, 1936; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Don Goyne, M. D.
[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101796

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 210

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard E. Allen

(a) Residence. No. 6 mi. So. of Nampa, Ida St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of Emma Allen
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) June 18-66

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME Eli Allen

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Julia Poole

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Ernest Allen
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 12-28 1936

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 12-31, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936, to Dec 26, 1936

I last saw him alive on Dec 26, 1936: death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
myocarditis.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel A. Swayne, M. D.

(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101797

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 211

(No. State School & Colony)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dwaine Hammer

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Nov. 9th 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Wm G. Hammer

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Reva Rider

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMENT (Address) Pr. Cemetery Nampa Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Nampa Idaho Date 12-30, 1936

19. UNDERTAKER F. H. Robinson (Address) Nampa Idaho

20. FILED 12-31, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-27 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to Dec 27, 1936.

I last saw him alive on Dec 27, 1936; death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 25th
Other contributory causes of importance:	
Congenital Hydrocephalus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible], M. D.

(Address) Nampa Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

IDAHO
DEPARTM[redacted] PUBLIC WELFARE
BUREA[redacted]AL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101798

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 212
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie Mae Makin

(a) Residence. No. 620 - 17th ave. So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. S. Makin
6. DATE OF BIRTH (month, day, and year): March 8th 1884
7. AGE: Years 52 | Months 9 | Days 6 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): La Grande Oregon

FATHER
13. NAME: Dengil Ackley
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Martha Lane
16. BIRTHPLACE (city or town) (State or country): La Grande Oregon

17. INFORMANT (Address): Mr. T. S. Makin Nampa Ida.
18. BURIAL, CREMATION OR REMOVAL: Rohrerlawn
Place Nampa Ida. Date 12-16-1936
19. UNDERTAKER (Address): Mrs. Nina M. Talley Nampa Ida.
20. FILED 12-31-1936. Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-14-1936.
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw her alive on 12-14, 1936.: death is said to have occurred on the date stated above, at 1:10 P.. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of bladder from cancer invasion.	12-11-36
Other contributory causes of importance: Recurrence of carcinoma of vaginal vault following hysterectomy	April 36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin., Was there an autopsy? No.
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Geo. A. Rivers Jr., M. D.
(Address) Nampa, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa

RECEIVED JAN 11 1937

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101799

Registration District No. 7

Primary Registration District No. 2006 Local Registrar's No. 213

(No. Samaritan Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME DeLores Maud Scrivner

(a) Residence. No. Route 1 St. Meridian, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28, 1935

7. AGE: Years 1 | Months 4 | Days 22 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meridian Idaho
(State or country)

FATHER

13. NAME Clifford Burton Scrivner

14. BIRTHPLACE (city or town) Eagle Idaho
(State or country)

MOTHER

15. MAIDEN NAME Grace DeLores Smith

16. BIRTHPLACE (city or town) Nuton
(State or country) Utah

17. INFORMANT C. B. Scrivner
(Address) R1 Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Star Idaho Date 12/20 1936

19. UNDERTAKER B. W. Robison
(Address) Meridian Ida

20. FILED 12-31, 1936 Lydia Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 1936, to 12/20, 1936.

I last saw h.. alive on 12/20 1936: death is said to have occurred on the date stated above, at 9 A..m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Meningiococcus meningitis	12/19/36
Pneumonia	2 weeks ago

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? ..... was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Eugene Schreiber, M. D.

(Address) Meridian Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

[redacted]

FOR USE IN THIS SPACE
State File No. 101800

Registration District No. 7
Primary Registration District No. 2006 Local Registrar's No. 214
(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

113

2. FULL NAME James Walter Pierce Jr.
(a) Residence. No. Rt 3 Nampa St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 7-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

FATHER
13. NAME James Walter Pierce
14. BIRTHPLACE (city or town) Ellsworth
(State or country) Minn

MOTHER
15. MAIDEN NAME Lydia King
16. BIRTHPLACE (city or town) Adams
(State or country) Minn

17. INFORMANT Mrs J W Pierce
(Address) Nampa Rt 3

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary
Place Nampa Ida Date 1-2, 1937

19. UNDERTAKER Mrs Nissa M Talley
(Address) Nampa Ida

20. FILED 1-3, 1937 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1936 to 12-30, 1936.
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 1 P M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	12-27-36
Shock 36 hours	
Other contributory causes of importance: None	

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) V C Mullinyux M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101801

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 215

(No. Mercy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Amanda Yant Harber

(a) Residence. No. 323 - 10th Ave. So. Nampa Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Aaron S. Harber

6. DATE OF BIRTH (month, day, and year) June 5-1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Daniel Yant

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nema Hutson

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs Hazel Maxwell
(Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Ida Date 1-2, 1937

19. UNDERTAKER F. K. Robinson
(Address) Nampa Idaho

20. FILED 1-4, 1937 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1936, to 12-31, 1936

I last saw h~~er~~ alive on 12-31, 1936; death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic obstruction of bowel (Strangulation)	
Other contributory causes of importance: Femoral hernia strangulated	

Name of operation Relieve Strangulation Date of 12/30/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace D. Pickett, M. D.
(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

Form No. 1

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101802

Registration District No.

Primary Registration District No. 2005

Local Registrar's No. 158

(No. 1002 Sept 22 1936)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H. M. Thomas

(a) Residence. No. Route 6 Box Elton St. Caldwell, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND ~~of~~ (or) ~~WIFE of~~ Mrs H. M. Thomas

6. DATE OF BIRTH (month, day, and year) May 25 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	71	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamestown Indiana

MOTHER FATHER

13. NAME J. M. Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME E. H. Richmond

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs H. M. Thomas Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 11-25-1936

19. UNDERTAKER Paul L. Case
(Address) Caldwell Idaho

20. FILED 12/19..., 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11..., 193.6., to Sept. 22..., 193.6.
I last saw him alive on Sept 22, 1936.: death is said to have occurred on the date stated above, at 5 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1920
Bronchopneumonia	1936

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autop[illegible]

23. If death was due to exter'l causes **(violence)** fill in the following:
Accident, suicide, or homicide?..... Date of injury.[illegible]

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. B. Hamford M. D.

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101803

Registration District No. .....

Primary Registration District No. 2005

Local Registrar's No. 159

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Katherine Alice Brown

(a) Residence. No. Caldwell R-D St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 29 - 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Africa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) .....
(State or country) "

17. INFORMANT C. L. Brown
(Address) Eagle Id

18. BURIAL, CREMATION OR REMOVAL
Interred Pleasant View Date ....., 193...

19. UNDERTAKER C. V. Packham
(Address) Caldwell Ida

20. FILED 12/15, 193.6 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193.6, to Dec 12, 1936

I last saw her alive on Dec 12, 1936; death is said to have occurred on the date stated above, at 8 — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Terminal)	12/9 36
Other contributory causes of importance:	
Apoplexy	12/4 36

Name of operation None Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) M. Brown M.D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101804

Registration District No. 1

Primary Registration District No. 1002

Local Registrar's No. 160

(No. Memorial 117)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nels Madsen

(a) Residence. No. ..... St. Caldwell, Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Jensina Madsen

6. DATE OF BIRTH (month, day, and year): Oct-16-1862.

7. AGE: Years: 74 | Months: 1 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: J. M. Madsen

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Katherine Knudsen

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): R.F.D. Jensina Madsen

18. BURIAL, CREMATION OR REMOVAL

Place: Pleasant Ridge Date: 12-17 1936

19. UNDERTAKER (Address): Paul L. Case Caldwell

20. FILED: 12/17, 1936. E. M. Montgomery, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 193.6, to 12/15, 193.6.

I last saw ~~he~~ alive on 12/15, 193.6.: death is said to have occurred on the date stated above, at 4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	
from ruptured	
appendix	

Other **contributory causes** of importance:

Name of operation appendectomy Date of 12/8/36

What test confirmed diagnosis? .... Was there an autopsy? ~~No~~

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~No~~ If so, specify .....

(Signed) E. M. Montgomery M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101805

Registration District No. 1

Primary Registration District No. 1005 Local Registrar's No. 161

(No. Memorial Park Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

131

2. FULL NAME Ralph Kunkel

(a) Residence. No. 501 Denver St. Caldwell, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora Casey Kunkel

6. DATE OF BIRTH (month, day, and year): Apr. 10 1874

7. AGE: Years 62 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farmer

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mound City, Mo.

MOTHER FATHER

13. NAME: Jacob B. Kunkel,

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Anna D. Parrish

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT (Address): Mrs. Nora Kunkel, Caldwell, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER (Address): Paul L. Case. Caldwell, Idaho.

20. FILED 12/30, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 11-16-193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-13-, 193 6, to 11-16, 193 6.

I last saw him alive on 11-16, 193 6.; death is said to have occurred on the date stated above, at 10 P.M.?

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bright's disease	not
Chronic myofibrosis	.....
Obstruction bet prostate	Several years
hemorrhage from	Last 2 years
bowel - probably	.....
hemorrhoids	.....
Other **contributory causes** of importance:	
pyelitis & chronic nasal	this year
obstruction & hemorrhoids	3. hemorrhages
with profuse anal bleeding	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Tikker, M. D.

(Address) Caldwell Idaho

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Ralph Kunkel

now lying buried in Canyon Hill Cemetery, in the City or Town of Caldwell

County of Canyon State of Idaho, who died on the 16 day of November, 1936, Aged 62 years 7 months 6 days, the cause of death being Bright's disease and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

H. J. Tikker, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance to another grave Canyon Hill Cemetery in the City or Town of Caldwell County of Canyon State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Canyon it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 22nd day of April, A.D. 1958.

Permit issued to:
Peckham-Dakan-Davis Chapel
Caldwell, Idaho

W. W. Benson
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Wilder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101806

Registration District No.

Primary Registration District No. 2005

Local Registrar's No. 162

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frances Adell Mantaney

(a) Residence. No. Wilder St. Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): March 6 1846

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa. Pennsylvania

MOTHER FATHER

13. NAME Michael Fisher

14. BIRTHPLACE (city or town) (State or country): Holland

15. MAIDEN NAME Charlott Jarvis

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): E. E. Brodrick Caldwell Ida

18. BURIAL, CREMATION, OR REMOVAL

Place Wilder Date 12-17 1936

19. UNDERTAKER (Address): V. Peckham Caldwell Ida

20. FILED 12/18 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1928 1936, to 12/15 1936

I last saw her alive on 12/14 1936: death is said to have occurred on the date stated above, at 1— p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemmorrhage	5/1936
Other contributory causes of importance:	
Chronic nephritis	1928
Arteriosclerosis	1928

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert E. Taylor M. D.

(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101807

Registration District No.

Primary Registration District No. 2005

Local Registrar's No. 163

1.

JAN 12 1937

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Mitchell Brown 89

(a) Residence. No. Wallace St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie B Brown

6. DATE OF BIRTH (month, day, and year) June 29 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief of Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaumaris Province of Wales

MOTHER FATHER

13. NAME William S Brown

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Maribel Talbot

16. BIRTHPLACE (city or town) (State or country) Indianapolis Indiana

17. INFORMANT Ida Brown (Address) Emmett, Idaho

18. BURIAL, CREMATION OR REMOVAL Emmett Date 1/22 1937

19. UNDERTAKER E V Peckham (Address) Caldwell Ida

20. FILED 1/25, 1937. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 19, 1936

I last saw him alive on Dec 12, 1936: death is said to have occurred on the date stated above, at 8-P m. 7 SD P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	about 1 week
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E Talbot, M. D.

(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101808

Registration District No. 1

Primary Registration District No. 105

Local Registrar's No. 164

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daisy Beguhl

(a) Residence. No. ..... Caldwell Ida St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ..... mos. ..... ds. ..... How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12/15/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

FATHER

13. NAME Herman C. Beguhl

14. BIRTHPLACE (city or town)
(State or country) Wisconsin

MOTHER

15. MAIDEN NAME Edith Smith

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Herman C. Beguhl.
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12/20 193 6

19. UNDERTAKER E. V. Peckham
(Address) Caldwell Ida

20. FILED 12/21, 193 6 M. Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 193 6

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 193 6, to 12/19, 193 6

I last saw him alive on 12/17, 193 ..... : death is said to have occurred on the date stated above, at 5-8' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violense) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. O. Newberry, M. D.

(Address) Caldwell Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

[redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101809

PLACE OF DEATH

County of Canyon
City of Caldwell

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 165
(No. Caldwell Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth A Newell 97

(a) Residence. No. ..... St. Caldwell Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar- 8- 1864

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	72	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Housewife
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Petersboro
(State or country) Canada

FATHER

13. NAME J. J. Jenkinson
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Bridget Griffen
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Walter Newell
(Address) Caldwell, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 12-27, 1936

19. UNDERTAKER Paul L. Case
(Address) Caldwell, Idaho

20. FILED 12/30, 193.. [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Dec 22, 1936.
I last saw h~~er~~ alive on Dec 22, 1936; death is said to have occurred on the date stated above, at 10:15 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular renal disease	1930.
Coronary Thrombosis	Dec 18-1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wm B. Hamford M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101810

JAN 14 1937

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 167

(No. 145)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gaylon Elmer Staver

(a) Residence. No. Homedale St. Ida

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Staver

6. DATE OF BIRTH (month, day, and year) March 3 1905

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
31	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Geneva (State or country) Idaho

FATHER

13. NAME Lorenzo Mallory

14. BIRTHPLACE (city or town) Unrecalled (State or country) Idaho

MOTHER

15. MAIDEN NAME Mammie Kenrick

16. BIRTHPLACE (city or town) Unrecalled (State or country) Idaho

17. INFORMANT (Address) Homedale Ida

18. BURIAL, CREMATION OR REMOVAL

Place Wilson Cem. Date 1-26 1937

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 1/2 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1936, to 12/24 1936

I last saw h[illegible] alive on 12/24 1936: death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions Eclampsia 37 Weeks Pregnancy	12/23 36

Other contributory causes of importance:

Operation Version 37 weeks

Name of operation Version Removal Date of 12/23 36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Time

(Signed) J. W. Erickson M.D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai

City of Wallace #2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

State File No. 101811

Local Registrar's No. 168

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian Elmeda Loveland

(a) Residence. No. Wallace #2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced—
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 12 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wyoming

FATHER

13. NAME [illegible] Lovelace

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ethel Durbin

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) [illegible] Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
Place Pasewell Date 12/28, 1936

19. UNDERTAKER (Address) [illegible]

20. FILED 12/30, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936, to 12/26, 1936

I last saw h[illegible] alive on 12/26, 1936; death is said to have occurred on the date stated above, at 11-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	12/22/36

Other contributory causes of importance:

Mo Cerebral Hemorrhage
Bronchopneumonia Broncho
Tuberculosis Pulmonary bilateral

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Wallace

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101812

Registration District No.

Primary Registration District No. 1005 Local Registrar's No. 164

(No. Memorial Park Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

143

2. FULL NAME Mildred Vera Deweese Smith

(a) Residence. No. 714 N. 7th St. St.

(Usual place of abode) Caldwell (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Creyton Smith

6. DATE OF BIRTH (month, day, and year) May 21 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Co. Georgia

MOTHER FATHER

13. NAME Charley M. White

14. BIRTHPLACE (city or town) (State or country) — —

MOTHER

15. MAIDEN NAME Gerber

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Creston Smith (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Canyon Hill Cem. Date 12/31 1936

19. UNDERTAKER V. L. Stephenson (Address) Caldwell Ida

20. FILED 1/2 1937 Jno Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1936

22. I HEREBY CERTIFY, That I attended, deceased from Nov 28 1936 to Dec 28 1936

I last saw h[illegible] alive on Dec 28 1936; death is said to have occurred on the date stated above, at 6:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	2
Other contributory causes of importance: Pernicious Vomiting of Pregnancy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) A. A. Newberry M. D.

(Address) Caldwell Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101813

Registration District No. 1
Primary Registration District No. 1005
Local Registrar's No. 170

No. Caldwell Sanitarium
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Fredrick Galle

(a) Residence. No. 212-20 7th Street, St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jennie Galle

6. DATE OF BIRTH (month, day, and year) Feb. 6-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Harness Maker.
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile Ala.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. G. P. Galle (Address) Nampa Ida.

18. BURIAL, CREMATION OR REMOVAL Casket
Place Morris Hill Date 12/29, 1936

19. UNDERTAKER Wm. D. Talbert (Address) Nampa Ida.

20. FILED 12/28, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1936, to Dec 28, 1936
I last saw him alive on Dec 27, 1936; death is said to have occurred on the date stated above, at 3:40 a. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	12/1 36
Other **contributory causes** of importance: Flu	Nov 25-36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) ~~fill in also~~ the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. P. Galle M.D.
(Address) Caldwell Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City or ~~Village~~ Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101814

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 171

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Grace Denning

(a) Residence. No. Caldwell Ida St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb. 14, 1861

7. AGE: Years 75 | Months 10 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housekeeping

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Morgan

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Fuller

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): Mrs. Cleveland Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 12-31, 1936

19. UNDERTAKER (Address): J. D. Teeghman Caldwell Ida

20. FILED 1-6, 1937 M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-29 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Dec, 1936.

I last saw h.. alive on Dec 20, 1936: death is said to have occurred on the date stated above, at 3:25 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertension	

Other **contributory causes** of importance:

Debility	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... Carl Warner ..., M. D.

(Address) .... Caldwell Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101815

Registration District No. .....

Primary Registration District No. 1005 ; Local Registrar's No. 172

(No.) Caldwell Sanitarium

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wanda Jean Gillespie. 179

(a) Residence. No. Homedale St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed or Divorced (write the word): .....

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Aug 20

7. AGE: Years 6 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sunnyslope (State or country) California

FATHER

13. NAME Harold Gillespie

14. BIRTHPLACE (city or town) [illegible] (State or country) California

MOTHER

15. MAIDEN NAME Mary Arant

16. BIRTHPLACE (city or town) Butte (State or country) California

17. INFORMANT [illegible] Emmett Idaho (Address)

18. BURIAL, CREMATION OR REMOVAL Walden Cem Date 12/31 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell Ida

20. FILED 1/5 1937 T. Edmund Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1936 to ....., 193..

I last saw h[illegible] alive on Dec 29, 1936; death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2nd Degree burn 75% of body surface burned.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 29 1936

Where did injury occur? Homedale (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury Caught clothing by fire.

Nature of injury Burns on hands & body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Coon

(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101816

Registration District No. 1

Primary Registration District No. 2005

Local Registrar's No. 173

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Leroy Don Morrow

(a) Residence. No. Wilder Ida St. 107

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 14 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Ida

MOTHER

13. NAME F. L. Morrow

14. BIRTHPLACE (city or town) (State or country) Canyon Co Idaho

FATHER

15. MAIDEN NAME Pearl Carter

16. BIRTHPLACE (city or town) (State or country) Elsie Nebraska

17. INFORMANT (Address) F. L. Morrow Wilder Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 12/30 1936

19. UNDERTAKER (Address) E. V. Rockhill Caldwell Ida

20. FILED 1/5 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Dec 29, 1936

I last saw him alive on Dec 28, 1936 and death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	Dec 27-36
Influenza	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm B. Hanford, M. D.

(Address) Caldwell Ida

74a

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Caldwell-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101821

Registration District No. 1
Primary Registration District No. 1005 Local Registrar's No. 178
(No. Memorial Park Hosp-)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Florence Anne Galloway

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of H. M. Galloway.

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 74 | Months | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Liberty (State or country) Mo-

MOTHER
13. NAME Eliza Stepp
14. BIRTHPLACE (city or town) (State or country) Mo-
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Harry Galloway Preston Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date ....., 193..

19. UNDERTAKER Paul L. Cagle
(Address) Caldwell Ida

20. FILED 1-9, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/29/36, 193.., to 12/31/36, 193..
I last saw h.. alive on 12/30/36, 193..: death is said to have occurred on the date stated above, at 7:a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/30/36
Other contributory causes of importance: Chronic Myocarditis	2

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....
(Signed) A. C. Reuberry M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou.

City of Soda Springs, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101823

Registration District No. 82

Rec'd JAN 4 37 Primary Registration District No. 2159

Local Registrar's No. 45

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Franklin Abel Butterfield

(a) Residence. No. Chesterfield, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeemmia Butterfield

6. DATE OF BIRTH (month, day, and year) March 21st 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah.

FATHER

13. NAME Jacob Butterfield

14. BIRTHPLACE (city or town) Nauvoo, Ill.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Evans

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Kennelsee Butterfield
(Address) Chesterfield, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Murray, Utah Date Dec. 24th, 1936

19. UNDERTAKER E. D. Whitman
(Address) Soda Springs, Idaho.

20. FILED 12/20/36, 193... Dr Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 193 6, to Dec. 20th, 193 6

I last saw him alive on 12/20/36, 193...: death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Double Lobar	
12/10/36	
Other contributory causes of importance: Hypertrophy of Prostrate	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Rackley Eckley, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of CARIBOU
City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101824

REC'D JAN 4 '37

Registration District No. 82
Primary Registration District No. 2159
Local Registrar's No. 46

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME FREDERICK SMART

74

(a) Residence. No. Soda Springs, Idaho. St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ESTER SMART

6. DATE OF BIRTH (month, day, and year) May 6th, 1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranch Forman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) May 1st 1936
11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Smithfield, Utah

FATHER
13. NAME Abel Smart
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Sarah Gittens
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Floyd Smart
(Address) Soda Springs, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs, Idaho Date 12/24, 1936

19. UNDERTAKER C. L. Whitman
(Address) Soda Springs, Ida.

20. FILED 12/22/, 1936 D. Russell Tigert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/21/1936

22. I HEREBY CERTIFY, That I attended deceased from April 25/, 1936, to 12/21/36, 1936
I last saw him alive on 12/21/36, 1936: death is said to have occurred on the date stated above, at 11.45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebeal Hemorhage	
Other contributory causes of importance: None	

0
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 1936
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Ellis Hackley Ellis Hackley, M. D.
(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

DEC 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101825

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 114

(No. Cottage Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William James Behr

(a) Residence. No. Declo St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

161

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 31 1934

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
—	—	2 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ✓

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley Idaho
(State or country)

FATHER

13. NAME Lewis Behr

14. BIRTHPLACE (city or town) Lake View Oregon
(State or country)

MOTHER

15. MAIDEN NAME Lydia Schbrgman

16. BIRTHPLACE (city or town) Kanipinnia Idaho
(State or country)

17. INFORMANT Lewis Behr
(Address) Declo Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 11-3-, 1936

19. UNDERTAKER H. E. Johnson Mortuary
(Address) Vern McCulloch

20. FILED 11-3-, 1936 Laura B. Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1936, to 11-2, 1936,
I last saw him alive on 11-2, 1936; death is said to have occurred on the date stated above, at 2:45 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Intracranial Birth Injury	10-31-36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. A. Forbush, M. D.

(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101826

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 118

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Bateman 161a

(a) Residence. No. 541 - N. Elba Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 18 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER
13. NAME Herbert G Bateman
14. BIRTHPLACE (city or town) (State or country) Alberta Canada

MOTHER
15. MAIDEN NAME Hermis Castleberry
16. BIRTHPLACE (city or town) (State or country) Logan Utah

17. INFORMANT (Address) Herbert G Bateman 541 - N Elba Ave

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 11 - 19 1936

19. UNDERTAKER (Address) H. S. Rupp Burley Idaho

20. FILED Dec 7, 1936 Lawrence Sprague Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11 - 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1936, to Nov 18 - 1936
I last saw her alive on Nov 15, 1936: death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. S. Rupp, M. D.
(Address) Burley Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Ririe

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101827

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 121

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jas B. Alexander

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Dudley Mass

FATHER

13. NAME John Alexander
14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Bashwell
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Owen Johnson Ririe
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Ririe Date 11-29, 1936

19. UNDERTAKER [illegible] Sharpe
(Address) Burley Idaho

20. FILED Nov 24, 1936 Laura E. Stocker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1936, to 11-25-, 1936
I last saw him alive on 11-24, 1936: death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] Sharpe, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101828

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 122

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

118

2. FULL NAME Wayne A. Mussel

(a) Residence. No. Burley St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Mar 31 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Burley (State or country) Ida.

FATHER

13. NAME Orval A. Mussel

14. BIRTHPLACE (city or town) Burley (State or country) Ida.

MOTHER

15. MAIDEN NAME Florence Mumm

16. BIRTHPLACE (city or town) Burley (State or country) Ida.

17. INFORMANT Orval Mussel (Address) Burley

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 11-29, 1936

19. UNDERTAKER C. A. Payne (Address) Burley

20. FILED Nov 27, 1936 Laura D. Thacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Nov 25, 1936

I last saw him alive on Nov 25, 1936; death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 20

Other contributory causes of importance:

Paralysis Sleep.	Nov 25
Nurs	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh L. Dean M. D.

(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101829

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 123

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Rosina Pershusnick

(a) Residence. No. Burley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Pershusnick

6. DATE OF BIRTH (month, day, and year) Nov. 29 - 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Check Schlesvig

FATHER
13. NAME Martin Ramen
14. BIRTHPLACE (city or town) (State or country) Check Schlesvig

MOTHER
15. MAIDEN NAME Agatha
16. BIRTHPLACE (city or town) (State or country) Check Schlesvig

17. INFORMANT (Address) Mrs Pershusnick Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12-11, 1936

19. UNDERTAKER C.S. Payne
(Address) Burley

20. FILED 12-10, 1936 Laura H. Spoecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1936

22. I HEREBY CERTIFY, That I attended deceased from October 15-36, 1936, to Dec 9, 1936
I last saw her alive on Nov 20, 1936: death is said to have occurred on the date stated above, at 2 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-9-36
Other contributory causes of importance:	
Coronary Disease	Years

Name of operation None Date of .....
What test confirmed diagnosis? No Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Chas N Gallagher, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101830

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 124

JAN 12 1937

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma Claire Mercer

(a) Residence. No. Oakley, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1916

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Magrath, Canada

FATHER

13. NAME Jared A. Mercer

14. BIRTHPLACE (city or town) (State or country) American Fork, Utah

MOTHER

15. MAIDEN NAME Annie Millard

16. BIRTHPLACE (city or town) (State or country) Oakley, Idaho

17. INFORMANT Jared Mercer
(Address) Oakley Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Oakley, Idaho Date Dec. 14, 1936

19. UNDERTAKER Joseph P. Payne
(Address)

20. FILED Dec 12, 1936 Laura I. Smeaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1936, to Dec. 11, 1936

I last saw her alive on Dec. 10, 1936: death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance: Infantile Paralysis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Oakley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Declo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101831

Registration District [redacted] 117

JAN 11 [illegible]

Primary Registration District No. 2196

Local Registrar's No. 125

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Robert Gibson

(a) Residence. No. Declo - Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hazel Anderson Gibson

6. DATE OF BIRTH (month, day, and year) Oct. 14 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (mo. and yr.) 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Grantsville (State or country) Utah

FATHER

13. NAME John Robert Gibson

14. BIRTHPLACE (city or town) ..... (State or country) England

MOTHER

15. MAIDEN NAME Sophia Williams

16. BIRTHPLACE (city or town) ..... (State or country) England

17. INFORMANT Hazel A. Gibson (Address) Declo - Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Declo - Cem Date 12- [illegible] 6

19. UNDERTAKER P.E. Johnson Mor[illegible] (Address) Verda Phone Burbank

20. FILED 11-30-, 193 6 Laura G Procher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29-1936

22. I HEREBY CERTIFY, That I attended deceased from June, 193 0, to Nov 29, 193 6.

Last saw h[illegible] alive on Nov 29, 193 6: death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 21
Other contributory causes of importance:	
Cerebral Hemorrhage	June 1930

Name of operation Non Date of .....

What test confirmed diagnosis? Dr[illegible] Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh S Brown, M.D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101832

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 126

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Francis Washburn 50

(a) Residence. No. Oakley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry K. Washburn

6. DATE OF BIRTH (month, day, and year) Sept 11 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerome Jerome Co. Kansas

FATHER

13. NAME S. W. Miller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Wahl

16. BIRTHPLACE (city or town) (State or country) Kansas Kansas

17. INFORMANT Harry K. Washburn
(Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 12-4- 193 6

19. UNDERTAKER L. E. Johnson Mortuary
(Address) Ivan McCulloch

20. FILED 12-7- 193 6 Laura G Spraches
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-1-1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936, to Dec 1 1936
I last saw h[illegible] alive on Nov 28 1936: death is said to have occurred on the date stated above, at 9 I A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Eye neck and face	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. E. Johnson, M. D.
(Address) Oakley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101833

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 127

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bonetta Millard

(a) Residence. No. Viers District-R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 3-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Burley Idaho

FATHER

13. NAME David S. Millard

14. BIRTHPLACE (city or town) (State or country) Uintah Utah

MOTHER

15. MAIDEN NAME Anna K. Hansen

16. BIRTHPLACE (city or town) (State or country) Brigham City Utah

17. INFORMANT David S. Millard
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 12-14-, 1936

19. UNDERTAKER P.E. Johnson Mortuary
(Address) Verda B. McCulloch

20. FILED 12-6-, 1936 Laura D Spackel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-5-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 5, 1936
I last saw her alive on Dec 5, 1936: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	Dec 1 - 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. L. E. Dehlin M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101834

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 129

JAN 11 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Jane Fadge

(a) Residence. No. Burley Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 22 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

FATHER

13. NAME Calvin B Fadge

14. BIRTHPLACE (city or town) Eureka
(State or country) Utah

MOTHER

15. MAIDEN NAME Myrtle L Pierce

16. BIRTHPLACE (city or town) Rock Springs
(State or country) Wyoming

17. INFORMANT Calvin B Fadge
(Address) Burley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 12-13-1936

19. UNDERTAKER P E Johnson Mortuary
(Address) Wendy B. McCulloch

20. FILED 12-11-1936 Laura I Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9-1936

22. I HEREBY CERTIFY, That I attended deceased from Prior, 193..., to Prior, 193...
I last saw him alive on Dec 9, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Pneumonia	12-8-36
Other contributory causes of importance:	
Arteriosclerosis	Prior to 36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ..., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101835

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 130

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Solomon P. Worthington

(a) Residence. No. Oakley - Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Gertrude M. Worthington

6. DATE OF BIRTH (month, day, and year) Dec. 18 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gov. Farm Loans
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov.
10. Date deceased last worked at this occupation (mo. and yr.) Sept. 36
11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Grantsville Utah

FATHER
13. NAME Samuel Worthington
14. BIRTHPLACE (city or town) (State or country) U. S. A.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT (Address) Gertrude M. Worthington Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 12-17-, 1936

19. UNDERTAKER (Address) P. C. Johnson Mortuary Vesh B. McCullough

20. FILED 12-15-, 1936 Laura D. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-14 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept. 8~~, 1936, to Dec. 13, 1936
I last saw ~~him~~ alive on Dec. 13, 1936: death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina - pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) ~~fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. D. Sutton, M. D.
(Address) Oakley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101836

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 131

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma La Vern Mitton

(a) Residence. No. Oakley Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto L. Mitton

6. DATE OF BIRTH (month, day, and year) April 22 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 12-1-36

11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) (State or country) Bassett Idaho

FATHER

13. NAME Henry Crofts

14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER

15. MAIDEN NAME Lola Pribbs

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT (Address) Otto L. Mitton Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Ida. Date 12-18-, 1936

19. UNDERTAKER R. E. Johnson Mortuary
(Address) Vern McCulloch

20. FILED 12-17-, 1936 Laura G Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936 to Dec 15, 1936
I last saw her alive on Dec 15, 1936: death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. D. Sutton, M. D.
(Address) Oakley, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101837

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 132

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank M. Moench

(a) Residence. No. Clarkston Washington St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Ada Moench

6. DATE OF BIRTH (month, day, and year) July 22 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines
10. Date deceased last worked at this occupation (mo. and yr.) 12-17-36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Ogden
(State or country) Utah

FATHER
13. NAME Louis Moench
14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER
15. MAIDEN NAME Ruthindi Hill
16. BIRTHPLACE (city or town)
(State or country) U. S. A.

17. INFORMANT Ada Moench
(Address) Clarkston Washington

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 12-22-, 1936

19. UNDERTAKER L. E. Johnson Mortuary
(Address) Jerry B. McCulloch

20. FILED 12-19-, 1936 Laura G. Brocher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936, to Dec 17, 1936
I last saw him alive on Dec 17, 1936: death is said to have occurred on the date stated above, at 11:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Dec 17 1936
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, Dec 17, 1936
Where did injury occur? Cassia Co
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Auto Accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lloyd E. Dean, M. D.
(Address) Burley

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

RECEIVED
JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101838

Registration District No. 167
Primary Registration District No. 2196
Local Registrar's No. 133

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Ed Madry

(a) Residence. No. 633 North Yale St. Burley
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. / mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Alma Madry

6. DATE OF BIRTH (month, day, and year) May-31-1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beets - Potatoes
10. Date deceased last worked at this occupation (mo. and yr.) 12/21/36
11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Brinkham
(State or country) Texas

FATHER
13. NAME Ed Madry
14. BIRTHPLACE (city or town) ——
(State or country) Miss.

MOTHER
15. MAIDEN NAME —— Marshall
16. BIRTHPLACE (city or town) ——
(State or country) Texas

17. INFORMANT Alma Madry
(Address) 633 N. Yale Ave

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date 12/8/, 1936

19. UNDERTAKER L. E. Johnson Mortuary
(Address) Vern B. McCulloch

20. FILED 12-24, 1936 Laura D. Procter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1936, to 12-22-, 1936
I last saw him alive on 12-21, 1936: death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) G. Gospe, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101839

Registration District No. 117
Primary Registration District No. 2196
Local Registrar's No. 135

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lidia Mary Rios 35

(a) Residence. No. 237 W 4th South St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 8th 1912

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wasmuasin
(State or country) Iowa

FATHER

13. NAME David D. Rios
14. BIRTHPLACE (city or town) Pueblo Dakota
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Knoblock
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT David D. Rios
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Cem. Date Dec 28, 1936

19. UNDERTAKER Jos. P Payne.
(Address)

20. FILED 12-27, 1936 Laura D Sprecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1936, to 12-26, 1936
I last saw her alive on 12-26, 1936: death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Bone	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas R Tebbs, M. D.
(Address) Burley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Albion

JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101841

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilbert Carral La Rue

(a) Residence. No. Albion St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Rosa B. La Rue

6. DATE OF BIRTH (month, day, and year) Dec. 29-1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Bldg. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Horace La Rue

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Catherine Griffin

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Rosa B. La Rue
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Albion Ida, Date 12-18-, 1936

19. UNDERTAKER L. E. Johnson Mortuary
(Address) Verd B. McCulloch

20. FILED 12-10-, 1936 L. S. Slater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Dec 8, 1936

I last saw him alive on Dec 8, 1936.; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Nov 1, 36
Other contributory causes of importance: Kidney Stone	Nov 15 1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. S. Slater, M. D.

(Address) Albion, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clark

City of Dubois

REC'D JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101842

Registration District No. 125

Primary Registration District No. 2203 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Butler Allen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline A. Allen

6. DATE OF BIRTH (month, day, and year) January 4, 1875

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Rancher & Stockman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Self employed

10. Date deceased last worked at this occupation (mo. and yr.) Dec. '36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Canyon City Colorado

FATHER

13. NAME B. F. Allen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Euretta Butler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Caroline A. Allen Dubois, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Dubois Ida. Date Dec. 30, 1936

19. UNDERTAKER (Address) O. Bruce

20. FILED Dec 29, 1936 E. Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to Dec 28, 1936.
I last saw him alive on Dec 28 1936, death is said to have occurred on the date stated above, at 11:45PM
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other **contributory causes** of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Spencer M. D.
(Address) by W. R. Abbott M.D. Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater.
City of Ahsahka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101843

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 150
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 1 1937

2. FULL NAME Ada Evelyn West 129
(a) Residence. No. St. Ahsahka
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14-1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ahsahka Ida
(State or country)

FATHER
13. NAME James West
14. BIRTHPLACE (city or town) Moscow Ida
(State or country)

MOTHER
15. MAIDEN NAME Hazel Butler
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT James West
(Address) Ahsahka Ida

18. BURIAL, CREMATION OR REMOVAL
Place Ahsahka Ida Date 12-4 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Idaho

20. FILED 12/4, 1936 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-3 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to Dec. 3, 1936.
I last saw h[illegible] alive on Dec 3, 1936: death is said to have occurred on the date stated above, at 5:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	Nov 15 1936
Chronic pleurisy	1933
Other contributory causes of importance: Edema Lungs	Dec 3, 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Orofino, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

RECEIVED

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101844

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 151

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lida Gay Smith

(a) Residence. No. St. Orofino Ida R 720
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): July 17 1936

7. AGE: Years | Months: 5 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Baby

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Orofino Ida

FATHER

13. NAME: Edward Smith

14. BIRTHPLACE (city or town) (State or country): So Dak

MOTHER

15. MAIDEN NAME: Lydia Newman

16. BIRTHPLACE (city or town) (State or country): No Dak

17. INFORMANT (Address): Edward Smith Orofino

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Date 1/7, 1936

19. UNDERTAKER (Address): V. A. Shaw Orofino

20. FILED 1/7, 1936. V. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec. 5, 1936.

I last saw her alive on Dec. 4, 1936.: death is said to have occurred on the date stated above, at 2. a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Influenza	

Other **contributory causes** of importance:

Name of operation: ~ Date of: ~

What test confirmed diagnosis?: ~. Was there an autopsy? ~

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?: ~. Date of injury .., 193.

Where did injury occur?: ~
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury: ~

Nature of injury: ~

24. Was disease or injury in any way related to occupation of deceased?: ... If so, specify.

(Signed) M. D. Troyer, M. D.

(Address) Orofino, Idaho.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101845

Registration District No. 90

Primary Registration District No. 2167 Local Registrar's No. 152

(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alex Keto

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER FATHER

13. NAME UNknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Orofino Hosp Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date Dec 10, 1936

19. UNDERTAKER W.A. Shaw
(Address) Orofino

20. FILED 12/9, 1936. W.A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1936, to 12-8, 1936

I last saw him alive on 12-8, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	unknown
influenzal type	

Other **contributory causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? No Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O.B. Pappenhagen, M. D.

(Address) .....

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Weippe

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 90

Primary Registration District No. 2187

DO NOT WRITE IN THIS SPACE

State File No. 101846

Local Registrar's No. 154

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vergina C. Long

(a) Residence. No. ..... St. Weippe Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas Long

6. DATE OF BIRTH (month, day, and year) April 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	77	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virgina
(State or country)

FATHER

13. NAME John Teter

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME L. Swanesn

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Chas. C. Long
(Address) Weippe

18. BURIAL, CREMATION OR REMOVAL
Place Weippe Ida Date Dec 12 1936

19. UNDERTAKER W. A. Shaw
(Address) Orofino

20. FILED 1/7/37, 1936. W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1933., to Dec 10., 1936.
I last saw h[illegible] alive on March 17 1936: death is said to have occurred on the date stated above, at 6.30 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	1929
and Myocardial	
Degeneration	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harlan P. Kahler, M. D.
(Address) Orofino

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101847

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 155

(No. Orofino Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Crowe

(a) Residence. No. ..... St. .....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
appox 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER/FATHER

13. NAME Louie Crowe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Sullivan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Nick Crowe Kenwood Wn

18. BURIAL, CREMATION OR REMOVAL

Place Lyle Cem Date Dec 16 1936

19. UNDERTAKER (Address) V. A. Shogren Orofino

20. FILED 12/17, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 13, 1936.

I last saw him alive on Dec 13 1936: death is said to have occurred on the date stated above, at 6:30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforation of lung	Dec 5
Emphysema of	Dec 5
chest wall	
Edema of lungs	Dec 12
Other **contributory causes** of importance:	
Fractured rib	Dec 5 1936

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 1936

Where did injury occur? Clearwater County

(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Place

Manner of injury Auto accident

Nature of injury Fractured rib, punctured

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) P. J. Hoffmann M. D.

(Address) Orofino, Idaho

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101848

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 156

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Kohnke

(a) Residence. No. Orofino Idaho St. 57 yrs

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Kohnke

6. DATE OF BIRTH (month, day and year) Feb 26 1864

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
72	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lafurdon Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) W. A. Brannan Adams Oregon

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Date 12/15, 1936

19. UNDERTAKER (Address) W. A. Shaw Orofino

20. FILED 12/14, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1936, to Dec. 12th, 1936.

I last saw him alive on Dec. 11, 1936.; death is said to have occurred on the date stated above, at 10 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Influenza	
Other **contributory causes** of importance:	
Cardiac insufficiency	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? — Was there an autopsy? ✓

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ✓

(Signed) Melvin J. Troup, M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101849

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 157
(No. Caldwell Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Laura L. Hart

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy L. Hart

6. DATE OF BIRTH (month, day, and year) Mar 10 - 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER
13. NAME Frank George
14. BIRTHPLACE (city or town) (State or country) Idaho

MOTHER
15. MAIDEN NAME Edna Garnet
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Guy L. Hart
(Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Ida Date 12-15, 1936

19. UNDERTAKER Caldwell Mortuary
(Address) Caldwell Idaho

20. FILED 12/14, 1936 W. A. Oliver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1936, to 12-12, 1936
I last saw her alive on 12-12-, 1936; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12-12-36
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 193—
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —
(Signed) A. B. Pappenheimer, M. D.
(Address) Caldwell Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101850

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 155

(No. Orofino Hosp.) 1012
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Moody

(a) Residence. No. St. Ahsahka Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Moody

6. DATE OF BIRTH (month, day, and year): Oct unknown 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ahsahka Idaho

FATHER
13. NAME: James Moody
14. BIRTHPLACE (city or town) (State or country): Idaho

MOTHER
15. MAIDEN NAME: Lydia Davis
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT: Mary Moody (Address) Orofino Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Ahsahka Ida Date 12-12, 1936

19. UNDERTAKER: Orofino Mortuary (Address) Orofino Ida.

20. FILED 12/14, 1936 W. A. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936, to 12-10, 1936

I last saw h[illegible] alive on 12-9, 1936: death is said to have occurred on the date stated above, at 3 Am. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	11-15-36
Other contributory causes of importance:	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) N. B. Bacon M. D.
(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Oraline

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101851

Registration District No.
Primary Registration District No.
Local Registrar's No. 159
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

31

2. FULL NAME Verdella Thomas

(a) Residence. No.
(Usual place of abode) St. Caldwell - Idaho.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? -yrs. -mos. ✓ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E. Thomas

6. DATE OF BIRTH (month, day, and year) April 15, 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Litchfield
(State or country) Nebraska

FATHER
13. NAME Henry Beck
14. BIRTHPLACE (city or town) Ogden
(State or country) Iowa

MOTHER
15. MAIDEN NAME Mary F. Wilson
16. BIRTHPLACE (city or town) Nebraska City
(State or country) Nebraska

17. INFORMANT Records State Hospital North
(Address) Oraline - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Ida Date 12/17, 1936

19. UNDERTAKER C. C. Pickerell
(Address) Caldwell Ida

20. FILED 12/15, 1936 Vada Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to Dec. 14, 1936
I last saw her alive on Dec. 14, 1936; death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Dementia praecox	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Bruce McKelway M. D.
(Address) Oraline - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101852

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 160
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Clyde Ellis

(a) Residence. No. ____ St. North Lewiston, Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 1 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? ~~yrs.~~ ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Albany (State or country) Oregon

FATHER
13. NAME James D. Ellis
14. BIRTHPLACE (city or town) Lexington (State or country) Kentucky

MOTHER
15. MAIDEN NAME Emma Margaret Schaldt
16. BIRTHPLACE (city or town) Clay Center (State or country) Kansas.

17. INFORMANT Records: State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 12/13, 1936

19. UNDERTAKER Brown-Wann Co (Address) Lewiston, Idaho.

20. FILED 12/16, 1936 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1936, to December 13, 1936
I last saw him alive on December 12, 1936: death is said to have occurred on the date stated above, at 4 hr 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	
Other contributory causes of importance:	
Psychosis with Cerebral arteriosclerosis	

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John Irvine McKelway, M. D.
(Address) Orofino - Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Greer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

90

DO NOT WRITE IN THIS SPACE
State File No. 101853

JAN 7 1937

Registration District No. 2187
Primary Registration District No. ..... Local Registrar's No. 161

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Valley

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 4-1910

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	26	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Logger
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER
13. NAME Hubert Valley
14. BIRTHPLACE (city or town) (State or country) Ida

MOTHER
15. MAIDEN NAME Marguerite Morris
16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT (Address) Samuel Granfield Elk River

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Date 1/23 1937

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 1/21 1937 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 10:50 A .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Auto Accident	12/-20 1936
Car went off Grade	
Fractured Skull	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (**violence**) fill in also the following: Accident
Accident, suicide, or homicide?..... Date of injury.., 193..
Where did injury occur? On Highway at Greer
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public Highway
Manner of injury Auto Accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. A. Shaw Jr. Right no 90 M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Clearwater
City of Orofino
JAN 7 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101854

Registration District No. 90
Primary Registration District No. 2187
Local Registrar's No. 162

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Frances D. McWhinnie

(a) Residence. No. Orofino Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orofino Idaho

FATHER
13. NAME Francis McWhinnie
14. BIRTHPLACE (city or town) (State or country) Virginia Ill

MOTHER
15. MAIDEN NAME Lorene Wallace
16. BIRTHPLACE (city or town) (State or country) Douglas Alberta Canada

17. INFORMANT Harry Wallace
(Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Ida Date 12-19, 1936

19. UNDERTAKER Orofino Mortuary
(Address) Orofino Ida

20. FILED 12/21, 1936 W. H. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Dec 18, 1936.
I last saw him alive on Dec 17, 1936: death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Dec 6 1936
Congenital Debility	

Other contributory causes of importance:
Congenital malformation heart Dgs., feet, lip

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harland P. Kahler, M. D.
(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater

City of Hatliff

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101855

Registration District No. 90

Primary Registration District No. 2187 Local Registrar's No. 163

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herbert Lee Ratliff

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, and year) May 1- 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or .... min.
	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farm Baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Ida (State or country)

FATHER

13. NAME Lem Ratliff

14. BIRTHPLACE (city or town) Ida (State or country)

MOTHER

15. MAIDEN NAME M McIntosh

16. BIRTHPLACE (city or town) .... (State or country) Utah

17. INFORMANT L. Ratliff (Address) Hatliff

18. BURIAL, CREMATION OR REMOVAL

Place Hatliff Date Dec 24 1936

19. UNDERTAKER H. A. Shaw (Address) Orofino

20. FILED 12/24/36, 1936. H. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from ...., 193...., to ...., 193....

I last saw him alive on ...., 193.... death is said to have occurred on the date stated above, at 6.30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	3 days
Other **contributory causes** of importance:	
Cold	2 weeks

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? yes

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..., 193.

Where did injury occur? ....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) T. B. Pappenhagen M. D.

(Address) Orofino Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Clearwater

City of Orofino

(If outside limits of city or town, give township)

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101856

Registration District No. 90

Primary Registration District No. 2157 Local Registrar's No. 164

(No. Orofino Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

68

2. FULL NAME Dana Earle

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 6 - 1849

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
about 87	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Orofino Hosp. Orofino

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Date 1/23 1937

19. UNDERTAKER V. A. Shaw
(Address) Orofino

20. FILED 1/23 1937 V. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Dec. 22, 1936

I last saw him alive on 12/21, 1936; death is said to have occurred on the date stated above, at 4 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Unknown
Other **contributory causes** of importance: Acute bronchitis	Dec 5, 1936

Name of operation. None Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) P. J. Hopkins M. D.

(Address) Orofino Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Orofino

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101857

Registration District No. 90

Primary Registration District No. 2167

Local Registrar's No. 165

(No. 1110 W)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lettie Shriner

(a) Residence. No. ..... St. Orofino Ida

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Carpenter

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME William Shriner

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lina Sager

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Ralph Shriner (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL

Place Orofino Ida Date Jan 27, 1936

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 1/26, 1936. W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 193.6, to Dec. 25, 193.6.

I last saw h... alive on Dec. 25, 193.6: death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	Nov. 24 1936
Other **contributory causes** of importance: Peritonitis	Nov. 25, 1936

Name of operation Laparotomy. Date of. 11/25/36

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. J. Hopkins M. D.

(Address) Orofino, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101858

Registration District No. 90
Primary Registration District No. 2157 Local Registrar's No. 166
(No. State Hospital North)
(If death occurred in a hospital or institution, give its name instead of street and number)

38

2. FULL NAME Frank Sanderson,
(a) Residence. No. St. Bovill - Idaho.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 4 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Sanderson

6. DATE OF BIRTH (month, day, and year) January 9. 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Palouse (State or country) Washington

FATHER
13. NAME Charley Sanderson
14. BIRTHPLACE (city or town) Pennsylvania (State or country)

MOTHER
15. MAIDEN NAME Charlotte White
16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Records State Hospital North (Address) Orofino - Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Jan 1, 193 7

19. UNDERTAKER A. Earl Alden (Address) Troy Idaho

20. FILED 12/31, 193 6 W. A. Shaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 30 193 6

22. I HEREBY CERTIFY, That I attended deceased from April 1, 193 4, to December 30, 193 6
I last saw him alive on December 29 193 6: death is said to have occurred on the date stated above, at 2:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane.	
Other contributory causes of importance: Syphilis	

Name of operation None Date of
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John Irvine McKelvey, M. D.
(Address) Orofino - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Pierce

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101859

Registration District No. 90
Primary Registration District No. 2187 Local Registrar's No. 167
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Theadore Johnson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberjack
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods work
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wayne Henry (Address) Orofino Idaho
18. BURIAL, CREMATION OR REMOVAL Place Orofino Ida. Date Jan 2, 1937
19. UNDERTAKER Orofino Mortuary (Address) Orofino Idaho
20. FILED 1/5/37, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193..: death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Wayne Henry Coroner M. D.
(Address) Orofino Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 101861

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Custer
City of Leslie
DEC 29 1936 RECEIVED
Registration District No. 76
Primary Registration District No. 215 3
Local Registrar's No. 210
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME William Franklin Miles

(a) Residence. No. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	American	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosetta Curtis C

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 years	9	15	14 hours

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fountenguen Utah

PARENTS

10. NAME OF FATHER William Marks Miles
11. BIRTHPLACE OF FATHER (city or town) (State or Country) attica N.Y.
12. MAIDEN NAME OF MOTHER Martha Jane Curtis
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Quincy Ill

14. Informant (Address) Elizabeth Wells Miles Leslie Idaho

15. Filed Dec 29, 1936 Rose M. Thibodeau Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 18 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, to Nov. 18, 1936
that I last saw him alive on Nov. 17, 1936
and that death occurred, on the date stated above, at 2 P. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. A. B. [illegible], M. D.
Nov. 20, 1936 (Address) Mackay Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Leslie Idaho	11/21 1936
20. Undertaker W. L. Mauel	Address Arco

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Mackay

DEC 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 76

Primary Registration District No. 2153

DO NOT WRITE IN THIS SPACE

State File No. 101862

Local Registrar's No. 211

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

90

2. FULL NAME Lemmil Branstetter

(a) Residence. No. mackay -daho St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
m	W	divoced

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of divorced

6. DATE OF BIRTH (month, day, and year) Dec 31-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Wartdin, Mo.

FATHER

13. NAME Adam Branstetter

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Lauretta Metz

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMENT (Address) A. Vaught acka, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place mackay, daho Date Nov. 24 1936

19. UNDERTAKER (Address) W. S. Marvel Arco, Idaho

20. FILED Dec. 29, 1936 Rose N. Shibodeau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1936, to 11/17/36, 1936

I last saw him alive on 11/17/36, 1936: death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation,	
acute	11/17/36
Other contributory causes of importance:	
Chronic Endocarditis	Several years

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. P. Richards, M. D.

(Address) Mackay, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore.
City of Glenns Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101864

Registration District No. 35
Primary Registration District No. 2021 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Sundleaf. 88 15

(a) Residence. No. Glenns Ferry St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Sundleaf.
6. DATE OF BIRTH (month, day, and year): 9-27-1860
7. AGE: Years 76 | Months 2 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER
13. NAME: Sundleaf.
14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT (Address): Maria Sundleaf. Glenns Ferry Ida.
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~: Place Glenns Ferry Id. Date 12-23 1936
19. UNDERTAKER (Address): Zachau Funeral Home Mountain Home Ida
20. FILED 12-23, 1936. Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-20 1936
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934 to Dec 20, 1936
I last saw h alive on Dec 19, 1936: death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1933
Myocarditis	1933
Embolus of right femoral artery	12-19-36
Other contributory causes of importance: Arteriosclerosis	1918

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) John W. Davis, M. D.
(Address) Glenns Ferry Ida.

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 36

Primary Registration District No. 2021

DO NOT WRITE IN THIS SPACE

State File No. 101865

Local Registrar's No. 0

(No. 100)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Nishizaki

(a) Residence. No. Glenns Ferry St. Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Japanese	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-24-1931

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
5	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenns Ferry Idaho

FATHER

13. NAME Yokichi Nishizaki

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Sumida

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT (Address) Yokichi Nishizaki Glenns Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Glenns Ferry Idaho Date 12-30 1936

19. UNDERTAKER Zacher Funeral Home (Address) Mountain Home, Ida

20. FILED 12-23, 1936. Mary Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Dec 28, 1936

I last saw him alive on 12-28-36 1936: death is said to have occurred on the date stated above, at 11.55 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other **contributory causes** of importance:	
Mongolian idiocy	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... No .....

(Signed) Houston E. Snyder M. D.

(Address) Glenns Ferry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Elmore

City of Glenns Ferry

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101866

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eli Wesley Slade

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 16 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie L. Slade

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Dec 31-36

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Pisgah Miss

FATHER

13. NAME Usher Slade

14. BIRTHPLACE (city or town) (State or country) Kentuckey

MOTHER

15. MAIDEN NAME Adeline Bibbon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mattie Slade Glenns Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canton Miss Date Jan 7 193 6

19. UNDERTAKER Zachary Funeral Home
(Address) Mt Home Idaho

20. FILED 1-11-37 193 Mary Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 193 6

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193....: death is said to have occurred on the date stated above, at about 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in automobile	
apparent heart failure.	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Phil J Green Coroner, M. D.

(Address) Glenns Ferry Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore.
City of Mtn. Home.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101867

Registration District No. 34
Primary Registration District No. 2020
Local Registrar's No. 29

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Pearl Gallagher

(a) Residence. No. Broderick, Cal St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of William Gallagher

6. DATE OF BIRTH (month, day, and year) 4-11-1906

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
30	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Miltonville (State or country) Kansas

FATHER
13. NAME Marion Shroyer
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Gallagher (Address) Broderick, Cal.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Mtn. Home Cem. Date 10-30 1936

19. UNDERTAKER Gooding Funeral Home (Address) Mtn. Home, Ida.

20. FILED 11-13, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1936, to 10-27, 1936
I last saw ~~her~~ alive on 10-27, 1936; death is said to have occurred on the date stated above, at 7:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M.D.
(Address) Mtn. Home, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

JAN 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101868

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elden Daley

(a) Residence. No. Preston, Idaho St. 159 E

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): November 2, 1936

7. AGE: Years | Months: 1 | Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: baby

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fremonto Utah

FATHER

13. NAME: Virgil H. Daley

14. BIRTHPLACE (city or town) (State or country): Ogden Utah

MOTHER

15. MAIDEN NAME: Angie May Cox

16. BIRTHPLACE (city or town) (State or country): Pocatello Idaho

17. INFORMANT (Address): Virgil H. Daley Preston Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Preston Date 12-4, 1936

19. UNDERTAKER (Address)

20. FILED Jan. 8, 1937 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1936, to 12-2, 1936.

I last saw he alive on 12-1, 1936: death is said to have occurred on the date stated above, at 9:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	11-2-36
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? PM Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home,** or in **public place.**

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. R. Cutler M. D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101869

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 31

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Jane Clayton

(a) Residence. No. Preston Idaho St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. 30 yrs. mos. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Clayton Idaho

6. DATE OF BIRTH (month, day, and year) Mar 22 1848

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
88	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** NONE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Of Late

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME George Whealer

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOW

17. INFORMANT (Address) Mrs. Geo Peterson Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Dec 5 1936

19. UNDERTAKER (Address) M. Hendridks Preston Idaho

20. FILED Jan 8, 1937 G. W. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 2, 1936.

I last saw her alive on Dec 1, 1936; death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/1-36

Other ~~contributory~~ causes of importance:

Senility Long Standing	

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?..

~~23.~~ If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. W. Staley, M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Whitney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101870

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 32

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Genieve Swainston

(a) Residence. No. Whitney Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Oct 7 1933

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	3	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Whitney (State or country)

FATHER

13. NAME Theron L. Swainston

14. BIRTHPLACE (city or town) Whitney (State or country)

MOTHER

15. MAIDEN NAME Fern Hawks

16. BIRTHPLACE (city or town) Idaho Falls Idaho (State or country)

17. INFORMANT Theron L. Swainston (Address) Whitney Idaho

18. BURIAL, CREMATION OR REMOVAL Place Whitney Idaho Date Dec 11 6, 193..

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 8, 193 7 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 193 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 10, 1936

I last saw her alive on Dec 10, 193 6; death is said to have occurred on the date stated above, at 2 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12-6-36
& Ludwiga Angina	12-5-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. R. Hendricks M. D.

(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101871

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 33

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alma L Jensen

(a) Residence. No. Dayton Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Jensen

6. DATE OF BIRTH (month, day, and year) July 4 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mendon Utah

MOTHER/FATHER

13. NAME Ole Andrew Jensen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Annie Marie Larsen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Mrs. Katherina Jensen Dayton Idaho

18. BURIAL, CREMATION OR REMOVAL Place Clarkston Utah Date Dec 11, 193 36

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED Jan 8, 193 7 G. W. Stales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 193 36

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 193 6, to 12-8-, 193 6.

I last saw h/M alive on 12-8, 193 6: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-25-36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) C. W. Cobler, M. D.

(Address) Clarkston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101872

Registration District No. 27
Primary Registration District No. 2119 Local Registrar's No. 34

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Herminia Taylor

(a) Residence. No. Winder Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Taylor

6. DATE OF BIRTH (month, day, and year) Sept 25 1875

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
51	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) NewZealand

FATHER
13. NAME George R Franklin
14. BIRTHPLACE (city or town) (State or country) NewZealand

MOTHER
15. MAIDEN NAME Agnus Gunderson
16. BIRTHPLACE (city or town) (State or country) Newzealand

17. INFORMANT Roberta Taylor
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Dec 4 36

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Jan 8, 1937 G. W. Staples Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from H-30, 1936 to 11-30, 1936
I last saw her alive on Nov 30 1936; death is said to have occurred on the date stated above, at 1.0.P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	11-29-36
C. gangrene	
Other **contributory causes** of importance:	
Diabetes Mellitus	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? ?? Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....
(Signed) O. R. Cubler M. D.
(Address) Preston, Idaho

Utah

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101873

Registration District No. 27
Primary Registration District No. 219
Local Registrar's No. 35

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Denis Mitchel

(a) Residence. No. ....Winder.... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life yrs. ... mos ... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

100 N

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 7 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	I	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....
10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) ...Winder... (State or country) Idaho

FATHER
13. NAME Sherley Rex Mitchel
14. BIRTHPLACE (city or town) ....Vernal Ut. (State or country)

MOTHER
15. MAIDEN NAME Reba Stocks
16. BIRTHPLACE (city or town) ....Lewiston Utah (State or country)

17. INFORMANT Rex Mitchel (Address) Winder Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ....Preston Idaho.... Date Dec 13 1936

19. UNDERTAKER M. W. Hendricks (Address) Preston Id.

20. FILED Jan 8, 1937 G. W. Slates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936, to Dec 11, 1936.
I last saw him alive on Dec 10, 1936.: death is said to have occurred on the date stated above, at 6 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	Dec 8-36
Other **contributory causes** of importance:	
Acute Cold	
Bronchitis	Dec 1-36

Name of operation ....None.... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? .... Date of injury .., 193.
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) G. W. Slates M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of ~~John Marvin~~ Brown Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101874

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 36

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Marvin Browen

(a) Residence. No. Preston St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 19 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar 21 1926

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	10	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ely Nevada

FATHER

13. NAME Maralba Brown

14. BIRTHPLACE (city or town) (State or country) Preston Idaho

MOTHER

15. MAIDEN NAME Alta Hollingsworth

16. BIRTHPLACE (city or town) (State or country) Preston Idaho

17. INFORMANT (Address) Maralba Brown Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Dec 15 36, 193..

19. UNDERTAKER M. W. Hendricks
(Address) Preston

20. FILED Jan. 8., 193 7 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Killed instantly by being Crushed on Auto Accident - One innocent bystander	

Other **contributory causes** of importance:

Reckless operation of car

Name of operation none Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101875

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 38

(No. 49)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary B Merrill

(a) Residence. No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dell Merrill

6. DATE OF BIRTH (month, day, and year) Feb 9 1871

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
65	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogden Utah

FATHER

13. NAME Robert Baird

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Shooter

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Dell Merrill Preston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Preston Date Dec 16 1936

19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho

20. FILED Jan 8, 1936 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936 to Dec 13, 1936.
I last saw h4 alive on Dec 12, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	7-1-36
Other **contributory causes** of importance:	
Nodelithiasis	1920

Name of operation Cholecystectomy Date of Sept 1936
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) C. A. Cutler, M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101876

Registration District No. 27
Primary Registration District No. 2119
Local Registrar's No. 39

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane J Alder

(a) Residence. No. Preston Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred Alder

6. DATE OF BIRTH (month, day, and year) Oct 22 1894

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	42	I	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Samaria Idaho

FATHER

13. NAME David Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Emma Davis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Alfred J Alder
(Address) Preston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id. Date Dec 21 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Idaho

20. FILED 1-8, 1937 G. W. State Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Dec 17, 1936.
I last saw h[illegible] alive on Dec 18, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Rheumatic fever endocarditis	Aug 1936
Other **contributory causes** of importance:	
Acute Bronchitis	1 wk.

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....
(Signed) R. D. Wells M. D.
(Address) Preston Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101877

Registration District No. 27

Primary Registration District No. 219 Local Registrar's No. 40

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kay Goff Johnson

(a) Residence. No. Preston Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

70

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 21 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Daniel Johnson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Sarah Goff

16. BIRTHPLACE (city or town) (State or country) Elgin Orogon

17. INFORMANT (Address) Daniel Johnson Preston

18. BURIAL, CREMATION OR REMOVAL
Place Preston Idaho Date Dec 21 1936

19. UNDERTAKER (Address) M. W. Hendricks Preston Idaho

20. FILED 1-8 1937 G. W. Sales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1936, to 12-20 1936

I last saw her alive on 12-20 1936; death is said to have occurred on the date stated above, at 7:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes	12-16-36
Acute Lobar Pneumonia	
Respiratory Infection	12-12-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. R. Eastberg M. D.
(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Franklin
City of Whitney

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101878

Registration District No. 27
Primary Registration District No. 249
Local Registrar's No. 41

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mignon Benson

(a) Residence. No. Whitney Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** CHILD

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME Orvil D Benson

14. BIRTHPLACE (city or town) (State or country) Whitney Idaho

MOTHER

15. MAIDEN NAME Lourena Clayson

16. BIRTHPLACE (city or town) (State or country) American Fork Utah

17. INFORMANT Orvil D Benson
(Address) Whitney Id

18. BURIAL, CREMATION OR REMOVAL
Place Whitney Idaho Date Dec 27 1936

19. UNDERTAKER M. [illegible] Hendricks
(Address) Preston Idaho

20. FILED 1-8, 1937 G. M. Sales
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1936, to Dec 25, 1936.
I last saw her alive on Dec 25, 1936; death is said to have occurred on the date stated above, at 6 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 19 1936

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? PM Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. R. Cazier M. D.
(Address) Preston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101879

Registration District No. 27

Primary Registration District No. 2114 Local Registrar's No. #2

(No. Preston Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Virginia Bunett Roper

(a) Residence. No. Preston, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Roper

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	53	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riverton (State or country) Utah

FATHER

13. NAME Wesley Beckstead

14. BIRTHPLACE (city or town) West Jorden (State or country) Utah

MOTHER

15. MAIDEN NAME Elezibeth Jensen

16. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

17. INFORMANT Jesse Roper (Address) Preston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place preston, Idaho Date Jan. 2 7

19. UNDERTAKER M.W. Hendricks (Address) Preston, Idaho

20. FILED 1-8 193 7 G.W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 193 6 to Dec 29 193 6.

I last saw her alive on Dec 29 193 6; death is said to have occurred on the date stated above, at 9 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	12-29-36
Other **contributory causes** of importance: Carcinoma Head of Pancreas	Indef.

Name of operation Laparotomy Date of 12-29-36

What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. R. Carlisle M. D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Franklin

City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101880

Registration District No. 27

JAN 15 1937

Primary Registration District No. 2119

Local Registrar's No. 87

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sherley Wells

(a) Residence. No. Preston St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 11 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		I	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Idaho

FATHER

13. NAME J. Green Wells

14. BIRTHPLACE (city or town) (State or country) Preston Id.

MOTHER

15. MAIDEN NAME Deana Lowe

16. BIRTHPLACE (city or town) (State or country) Franklin Id.

17. INFORMANT J? Green Wells
(Address) Preston Id.

18. BURIAL, CREMATION OR REMOVAL
Place Preston Id. Date Dec 13 1936

19. UNDERTAKER M. W. Hendricks
(Address) Preston Id.

20. FILED Jan 8 1937 G. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1936 to Dec 12 1936

I last saw h~~e~~ alive on Dec 12 1936; death is said to have occurred on the date stated above, at 2 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-11-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~N~~ Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and **state**)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. R. Cutler M.D.

(Address) Preston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of St. Chester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101882

Registration District No. 99
Primary Registration District No. 2177
Local Registrar's No. 306

JAN 13 1937

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily Annie Bond

(a) Residence. No. Chester Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Stephen A. Bond

6. DATE OF BIRTH (month, day, and year) Feb 24-1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Robert Siddoway
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Emma Jackson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Stephen A. Bond
(Address) Chester Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pelon Date Dec. 20th, 1936

19. UNDERTAKER W. McHanen
(Address) St. Anthony Idaho

20. FILED 12/19, 1936 Sarah B Grant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 17 1936

22. I HEREBY CERTIFY, That I attended deceased f[illegible]
Dec 16, 1936, to Dec 17, 19[illegible]
I last saw h[illegible] alive on Dec 16, 1936. Death is
to have occurred on the date stated above, at 10:45 A.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Nicholson M.D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

JAN 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101883

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 30

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrie May Busler

(a) Residence. No. St. Anthony Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. Busler

6. DATE OF BIRTH (month, day, and year) Sept. 7 - 1877

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
59	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grand View Iowa

FATHER

13. NAME R. E. Vibbert

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Catherine Schooler

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Geo. Busler St. Anthony Ida
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Rivervieu Date 12/30, 1936

19. UNDERTAKER W. M. Hansen St. Anthony Idaho
(Address)

20. FILED 12/30, 1936. Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1936, to Dec. 27, 1936.

I last saw her alive on Dec 21 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... P. Burrell, M. D.

(Address) St. Anthony

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Sweet

JAN 7 193[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101884

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____

(No. 0 If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Merle Seetin

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

1883

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day and year) Mar 25 - 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 12/3/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ottawa Kansas

FATHER
13. NAME Thomas Seetin
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Phillips
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Oliver Seetin
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sweet Idah Date 12/8, 1936

19. UNDERTAKER C D Buckner
(Address) Emmett Idaho

20. FILED 12/8, 1936 J L Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/3 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Head crushed by a falling rock in a mine near Sweet, Idaho	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in~~ also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C D Buckner M. D.
(Address) Emmett Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101885

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Webster

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 18 — 1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tunnel Construction
10. Date deceased last worked at this occupation (mo. and yr.) 12/5/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) San Francisco Cal

FATHER

13. NAME William Webster
14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT M L Fertelmy
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nyssa Ore Date 12/10 1936

19. UNDERTAKER C D Buckmaster
(Address) Emmett Idaho

20. FILED 12/10, 1936 J K Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Buried in cave in of sand in tunnel on Beach Canyon Construction	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C D Buckmaster, M. D.
(Address) Emmett Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101886

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)

JAN 7 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hiram Tate

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb - 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
87	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) ____ (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ____ (State or country) "

17. INFORMANT Lucy Farnsworth (Address) Emmett Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Portland Ore Date 12/9, 1936

19. UNDERTAKER C D Buckmaster (Address) Emmett Idaho

20. FILED 12-8, 1936 J K Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ____, 193..., to ____, 193...
I last saw h... alive on ____, 193...: death is said to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in bed. Evidently died from natural causes	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C D Buckmaster M. D. Coroner
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101887

Registration District No. .....
Primary Registration District No. ..... Local Registrar's No. .....
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alvin R. Austin

(a) Residence. No. Emmett Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 76 yrs

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 12/6/36
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Not Known
(State or country)

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT C. D. Buckner
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 12/11, 1936

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED [redacted], 1936 J. R. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead in his cabin apparently died from natural causes	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Buckner M. D.
(Address) Emmett Idaho Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Elmore
City of Emmett

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101888

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Petitia Perkins

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W E. Perkins

6. DATE OF BIRTH (month, day, and year) Oct 19 — 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 12/26 | 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) Weiser (State or country) Idaho

FATHER
13. NAME J. R. Numbers
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Mary Schwartz
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT B. A. Perkins (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Mem Date 12/19, 193 6

19. UNDERTAKER C D Dickerson (Address) Emmett Idaho

20. FILED 12/11, 193 6 J. R. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec, 193 5, to Dec 9, 193 6
I last saw her alive on Dec 9, 193 6: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza with Pneumonia	Nov 28

Other contributory causes of importance:
Oedema of lung
Acute Cardiac failure
Collapse
Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) C. H. Chamberlain, M. D.
(Address) Emmett

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gem
City of Ola

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101889

Registration District No.
Primary Registration District No. Local Registrar's No. 205
(No. (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Everett S. Holbrook

(a) Residence. No. Ola Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 — 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 12/21/36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parma Idaho

FATHER
13. NAME Geo. H. Holbrook
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Elizabeth Burton
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Eugene Holbrook

18. BURIAL, CREMATION, OR REMOVAL
Place Ola Idaho Date 12/24 193 6

19. UNDERTAKER C. D. Buckendorf
(Address) Emmett Idaho

20. FILED 12/24 193 6 J. A. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dead found dead by apparently from Natural Causes No Physician in attendance	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. D. Buckendorf M. D. Coroner
(Address) Emmett Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101890

Registration District No. 6
Primary Registration District No. ____ Local Registrar's No. 00
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 7 1937

2. FULL NAME Othello G. Maughan

(a) Residence. No. Emmett Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edna Maughan

6. DATE OF BIRTH (month, day, and year) Oct 26 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) 12/26/36
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wyoming

MOTHER FATHER
13. NAME Joseph G. Maughan
14. BIRTHPLACE (city or town) (State or country) Utah
15. MAIDEN NAME Mary E. Dewey
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT W. L. Von Rebay
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Ida Date 1/3, 1937

19. UNDERTAKER C. Buckinan
(Address) Emmett Idaho

20. FILED 1/2, 1937 J. C. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27-, 1936, to 12-30-, 1936
I last saw him alive on 12-30, 1936; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type II	12-25-36
Pulmonary Edema	12-30-36

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Wyoming
(Signed) M. K. Bullock M. D.
(Address) Emmett, Ida.

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 101891
Registered No.

1. PLACE OF DEATH

Registration District No. 22
Primary Registration District No. 2018
County of Gooding
City of Wendell JAN 6 19[illegible] (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dora Mae Lee

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.):

6. DATE OF BIRTH: Dec (Month) 7 (Day) 1932 (Year)

7. AGE: 3 Yrs. 10 Mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bryan Texas

10. NAME OF FATHER: Lonell Lee

11. BIRTHPLACE OF FATHER (State or Country): Marion Kansas

12. MAIDEN NAME OF MOTHER: Pearl Austin

13. BIRTHPLACE OF MOTHER (State or Country): Bird City Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Lonell Lee
(Address): Wendell, Ida.

15. Filed Oct 15 1936 E. L. Simonds Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936, to Oct 14 1936
that I last saw her alive on Oct 14 1936
and that death occurred on the date stated above, at 9-10 P M.
The CAUSE OF DEATH* was as follows:
acute tonsillitis

(Duration) ..... Yrs. ..... mos. 7 ds.
Contributory (Secondary) acute enteritis
(Duration) ..... yrs. ..... mos. 5 ds.
(Signed) W. A. Rubey M. D.
Oct 15 1936 (Address) Wendell, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER: Johnson | ADDRESS: Buhl, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101892

PLACE OF DEATH
County of Gooding
City of Wendell
Registration District No. 22
Primary Registration District No. 2018
Local Registrar's No. 1

JAN 7 1937

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number.)

8 15

2. FULL NAME Albert Warren Leland.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Watkins

6. DATE OF BIRTH (month, day and year): June 15 1870

7. AGE: Years 66 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stock trader
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (city or town) (State or country): Wamego Kans

PARENTS

10. NAME OF FATHER: Geo A Leland
11. BIRTHPLACE OF FATHER (city or town) (State or Country): Illinois
12. MAIDEN NAME OF MOTHER: Mary Wilkinson
13. BIRTHPLACE OF MOTHER (city or town) (State or Country): Ohio

14. Informant: N. H. Leland
(Address): Wendell Ida

15. Filed Nov 11, 1936 E. L. Simonton
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 11 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to Nov 11, 1936, that I last saw h[illegible] alive on Nov 10, 1936 and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows: Myocarditis & heart block

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

..... (duration) 10 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) E. L. Simonton M. D.
11-11, 1936 (Address) Wendell Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal: Wendell Ida — Date of Burial: 11-12 1936

20. Undertaker: Jompson — Address: Gooding

MARGIN RESERVED FOR BINDING — DO NOT WRITE IN THIS SPACE — THIS IS A PERMANENT RECORD. Every item of information

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101893

PLACE OF DEATH

County of Gooding

City of Wendell

Registration District No. 22

Primary Registration District No. 2018

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marnel Annie Condie

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wendell, Ida

PARENTS

10. NAME OF FATHER Arland Condie

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Bear Lake Idaho

12. MAIDEN NAME OF MOTHER Fern Odelia Iverson

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Holbrook, Ida

14. Informant Arland Condie
(Address)

15. Filed Nov 14, 1936 E. L. Simonton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov (Month) 14 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Nov 14, 1936, that I last saw her alive on Nov 13, 1936, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia due to Staphylococcic infection, Bronchitis

(duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. A. Butler, M. D.

Nov 15, 1936 (Address) Wendell, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial 19
20. Undertaker	Address

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101894

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. St. Valentines Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Dec 17 1936 Martha Welty

(a) Residence. No. Wendell Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/15/1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Cedar Rapids
(State or country) Iowa

FATHER
13. NAME Jacob Lockwood
14. BIRTHPLACE (city or town) N. J.
(State or country)

MOTHER
15. MAIDEN NAME Mercy Inks
16. BIRTHPLACE (city or town) Ind.
(State or country)

17. INFORMANT Mrs. Violet Commons
(Address) Wendell Idaho

18. BURIAL, CREMATION, REMOVAL
Place Boise Idaho Date 12/16/36 193..

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED Dec 17, 1936 E. L. Simonton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16/36 193

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 193 6 to Dec 15 193 6
I last saw her alive on Dec 15, 193 6: death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	Indefinite
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Simonton M. D.
(Address) Wendell Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101895

Registration District No. 24
Primary Registration District No. ____ Local Registrar's No. 301

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mae Kolbeck Fletcher

(a) Residence. No. Gooding St. Bliss Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. D. Fletcher

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1887

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
49	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

FATHER
13. NAME John H Kolbeck
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Katherine Kries
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) ____

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Gooding, Ida Date Dec. 10, 1936

19. UNDERTAKER A. E. Thomson
(Address) Gooding

20. FILED 12-31, 1936 J. H. Cumming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1936 to 12-8, 1936
I last saw h.e. alive on 12-8, 1936: death is said to have occurred on the date stated above, at 10:40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant fever	July-1936
-(Bacillus abortus)	
Other contributory causes of importance:	
Bronchitis pneumonia	

Name of operation none Date of ____
What test confirmed diagnosis? lab Was there an autopsy? yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193...
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) F. C. Cranswell, M. D.
(Address) Gooding, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Goodings
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101896

Registration District No.
Primary Registration District No. 24 Local Registrar's No. 3021
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fannie Ella Barton 10 12

(a) Residence. No. Hagerman St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter C. Barton

6. DATE OF BIRTH (month, day, and year) Jan 18-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malone (State or country) N.Y.

FATHER
13. NAME Arnold
14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B L Barton (Address) Wendell

18. BURIAL, CREMATION OR REMOVAL
Place Hagerman Date 12-11, 1936

19. UNDERTAKER A. E. Thompson (Address) Woodings

20. FILED 12-31, 1936 J. H. Cannaday Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Influenza	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? ..... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) A. E. Thompson Coroner M. D.
(Address) Woodings Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding
JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101897

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 803

(No. 101a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl Richard Davis

(a) Residence. No. Richfield, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 23, 1930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
6	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls Idaho

FATHER
13. NAME Earl Davis
14. BIRTHPLACE (city or town) (State or country) Fort Collins Colorado

MOTHER
15. MAIDEN NAME Mamie Sophia
16. BIRTHPLACE (city or town) (State or country) Aylesworth Nebraska

17. INFORMANT (Address) Earl Davis Richfield Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Ida. Date Dec. 12, 1936

19. UNDERTAKER (Address) A. E. Thompson Gooding Idaho

20. FILED 12-31-1936 J. A. Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1936, to 12/10, 1936
I last saw him alive on 12/10, 1936; death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	12/6/36
Other contributory causes of importance: Encephalitis	6/33

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. O'Barnett M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Hagerman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101898

JAN 7 1937

Registration District No.
Primary Registration District No. 24
Local Registrar's No. 304

(No. 131)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Johan Allen Whorton

(a) Residence No. St. Hagerman, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Babbitt

6. DATE OF BIRTH (month, day, and year) June 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.) 40 years ago

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Concord, Illinois

FATHER

13. NAME Joseph Whorton

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Patterson

16. BIRTHPLACE (city or town) (State or country) Monmouth Illinois

17. INFORMANT (Address) Mrs. J. A. Whorton Jr. Hagerman Idaho

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193...

19. UNDERTAKER Thompson (Address) Gooding, Idaho

20. FILED 12-31, 1936 J A Conwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-21 1936

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1936, to Dec. 21st, 1936
I last saw him alive on December 15, 1936: death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	1930
Arteriasclerosis	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) Dr. Alonzo A. Towner M. D.
(Address) Hagerman, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Gooding

JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101899

Registration District No.
Primary Registration District No. 27 Local Registrar's No. 300

(No. 74)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Thomas Slater

(a) Residence. No. St. Gooding Idah.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 28, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labror
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keokuk (State or country) Iowa

FATHER
13. NAME Wm Slater
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Sarah Margaret Carroll
16. BIRTHPLACE (city or town) Wheeling (State or country) W. Virginia

17. INFORMANT A. B. Slater (Address) Gooding Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Elmwood Date Dec 9, 1936

19. UNDERTAKER A E Thompson (Address) Gooding Idaho

20. FILED 12-31, 1936 J H Cranmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936, to Dec 7, 1936.
I last saw him alive on Dec 6, 1936: death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	20 yrs ago

Other contributory causes of importance:
Degenerative arterio sclerosis
Enlargement of prostate
Partial paralysis of throat

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J H Cranmell, M. D.
(Address) Gooding

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101900

Registration District No. 105
REC'D JAN 4 '37
Primary Registration District No. 2183 Local Registrar's No. 31
(No. C. L. of C. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Betz

(a) Residence. No. Cottonwood St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Unknown

6. DATE OF BIRTH (month, day, and year): March 16, 1861

7. AGE: Years 75 | Months 7 | Days 28 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Shoemaker
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT (Address) C. L. of C. Hospital per Mr. Betz Cottonwood

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Cottonwood, Idaho Date Oct. 14, 1936

19. UNDERTAKER Glenn Aubrey (Address) Grangeville, Idaho

20. FILED Dec. 15, 1936. N. F. C. per T. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to Oct. 9th, 1936.
I last saw him alive on Oct. 8, 1936: death is said to have occurred on the date stated above, at 11:20 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Renal Cardio Vascular	1930
Chronic Myocarditis	1932
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harley F. Orr M. D.
(Address) Cottonwood Ida. R. 0.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of [redacted]ho

City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC [redacted]RE
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF DEATH

DO NOT [redacted]E IN THIS SPACE

State File No. 101901

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 32

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Joseph Walser

(a) Residence. No. Our Lady Of Consolation Hospital

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Walser

6. DATE OF BIRTH (month, day, and year) April 21, 1854

7. AGE: Years 82 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Farmer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fallbrich Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .... Leo Walser (Address) Cottonwood

18. BURIAL, CREMATION OR REMOVAL

Place Cottonwood Idaho Date 12/15, 1936

19. UNDERTAKER Glenn Auber (Address) Moscow Idaho

20. FILED Dec 15, 1936 C. H. F. Orr Registrar.
per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec. 13, 1936

I last saw him alive on Dec. 13, 1936; death is said to have occurred on the date stated above, at 7:35 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Urinary Suppression	Dec. 11. 36
Following prostatectomy	
for complete retention.	
Other **contributory causes** of importance:	
Prostatic Hypertrophy	2 yrs.
	Duration

Name of operation Prostatic Enucleation Date of 12-11-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley F. Orr, M. D.

(Address) Cottonwood Idaho.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 101902

Registered No. 33

1. PLACE OF DEATH

County of Idaho

City of Cottonwood

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 105

Primary Registration District No. 2183

(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Otto P Ries

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.):

6. DATE OF BIRTH: Sept. (Month) 20 (Day) 1851 (Year)

7. AGE: 85 Yrs. 2 Mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ries

(Address) Cottonwood, Idaho

15. Filed Dec 17 1936

H. F. Orr per T.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 15 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to Dec. 15 1936, that I last saw him alive on Dec. 15 1936, and that death occurred on the date stated above, at 11:15 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Coronary Arteriosclerosis with resulting Uremia.

(Duration) 1 Yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wesley F. Orr M. D.

Dec. 15 1936 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood, Idaho. DATE OF BURIAL: Dec. 17 1936

20. UNDERTAKER: Glenn Auler ADDRESS: Grangeville Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

FORM V. S. No. 5-25 M. 1-19.

REC'D JAN 4 '37

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 105
Primary Registration District No. 2183
File No. 101903
Registered No. 34

1. PLACE OF DEATH
County of Idaho
City of Cottonwood (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bernard L. Heussman
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed (Write the word.)

6. DATE OF BIRTH: August (Month) 2 (Day) 1855 (Year)

7. AGE: 81 Yrs. 8 Mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer): School Teacher

9. BIRTHPLACE (State or Country): Rock Castle, Illinois

10. NAME OF FATHER: Liberta Heussman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. B. Heussman
(Address) Cottonwood, Idaho

15. Filed Dec 19 1936 W. F. Orr Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 18 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936, to Dec 18 1936, that I last saw h[illegible] alive on Dec 18 1936, and that death occurred on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:
Pneumonia - Lobar.
(Duration) ..... Yrs. ..... mos. 6 ds.
Contributory (Secondary) Senility
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hadley F. Orr M. D.
12/18 1936 (Address) Cottonwood Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Cottonwood, Idaho — DATE OF BURIAL: Dec 1936

20. UNDERTAKER: Glenn Wilson — ADDRESS: Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101904

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 35

REC'D JAN 4 '37

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

100a

2. FULL NAME Roger John Jenney

(a) Residence. No. Cottonwood Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cottonwood Ida.

MOTHER/FATHER

13. NAME John Jenney

14. BIRTHPLACE (city or town) (State or country) Cottonwood Idaho

15. MAIDEN NAME Viola Abbott

16. BIRTHPLACE (city or town) (State or country) Craigmont Idaho

17. INFORMANT John Jenney
(Address) Cottonwood Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date 10/20, 1936

19. UNDERTAKER Glenn Taylor
(Address) Grangeville Idaho

20. FILED Dec 19, 1936 J. H. L. Orr
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/19 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936, to Oct 19, 1936.
I last saw him alive on Oct 19 1936: death is said to have occurred on the date stated above, at 8 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Secondary to common Cold	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Law Lukenbill M. D.
(Address) Grangeville Idaho

FORM V. S. No. 5-25 M. 1-19.

JAN 4 '37

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 101907
Registered No. 38

1. PLACE OF DEATH

Registration District No. 105
Primary Registration District No. 2183
County of Idaho
City of Ferdinand (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Arthur Dahl

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Dec. (Month) 30 (Day) 1936 (Year)

7. AGE: 51 Yrs. 5 Mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Herman Dahl

11. BIRTHPLACE OF FATHER (State or Country): Norway.

12. MAIDEN NAME OF MOTHER: Mary Hanson

13. BIRTHPLACE OF MOTHER (State or Country): Norway.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Esther Dahl.
(Address) La Grande - Oregon.

15. Filed Dec. 31 1936 — H. F. Orr per T.B. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 30 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936, to Dec 30 1936, that I last saw h.. alive on .. 19....., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Coronary Embolism.
Death had occurred before I arrived.
Had not been notified.
(Duration) ..... Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harley F. Orr. M. D.
Dec 31 1936 (Address) Cotton wood, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days
Where was disease contracted if not at place of death?
Former or usual residence

19. ~~PLACE OF BURIAL~~ OR REMOVAL: La Grande, Oregon — DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Glenn Ailor — ADDRESS: Grangeville Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101908

Registration District No. 163
Primary Registration District No. 1001 Local Registrar's No. 50

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Baby Girl Olmsted

(a) Residence. No. ..... Grangeville Ida. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-24-36

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grangeville Ida

FATHER

13. NAME Eugene Olmsted
14. BIRTHPLACE (city or town) (State or country) Fordland Mo.

MOTHER

15. MAIDEN NAME Clara Snodgrass
16. BIRTHPLACE (city or town) (State or country) Pomeroy Wash

17. INFORMANT Father (Address) Eugene Olmsted Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Nov 27, 1936

19. UNDERTAKER (Address) Hancock Funeral Home Grangeville Ida

20. FILED 1-1-, 1937 B Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1936, to 11-24, 1936.
I last saw her alive on 11-24, 1936. Death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hard labor.	
Blue baby.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. G. Wiedeger M.D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101909

Registration District No. 103
Primary Registration District No. 1001
Local Registrar's No. 51

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Boy Swaim

(a) Residence. No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Dec 17 36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Grangeville
(State or country) Ida.

FATHER

13. NAME Homer M. Swaim
14. BIRTHPLACE (city or town) Jackson
(State or country) Ohio

MOTHER

15. MAIDEN NAME Helen West
16. BIRTHPLACE (city or town) Owensville
(State or country) Ohio

17. INFORMANT Father Homer M. Swaim
(Address) Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Dec 22, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida

20. FILED 1-1-, 1937 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1936, to 12-21, 1936.
I last saw h.. alive on 12-20, 1936.; death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) Grangeville Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101910

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 52
(No. County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Pickerell
(a) Residence. No. Riggins - Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 24 1872
7. AGE: Years 64 | Months 0 | Days 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Missouri

MOTHER/FATHER
13. NAME: Alex Harmon
14. BIRTHPLACE (city or town) (State or country): Ohio
15. MAIDEN NAME: Julia Harmon
16. BIRTHPLACE (city or town) (State or country): Missouri

17. INFORMANT (Address): Geo. Pickerell Riggins Ida
18. BURIAL, CREMATION OR REMOVAL
Place: Grangeville Date: 12/26, 1936
19. UNDERTAKER (Address): Ellens Auto Grangeville Ida
20. FILED 1-1, 1937. B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/25 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 to Dec. 24, 1936
I last saw him alive on Dec 24, 1936; death is said to have occurred on the date stated above, at 8.9 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr. 1936

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) B. Chipman, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101911

REC'D JAN 5 '37

Registration District No. 103
Primary Registration District No. 1001 Local Registrar's No. 53

(No. at Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

88 b

2. FULL NAME Frank L. Hooker

(a) Residence. No. Grangeville St. Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Ida Date 12/27, 1936

19. UNDERTAKER Glenn Cafer
(Address) Grangeville Ida

20. FILED 1-4-, 1937 J. B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Dec 24, 1936.

I last saw him alive on Dec 24, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. B. Chipman M. D.

(Address) Grangeville Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Whitebird Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101912

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 54

(No. @ Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Christina Nelson

(a) Residence. No. Whitebird Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

149

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word).

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 5 1852

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
84	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Nefre Nelson
(Address) Whitebird Ida

18. BURIAL, CREMATION OR REMOVAL
Place Whitebird Ida Date 12/28, 1936

19. UNDERTAKER Glenn Cole
(Address) Grangeville Ida

20. FILED 1-1-, 1937 B. Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/26 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Dec. 1, 1936.

I last saw her alive on Dec 1, 1936: death is said to have occurred on the date stated above, at 12 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. Chipman M. D.

(Address) Grangeville Ida

JAN 5 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Elk City

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101913

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 55

(No. At Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leslie Baker

(a) Residence. No. Elk City Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
84			

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (city or town)
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Dr. C. Boyd
(Address) Elk City Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Elk City Ida Date 1/29, 193 6

19. UNDERTAKER Glenn Auker
(Address) Grangeville Ida

20. FILED 1-1-, 193 7 B. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
No attending Physician	
Other **contributory causes** of importance:	

Name of operation.. ..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. Chapman, M. D.
(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH REC'D JAN 5 '37

County of Idaho

City of Grangeville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101914

Registration District No. 103

Primary Registration District No. 1001

Local Registrar's No. 56

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Jennie L Holmes

(a) Residence. No. Grangeville St. Ida

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

57

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anson S. Holmes

6. DATE OF BIRTH (month, day, and year) June 4-1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (mo. and yr.) Dec. 25-36

11. Total time (years) spent in this occupation 49 years

12. BIRTHPLACE (city or town) France
(State or country) near Border of Belgium

FATHER

13. NAME not obt. Laurence

14. BIRTHPLACE (city or town) France
(State or country)

MOTHER

15. MAIDEN NAME not obt

16. BIRTHPLACE (city or town) France
(State or country)

17. INFORMANT Husband
(Address) Anson S. Holmes Grangeville Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Grangeville Date Jan 3, 1937

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 1-3-, 1937 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Dec 30, 1936.

I last saw her alive on Dec 30, 1936; death is said to have occurred on the date stated above, at 6:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B Chipman, M. D.

(Address) Grangeville Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101915

DEC 14 1936 RECEIVED

Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 61

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Noreen Preston

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Babe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

FATHER
13. NAME Bert Preston
14. BIRTHPLACE (city or town) Ogden, Utah
(State or country)

MOTHER
15. MAIDEN NAME Mamie Noreen
16. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

17. INFORMANT Bert Preston
(Address) Rigby, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Nov. 27, 1936

19. UNDERTAKER None
(Address)

20. FILED Nov. 28 1936 C. M. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from none, 193..., to ..., 193...
I last saw h... alive on never, 193...: death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemmorhage from cord	11/26/36
Premature birth	11/26/36
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) J. Wesley Coulby, M. D.
(Address) Rigby, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JAN 4 '37

DO NOT WRITE IN THIS SPACE
State File No. 101916

Registration District No. 98
Primary Registration District No. 2176 Local Registrar's No. 64

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Idell Hix.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Widowed.

5a. If married, widowed, or divorced (or) WIFE of Earnest Simeon Hix.

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 12/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME Thomas Innes
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Margaret Loutitt.
16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs. Claude Waters
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Grant. Idaho. Date 1/3, 193[illegible]

19. UNDERTAKER A. B. Eckersell.
(Address) Rigby, Idaho.

20. FILED 1-2-37, 193[illegible] A. B. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Dec 30, 1936
I last saw her alive on Dec 30, 1936: death is said to have occurred on the date stated above, at 1:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Other contributory causes of importance:	
Senility; Lethargy	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. H. Anderson, M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Lewisville

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101917

REC'D JAN 31
Registration District No. 98
Primary Registration District No. 2176
Local Registrar's No. 65

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Ann Merrell

(a) Residence. No. ..... St. Blackfoot, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Merrell

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (mo. and yr.) 5/35
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Biglewade England

FATHER
13. NAME Isaac Campkin
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Martha Abbot
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Sarah Luckey, Lewisville, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date Jan 2, 1937

19. UNDERTAKER (Address) John C. Schrodinger, Blackfoot, Ida.

20. FILED 1-30, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 30 1936

22. I HEREBY CERTIFY, That I did not attend deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility due to Senility	
Other contributory causes of importance: Arteria Sclerosis and Cardiac Dilatation	

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Anderson (Health Officer) M. D.
(Address) Ryby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101918

NOV 12 1936 RECEIVED

Registration District No. 18

Primary Registration District No. ..... Local Registrar's No. .....

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME W. A. Thompson

(a) Residence. No. Jerome, Idaho St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs W. A Thompson

6. DATE OF BIRTH (month, day, and year) July 7 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursery Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) 11/3

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Taylorsville Iowa

FATHER

13. NAME Marion Thompson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Jane Brown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs. Robert Smith (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Nov 10, 1936

19. UNDERTAKER Jerome Funeral Chapel (Address)

20. FILED 11/4, 1936 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3rd Nov 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.3, to Nov. 3, 1936

I last saw h[illegible] alive on Nov. 3, 1936: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure from Chronic Myocarditis of several years standing	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in [illegible] or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. F. Zeller, M. D.

(Address) Jerome, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

DO NOT WRITE IN THIS SPACE

State File No. 101919

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME David Arthur Keller

(a) Residence. No. Jerome St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Keller

6. DATE OF BIRTH (month, day, and year): 2-18-1869

7. AGE: Years 67 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Farm

10. Date deceased last worked at this occupation (mo. and yr.): 1932

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Santa Clara Utah

FATHER

13. NAME: James Keller

14. BIRTHPLACE (city or town) (State or country): Ferrisburg Vt

MOTHER

15. MAIDEN NAME: Emily Shelton

16. BIRTHPLACE (city or town) (State or country): Southampton P.E.I.

17. INFORMANT (Address): Kenneth Keller

18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~
Place: Filer Ida. Date: 11/9/ 1936

19. UNDERTAKER (Address): Jerome Funeral Chapel

20. FILED Nov 10 1936 Dr. C. F. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1936, to Nov. 6, 1936

I last saw him alive on Nov 6, 1936.: death is said to have occurred on the date stated above, at 6 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	April 4 1936
Other **contributory causes** of importance:	

Name of operation: none Date of: .....

What test confirmed diagnosis? Surgical findings Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry, in home, or in public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Dr. E. V. Rice M. D.

(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101920

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Michael Jesse Bridgman

(a) Residence. No. Jerome, Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Metta Bridgeman

6. DATE OF BIRTH (month, day, and year) Apr 25 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Colfax (State or country) Iowa

FATHER
13. NAME ? Not Bridgeman
14. BIRTHPLACE (city or town) ____ (State or country) Pa

MOTHER
15. MAIDEN NAME Mary E Dollarhide
16. BIRTHPLACE (city or town) ____ (State or country) ____

17. INFORMANT Mrs Netta Bridgeman (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 10, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED Jan 9, 1937 C F Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 193 6, to Dec 8, 193 6
I last saw him alive on Dec 8, 193 6 death is said to have occurred on the date stated above, at 3:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193 ____
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C F Miller, M. D.
(Address) Jerome, Ida.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome

City of Jerome

REC'D JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101921

Registration District No. 12

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph W Handy

(a) Residence No. ____ Jerome, Ida. St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Margaret Handy

6. DATE OF BIRTH (month, day, and year) Jan 11 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Albany (State or country) Mo

MOTHER FATHER

13. NAME Jess Handy

14. BIRTHPLACE (city or town) ____ (State or country) Scotland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ____ (State or country) Not Known

17. INFORMANT J N Handy (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem. Date Dec 21, 1936

19. UNDERTAKER J R Wiley (Address) Jerome Idaho

20. FILED 12/20, 1936 E. A. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. ____, 1933 to Dec 18, 1936

I last saw him alive on Dec 18, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza, with secondary pneumonia, Mitral stenosis and Chronic myocardial disease with Failing Compensation

Date of onset

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Olga A Zeller M. D.

(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Jerome

City of Jerome

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101922

Registration District No. 18

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

18 C

2. FULL NAME Arthur Tuttle Wilcox

(a) Residence. No. 1½ mi N Jerome St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) West Haven West
(State or country) Vermont

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) N K
(State or country)

MOTHER

15. MAIDEN NAME N K

16. BIRTHPLACE (city or town) N K.
(State or country)

17. INFORMANT A L Upshaw
(Address) American Falls. Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Date Dec 28 193 4

19. UNDERTAKER J R Wiley
(Address) Jerome Idaho

20. FILED Jan 9, 193 5 Dr. C. F. Fellers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 193 4

22. I HEREBY CERTIFY, That I attended deceased from ____, 193__, to ____, 193__

I last saw h__ alive on ____, 193__: death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neck Broken, when hit by Car while Crossing Highway	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? 1½ mi North of Jerome Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. On Public Highway
Manner of injury Broken Neck
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J R Wiley (Coroner) M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome
FEB
JAN 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101923

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Conrad Hauge Dahler

(a) Residence. No. ____ St. Jerome, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad Hauge Dahler

6. DATE OF BIRTH (month, day and year) April 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) Apr 8 1936
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Forest (State or country) Ohio.

FATHER
13. NAME Harry Hauge Dahler
14. BIRTHPLACE (city or town) Lancaster (State or country) Pa.

MOTHER
15. MAIDEN NAME Abbie Hause
16. BIRTHPLACE (city or town) Forest (State or country) Ohio

17. INFORMANT Conrad Hauge Dahler (Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date 12/30, 1936

19. UNDERTAKER O A T'Kenan (Address) Jerome, Idaho

20. FILED Jan 9, 1937 C. F. Gelser Registrar.
W.C.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27/1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Dec 27, 1936
I last saw h[illegible] alive on Dec 27, 1936; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) C. F. Gelser, M. D.
(Address) Jerome, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101924

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____

(No. ____ (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles W. Herboth 97

(a) Residence. No. Jerome (Usual place of abode) St. Idaho (If nonresident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Herboth

6. DATE OF BIRTH (month, day, and year) March 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Keokuk Iowa.

FATHER
13. NAME Henry Herboth
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT (Address) Ida Herboth Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL Place Jerome Cem. Date Jan 2, 1937

19. UNDERTAKER (Address) F. E. Wiley Jerome Idaho

20. FILED Jan 9, 1937 Ida. C. F. Sellers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 193 6, to Dec 31, 1936
I last saw him alive on Dec 31, 193 6: death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 22 1936
Other contributory causes of importance:	
Nephritis	Dec 24th 1936

Name of operation None Date of ____
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Dr. Gilmore A. Reed M.D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Spirit Lake

JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101926

Registration District No. 45
Primary Registration District No. ..... Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Levi Aumock

(a) Residence. No. Spirit Lake Hospital St. Rathdrum Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Aumock

6. DATE OF BIRTH (month, day and year) 8/19/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Fur Farm

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Owner

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Ogden (State or country) Michigan

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) ..... (State or country) ..... "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) ..... (State or country) ..... "

17. INFORMANT Henry Aumock (Address) Spirit Lake Kathdrum Id

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Spokane Wash. Date 12/9, 1936.

19. UNDERTAKER Carr & Turnbull Mtn. (Address) Rathdrum Idaho

20. FILED 12-8, 1936. A. C. Spooner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1936, to Dec. 7, 1936.
I last saw him alive on Dec. 7, 1936: death is said to have occurred on the date stated above, at 3.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia with Pleurisy followed by Empyema	Nov 9-36
Other **contributory causes** of importance: Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. M. Schmidt M. D.
(Address) Spirit Lake, Idaho

REC'D JAN 6 '37 Platt

N. B.---WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Harrison

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 126

Primary Registration District No. 2304

DO NOT WRITE IN THIS SPACE
State File No. 101927

Local Registrar's No. 18

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Fraser Cope

(a) Residence. No. Harrison Idaho St. 74a
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Silas W. Cope

6. DATE OF BIRTH (month, day, and year): May 13 1868

7. AGE — Years: 68 | Months: 5 | Days: 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Home

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Silver City Idaho

FATHER

13. NAME: D. M. Fraser

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Silas W. Cope Harrison Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Harrison Idaho Date: 11-2.., 1936

19. UNDERTAKER (Address): STAPISH FUNERAL HOME ST. MARIES, IDAHO

20. FILED: Nov 11 1936 Ruth Connally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 10-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1936, to 10-31, 1936.

I last saw her alive on 10-29, 1936.: death is said to have occurred on the date stated above, at 3:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-28-36

Other **contributory causes** of importance:
Arteriosclerosis

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? - Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** -
Manner of injury: -
Nature of injury: -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. D. Peterson, M. D.
(Address) St. Maries, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101928

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 208

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bertha Fuller

(a) Residence. No. North Government Way St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced of (or) WIFE of: C. C. Fuller
6. DATE OF BIRTH (month, day, and year): 1880. 8-17
7. AGE — Years: 56 | Months: 3 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 11-29-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmington Wash.

FATHER
13. NAME: W. E. Alkire
14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER
15. MAIDEN NAME: Ella Davis
16. BIRTHPLACE (city or town) (State or country): Iowa

17. INFORMANT (Address): G. E. Alkire, Butte Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Forest Cemetery, Coeur d'Alene Date: 12-3 1936

19. UNDERTAKER (Address): Cassidy Funeral Home, Coeur d'Alene Idaho

20. FILED: Dec 1, 1936. T. T. Harrington M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-1 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Dec. 1, 1936.
I last saw her alive on Nov. 29, 1936; death is said to have occurred on the date stated above, at 6 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Nov. 28, 1936
Other **contributory causes** of importance: Acute Cholelithiasis	Nov. 29, 1936

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) Hamilton H. Grangaard M.D.
(Address) Coeur d'Alene, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101929

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 212

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Lena Bodah

(a) Residence. No. 801 — B Street St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bodah

6. DATE OF BIRTH (month, day, and year) 1-3-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Midwife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Orhell — [redacted] Olson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Ale — Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Peter H. See (Address) Milnor N. Dakota

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Date 12/11, 1936

19. UNDERTAKER Mooney Mortuary (Address) C.d.A.

20. FILED Dec 11, 1936 F. F. Manning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-, 1935, to Dec 7, 1936.

I last saw h[illegible] alive on March 16, 1936: death is said to have occurred on the date stated above, at 1100 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis & decompensation	Feb 1935
Other contributory causes of importance: Nephritis	2-3 yrs.

Name of operation None - Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ....., 193....

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) [illegible], M. D.

(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101930

Registration District No. 30

Primary Registration District No. 1050 Local Registrar's No. 314

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles D. Custer

(a) Residence. No. 112 - Lakeside Ave. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. — mos — ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Carrie E. Custer

6. DATE OF BIRTH (month, day and year) 1872 - 5-10

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Barber

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 10-27-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Custer

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Easley

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. C. D. Custer (Address) 112 Lakeside ave

18. BURIAL, CREMATION OR REMOVAL Forest Place Coeur d'Alene Ida Date 12-13 1936

19. UNDERTAKER Passed Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Dec. 12, 1936 F. F. Horning, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Dec 8, 1936.

I last saw him alive on 12-8, 1936.; death is said to have occurred on the date stated above, at 4 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic Arteriosclerotic	10-10-36

Other **contributory causes** of importance:

Arteriosclerosis, Chronic, Generalized	?

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Vincent Fahy M. D.
(Address) Coeur D'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. O.M. Husted
DO NOT WRITE IN THIS SPACE
State File No. 101931

Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 215

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mr. Otto Probst.

(a) Residence. No. 749 4th St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, and year) 12-16-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blackwell Lmbr.Co.

10. Date deceased last worked at this occupation (mo. and yr.) 12/1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown-Probst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Martha Probst, Coeur d& Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wn Date 12/18/, 1936

19. UNDERTAKER (Address) Mooney Mortuary, Coeur d' Alene, Idaho

20. FILED Dec 17, 1936 J J Hornung, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1936, to 12/14, 1936
I last saw h[illegible] alive on 11/30, 1936: death is said to have occurred on the date stated above, at 2 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Gradual
Other contributory causes of importance:	
arterio-sclerosis	Gradual

Name of operation none Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) O.M. Husted, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d' Alene
RECEIVED
JAN 6 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Husted

DO NOT WRITE IN THIS SPACE
State File No. 101932

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 216
(No. C.D.A. Homes for the Aged)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME August Carlson

(a) Residence. No. C.D.A. Homes for Aged St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 9 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen D.

6. DATE OF BIRTH (month, day and year) July 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (mo. and yr.) 1927
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Jons A. Carlson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Regina Hjelte
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ellen D. Carlson
(Address) C.D.A.

18. BURIAL, CREMATION OR REMOVAL
Place Forest Cem. C.D.A. Date 12/17 193 6

19. UNDERTAKER The Mooney Mortuary
(Address) Coeur d' Alene, Idaho

20. FILED Dec 17, 193 6 F. F. Hornung Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 193 2 to 12/14, 193 6
I last saw him alive on 12/11, 193 6: death is said to have occurred on the date stated above, at 6 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:
Bronchopneumonia (Terminal from Hypostasis)

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) O. H. Husted, M. D.
(Address) Coeur d' Alene Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Huetter

JAN 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 217
(No. .....)

DO NOT WRITE IN THIS SPACE
State File No. 101933

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George A. Murcar

(a) Residence. No. 3427 - W. Hervey Ave St. Spokane.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Annie Murcar

6. DATE OF BIRTH (month, day, and year) 10-8-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Conductor

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** C.M.+S.P.

10. Date deceased last worked at this occupation (mo. and yr.) 12-19-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME John Murcar

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Annie Allen

16. BIRTHPLACE (city or town) (State or country) Scotland,

17. INFORMANT W.H. Murcar
(Address) W-518 Indiana Ave Spokane

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Date 12-19-, 1936

19. UNDERTAKER Cassady Funeral Home
(Address) C D'Alene, Ida

20. FILED Dec 19, 1936. F. J. Horning, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 19 1936

22. I HEREBY CERTIFY, That I ~~attended~~ did not deceased from Dec 19, 1936, to Dec 19, 1936
I ~~last saw~~ did not see him alive on Dec 19, 1936: death is said to have occurred on the date stated above, at 1.0.:45 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Basal Skull fracture	12-19-36
4 left ribs fractured	" " "
Fractured left femur	" " "
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-19, 1936
Where did injury occur? Seattle, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Railroad Yards
Manner of injury Fell from Railroad Car
Nature of injury Blow to Head Chest + Leg from
24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Killed While Working as Brakeman

(Signed) Hamilton H. Greenwood M.D. Coroner
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Near west Muy Lodge

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101934

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 218

(No.) 187 C
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wm. Anderson
(a) Residence. No. CCC 5701, Wolf Lodge, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, and year): Sept. 17, 1919
7. AGE: Years 17 | Months 3 | Days 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CCC duties (Road repairing)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.): Dec 19/1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Augusta, Ark.

FATHER
13. NAME: Sherman Anderson
14. BIRTHPLACE (city or town) (State or country): Augusta, Arkansas

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Sherman Anderson, Augusta, Arkansas
18. BURIAL, CREMATION OR REMOVAL: removed
Place F. L. Wright, Wash Date Dec 19, 1936
19. UNDERTAKER (Address): Taken by C.C.C. ambulance to St. Wright hospital
20. FILED Dec 21, 1936 F. F. Harning M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec. 19 1936
22. I HEREBY CERTIFY, That I attended deceased from Killed Instantly, 193..., to ....., 193...
I last saw h..... alive on....., 193...: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fractured skull	

Other contributory causes of importance:
Collision of two trucks

Name of operation..... Date of.....
What test confirmed diagnosis? C.C. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 19, 1936
Where did injury occur? On highway No 10 and 3 Coda (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. highway
Manner of injury struck by truck
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Samuel C. Kerr M.D.
(Address) Co. 5701, C.C.C. Wolf Lodge, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootnai

City of Post Falls

JAN 3 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 101935

Local Registrar's No. 219

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Alfred Ecklund

(a) Residence. No. Route #2 Post Falls, Idaho. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMENT (Address) Mrs. Mary Jane Ecklund Route # 2 Post Falls, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Date 1-2-37, 1936

19. UNDERTAKER Hazen & Jaeger (Address) 1306 N Monroe Spokane, Wash.

20. FILED Dec. 23, 1936 F. F. Hornig M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1936, to Dec. 8, 1936.

I last saw h~~i~~m alive on Dec. ~~19~~ 8, 1936.: death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration chronic	5 years?

Other contributory causes of importance:

Secondary anemia, from	July 1936
Hemorrhage of pulmonary edema & generalized stasis of circulation,	

Name of operation Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Ralph E. Clark, M. D.

(Address) Spokane Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101936

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 220

(No.) (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Elizabeth Jane O'Hara

(a) Residence. No. St. Rimrock locality
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J. O'Hara

6. DATE OF BIRTH (month, day and year) 1-12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) Dec 31-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ottawa Ont. Can

FATHER

13. NAME John Tighe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) John J. O'Hara

18. BURIAL, CREMATION OR REMOVAL
Place Rimrock Date Dec. 23 1936

19. UNDERTAKER (Address) Cassidy Funeral Home Coeur d'Alene Ida

20. FILED Dec 23, 1936. F. F. Herring, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1936, to Dec. 20, 1936.
I last saw her alive on Dec 20, 1936; death is said to have occurred on the date stated above, at 2 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12-19-36
Other **contributory causes** of importance:	
Fatty cardiac degeneration	
Cardiac Asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton J. Higgins M.D.
(Address) 1107 4th St.

Coeur d'Alene, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Lane

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1058

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 101937

Local Registrar's No. 22

2. FULL NAME Albert Sherman

(a) Residence. No. St. Lane, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 98 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Sherman

6. DATE OF BIRTH (month, day, and year): June 13-1862

7. AGE: Years 74 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common

10. Date deceased last worked at this occupation (mo. and yr.): about 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wisconsin

MOTHER FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. A. W. Berg Lane Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lane, Idaho Date Dec. 25 1936

19. UNDERTAKER (Address): Cassedy Funeral Home Coeur D'Alene Ida

20. FILED Dec. 23 1936 F. T. Herring M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/26/36 193..., to 12/20 1936
I last saw h... alive on 8/30 ..., 1936: death is said to have occurred on the date stated above, at 1.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 yrs.
Ch. Myocarditis	
Other contributory causes of importance:	
see back of sheet	

Name of operation None Date of

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so specify

(Signed) F. T. Herring M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Hayden Lake, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101938

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 222

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary L Rohr

(a) Residence. No. ..... St. Hayden Lake, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 4 mos ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Rohr

6. DATE OF BIRTH (month, day, and year) April 7, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

FATHER
13. NAME Ransome Skillings
14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) ..... (State or country) Not known

17. INFORMANT ..... (Address) Mrs. Gleason, Hayden Lake, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Hayden Lake Cemetery Date Dec 23, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene

20. FILED Dec 23, 1936. T. F. Horning, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ did not see deceased from Dec 23, 1936, to Dec 23, 1936.
I ~~last saw~~ had alive on Dec 23, 1936.: death is said to have occurred on the date stated above, at 11:50 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	Dec 23, 1936
Other **contributory causes** of importance:	
Acute Respiratory infection	Dec 16, 1936

Name of operation ... none ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton H. Greenwood, Coroner M. D.
(Address) Coeur d'Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai.
City of Rathdrum

RECEIVED
JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101939

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 223
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mertie D. Tucker

(a) Residence. No. Rathdrum, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

98

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 3, 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poet.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brookings South Dakota

FATHER
13. NAME Wm. J. Tucker.
14. BIRTHPLACE (city or town) (State or country) Licking Co Ohio

MOTHER
15. MAIDEN NAME Angeline B Tucker
16. BIRTHPLACE (city or town) (State or country) Stockton Ill.

17. INFORMANT (Address) Belle Tucker

18. BURIAL, CREMATION OR REMOVAL Place Grove Cemetery Rathdrum Ida Date 12-9, 1936

19. UNDERTAKER (Address) Cossedy Funeral Home Rathdrum Idaho

20. FILED Dec. 28, 1936 T. T. Horning M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, 193..., to 12-6, 1936
I last saw her alive on 12/5, 1936; death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	2 years

Other contributory causes of importance:

Arthritis deformans	30 yrs
Carcinoma of Rectum	2 years

Name of operation None Date of .....
What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. T. Horning M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101940

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 225

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Flotta L. Briggs

(a) Residence. No. Rockford, Wn. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Briggs

6. DATE OF BIRTH (month, day, and year) 4-14-1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	8	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nebraska
(State or country)

FATHER
13. NAME A. J. Hicks
14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER
15. MAIDEN NAME Blanche Finche
16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Earl Briggs Rockford
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rockford, Wn. Date 12-24-, 1936

19. UNDERTAKER Mooney Mortuary C.H.G.
(Address)

20. FILED Dec. 28, 1936 J. J. Manning Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22-, 1936, to 12-23, 1936
I last saw her alive on 12-23, 1936: death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia	
following Postpartum	(postpartum)
Complicated by	
Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Teed M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101941

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 226

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marcellen Traut-

(a) Residence. No. 818- A. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. — mos. 13 ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W.	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-1-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	15-	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

FATHER
13. NAME E. W. Traut-
14. BIRTHPLACE (city or town) Saganaw
(State or country) Mich.

MOTHER
15. MAIDEN NAME Ellen F. Sheldon
16. BIRTHPLACE (city or town) Roanoke
(State or country) Va.

17. INFORMANT E. W. Traut
(Address) 818 A Street Coeur d'Alene Ida

18. BURIAL, CREMATION OR REMOVAL Forest Lawn
Place Coeur d'Alene Date 12-20 193 6

19. UNDERTAKER Casady Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Dec. 29, 1936 T. F. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1936, to ....., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 6.... m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Dec. 16, 1936
Other **contributory causes** of importance:	
Respiratory Infection	Dec. 3, 1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. F. Herring, M.D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeurd' Alene

JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101942

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 227

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Howard R. Gage

(a) Residence. No. 13th & Best. St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *******

6. DATE OF BIRTH (month, day, and year) 12-31 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) ****
11. Total time (years) spent in this occupation *******

12. BIRTHPLACE (city or town) (State or country) Coeur d' Alene

FATHER

13. NAME Edward R. Gage
14. BIRTHPLACE (city or town) (State or country) N. Dakota

MOTHER

15. MAIDEN NAME Anscell Jones
16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT E.R. Gage
(Address) C.D.A.

18. BURIAL, ~~CREMATION OR REMOVAL~~* Forest. Place C.D.A. Date 12/31/ 6

19. UNDERTAKER The Mooney Mortuary
(Address) C.D.A.

20. FILED Dec 31, 193 6 F. F. Fleming, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936, to Dec 31, 1936
I last saw him alive on Dec 30, 1936; death is said to have occurred on the date stated above, at 3:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	at Birth 12-30-36
Other contributory causes of importance:	

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the following:~~
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hamilton Fitzsimmons M.D.
(Address) Coeur d' Alene, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101943

Registration District No. 30
Primary Registration District No. 1050
Local Registrar's No. 228

FILED JAN 8 1937

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Otis Leroy Ide

(a) Residence. No. 410 North 16th St. 170
(Usual place of abode) Coeur d'Alene (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Ide

6. DATE OF BIRTH (month, day, and year): 1882-1-3

7. AGE — Years: 54 | Months: 11 | Days: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: own farm
10. Date deceased last worked at this occupation (mo. and yr.): 12/23/36
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Dont Know

FATHER

13. NAME: Nathan Ide
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Emma Searle
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Chester Ide 410 16th St.

18. BURIAL, CREMATION OR REMOVAL: Forest - Place Coeur d'Alene Ida Date 12 27, 1936

19. UNDERTAKER (Address): Cannon Funeral Home Coeur d'Alene Ida.

20. FILED Dec 27, 1936. T. F. Herring M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Dec 23, 1936.
I last saw him alive on 12/23, 1936 death is said to have occurred on the date stated above, at 11:35 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gun shot wound of left chest	12/23/36

Other **contributory causes** of importance:

Name of operation: None Date of:
What test confirmed diagnosis?: ... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 12/23 1936
Where did injury occur? Coeur d'Alene Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. In rooms home
Manner of injury: self inflicted gun shot wound
Nature of injury: bullet thru left lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) T. F. Herring M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur D'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101944

JAN 9 1931

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 220
(No. 1012)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Newton Bowman

(a) Residence. No. 1819 (Usual place of abode) Seventh St. Coeur D'Alene Ida
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, (Married) Widowed or Divorced (write the word)

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Lucille Bowman

6. DATE OF BIRTH (month, day, and year): 9-11-1913

7. AGE — Years: 23 | Months: 3 | Days: 19 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Forestry man
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: U.S. Forestry
10. Date deceased last worked at this occupation (mo. and yr.): Dec 12 '30
11. Total time (years) spent in this occupation: 1½ yrs

12. BIRTHPLACE (city or town) (State or country): Edmonton Alberta Canada

FATHER
13. NAME: Thomas Bowman
14. BIRTHPLACE (city or town) (State or country): Unknown Oklahoma

MOTHER
15. MAIDEN NAME: Sadie Barry
16. BIRTHPLACE (city or town) (State or country): Maysville Arkansas

17. INFORMANT (Address): Mrs. Thomas Bowman

18. BURIAL, CREMATION OR REMOVAL
Place: Athol Ida Date: 1-3, 1931

19. UNDERTAKER (Address): Cassidy Funeral Home, Coeur D'Alene,

20. FILED Dec. 31, 1930. T. T. Herring, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-29 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1930, to Dec. 29, 1930.
I last saw h[illegible] alive on Dec. 29, 1930; death is said to have occurred on the date stated above, at 2:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:
Claimed injury to back preceding the sickness none.

Name of operation..... Date of.....
What test confirmed diagnosis? Exam. Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury 12-11 1930
Where did injury occur? U.S. Forestry Camp
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Industry
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injury reported

(Signed) Edward J. Berger, M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101945

Registration District No. 20
Primary Registration District No. 1050
Local Registrar's No. 231

JAN 3 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel B. Rosebrough Sr.

(a) Residence. No. 721 North 4th Coeur d'Alene Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 17 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	white	Married

5a. If married, widowed, or divorced
(HUSBAND) of
(or) (WIFE) of Gertrude Rosebrough

6. DATE OF BIRTH (month, day, and year) Nov 20 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** shoe. Maker,

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) July 1936

11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Samuel B. Rosebrough

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Francis Snoday

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Gertrude Rosebrough
(Address) Coeur d'Alene Idaho

18. BURIAL, CREMATION OR REMOVAL Forest Place. Coeur d'Alene Ida Date 12-31, 1936

19. UNDERTAKER Casey Funeral Home
(Address) Coeur d'Alene Idaho

20. FILED Dec 31, 1936 F. F. Herring, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to Dec 30, 1936.
I last saw h.... alive on Dec 29, 1936.: death is said to have occurred on the date stated above, at 1.10 Am.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1936

Other **contributory causes** of importance:
Operation for gangrenous appendicitis Dec 1, 1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Ex ~~Was there~~ an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold J. Stinger M. D.
(Address) Coeur d'Alene Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

RECEIVED
JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101946

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 248
(No. Lake Side Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Allen Adalbert Agnew

(a) Residence. No. Spirit Lake Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

189C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8 1919

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
17	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill

10. Date deceased last worked at this occupation (mo. and yr.) 12/26/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wishek
(State or country) North Dakota

MOTHER FATHER

13. NAME John F. Agnew

14. BIRTHPLACE (city or town)
(State or country) North Dakota

15. MAIDEN NAME Esther Helen Harder

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT J. F. Agnew
(Address) Spirit Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spirit Lake Cem. Date 12/29., 1936.

19. UNDERTAKER Carpenter Funeral Home
(Address) Rathdrum Ida

20. FILED Dec. 29 1936. F. F. Horning M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1936 to 12/26 1936
I last saw h... alive on ....., 193... death is said to have occurred on the date stated above, at 11. P. m.
Dead when he arrived at Hosp.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Skull Fracture	
Other contributory causes of importance:	
Car Wreck.	

Name of operation None Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/26 1936
Where did injury occur? Near Rathdrum Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway 41
Manner of injury Car turned over
Nature of injury Basal Skull Fract

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) F. F. Horning M. D.
(Address) Coeur d'Alene Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101947

PLACE OF DEATH
County of Latah
City of East Deep Creek near Garfield, Wash.
Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

1887

2. FULL NAME Merl Carscallen

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Logger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Camp

10. Date deceased last worked at this occupation (month and year) Nov. 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Marmarth N. D.

FATHER

13. NAME Amos B. Carscallen

14. BIRTHPLACE (city or town) (State or country) Walhalla N. D.

MOTHER

15. MAIDEN NAME Maude Graham

16. BIRTHPLACE (city or town) (State or country) Saginaw Mich.

17. INFORMENT (Address) Mrs. Maude Carscallen Garfield, Wash.

18. BURIAL, CREMATION, OR REMOVAL Place Palouse, Wash. Date Nov. 22, 1936

19. UNDERTAKER H. E. Kimball (Address) Palouse, Wash

20. FILED Nov 20, 1936. J. Jr Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193..., to ✓, 193...
I last saw h✓ alive on ✓, 193...: death is said to have occurred on the date stated above, at 3:15 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed by Accident	✓

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 19, 1936
Where did injury occur? Latah County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Logging industry
Manner of injury Walking by fell on him
Nature of injury Crushed.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101948

PLACE OF DEATH

County of Latah
City of Potlatch
D. [illegible]

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

89

2. FULL NAME Charles Ragotte

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 10 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Harriet Ragotte

6. DATE OF BIRTH (month, day, and year) Aug 12 1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank etc Lumber Camps

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Tweed Canada

FATHER

13. NAME Peter Ragotte

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMENT (Address) Mrs. Frank Coraglioti

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Date Dec 2 1936

19. UNDERTAKER (Address) A. R. Short Moscow

20. FILED Nov 28 1936 J. Jr. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1936, to Nov 28 1936
I last saw him alive on Nov 23 1936 : death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectus	1934

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. Jr. Thompson, M. D.
(Address) Potlatch, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of North of Potlatch
Idaho

DEC [illegible] 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65
Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE
State File No. 101949

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

89

2. FULL NAME August F. Leistner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agusta Leistner

6. DATE OF BIRTH (month, day, and year) June 6, 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat farm
10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936
11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) Saxony
(State or country) Germany

FATHER

13. NAME Christian Leistner
14. BIRTHPLACE (city or town) Saxony
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Frantz Leistner
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date Dec. 6, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Dec 6th, 1936 J. W. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1936, to Dec 4th, 1936
I last saw him alive on Dec 1st, 1936: death is said to have occurred on the date stated above, at 5:45 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1936

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. E. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of East of Princeton Idaho

DEC 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 101950

Local Registrar's No. 100

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Luvisca Butterfield

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abram Butterfield

6. DATE OF BIRTH (month, day, and year) March 25, 1850

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
86	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 1936

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) St. Johns, Michigan

FATHER

13. NAME Rufus Endign

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Jean Hotham

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. O. C. Butterfield
(Address) Princeton, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash. Date Dec. 8, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Dec 6th, 1936. W. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/20/36, 193..., to 12/7/36, 193...

I last saw her alive on 12/4/36, 193...: death is said to have occurred on the date stated above, at 2 P M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	11/20/36
Bronchial pneumonia	

Other contributory causes of importance:
Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so specify ...

(Signed) Dr. Lyle M. Lueby, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101951

DEC 1 1936 RECEIVED

Registration District No. 65
Primary Registration District No. 2145
Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME H. Louis Currier

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) — — 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	7	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Not Known.
(State or country)

FATHER
13. NAME Not Known.
14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) Not Known.
(State or country)

17. INFORMANT Potaltch Hospital
(Address) Potlatch, Ida.

18. [redacted] CREMATION
Place Spokane, Wn. Date ....., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED Dec. 8th, 1936 Jno. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1936, to Dec 7th, 1936
I last saw him alive on Dec. 7th, 1936: death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. C. Gibson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

DEC 2 - 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 65

Primary Registration District No. 2145

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 10193

Local Registrar's No.

49

2. FULL NAME Harvey Llewellyn Currier

(a) Residence. No. St. Deary, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Was married not known if widowed or divorced

6. DATE OF BIRTH (month, day, and year) April 30, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Not known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maysville Maine

FATHER

13. NAME Chas. Enoch Currier

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Nellie Ellwell

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Marion L. Rooks Bangor Maine

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date 12/12, 1936

19. UNDERTAKER (Address) H.R. Short Moscow, Idaho

20. FILED Dec. 22, 1936 Grace Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from W Oct -, 1936, to Dec. 7th, 1936

I last saw him alive on Dec 7th, 1936: death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935.
Other contributory causes of importance:	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. C. Gibson, M. D.

(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of (Onaway) Potlatch
DE[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6 6
Primary Registration District No. 2145 (No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101953
Local Registrar's No. 1

2. FULL NAME William McKinley Mathwig

(a) Residence. No. ..... St. Hulett, Wyoming
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora G. Mathwig

6. DATE OF BIRTH (month, day, and year) August 7, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1936
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Hulett (State or country) Wyoming

FATHER
13. NAME Dick Mathwig
14. BIRTHPLACE (city or town) ..... (State or country) Wisconsin

MOTHER
15. MAIDEN NAME Sophia Rebbe
16. BIRTHPLACE (city or town) ..... (State or country) Nebraska

17. INFORMANT Dora G. Mathwig (Address) Hulett, Wyoming
18. BURIAL, CREMATION OR REMOVAL Place Palouse Wash Date Dec 10, 1936
19. UNDERTAKER H. E. Kimball (Address) Palouse, Wash.
20. FILED Dec 16, 1936 J. W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1936, to Dec. 7, 1936
I last saw him alive on Dec 7, 1936: death is said to have occurred on the date stated above, at 4 A M m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumo-pneumonia	Dec 4
Other contributory causes of importance:	
✓	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓
(Signed) J. W. Thompson, M. D.
(Address) Potlatch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of North of Potlatch Idaho

DEC 19 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101954

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Therese R. Nowack

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles F. Nowack

6. DATE OF BIRTH (month, day, and year) April 21, 1850

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
86	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (mo. and) Dec. 1935

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) Leba
(State or country) Germany

FATHER

13. NAME Wilhelm Schoth

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Christa Swensen

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Otto Nowack
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Freeze, Idaho Date Dec 14, 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash

20. FILED Dec. 14, 1936 W. H. Thiessen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 193[illegible], to Dec 12, 1936.

I last saw h[illegible] alive on Nov. 11, 1936 :: death is said to have occurred on the date stated above, at 9:08 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Myocarditis	

Other contributory causes of importance:

Senile Gangrene.	
Cont.	

Name of operation None Date of

What test confirmed diagnosis Observ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Moscow Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Potlatch

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101955

REC'D JAN 4 '37

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No.

(No. Potlatch Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

148

2. FULL NAME LeRoy Sowerby

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Sowerby

6. DATE OF BIRTH (month, day, and year)
April 19, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) May. 1936

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Stratford
(State or country) Ontario Canada

FATHER

13. NAME Joe Sowerby

14. BIRTHPLACE (city or town)
(State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mrs. Helen Tess
(Address) Vancouver, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Palouse, Wash Date Dec. 16 1936

19. UNDERTAKER H. E. Kimball
(Address) Palouse, Wash.

20. FILED Dec 16th, 1936 Dr. Jm. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1936, to Dec. 14th, 1936

I last saw him alive on Dec 14th, 1936: death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal Fracture	
L. S. Skull	Nov 26th
Other contributory causes of importance:	
✓	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 26th 1936.
Where did injury occur? Benewah Co. Idaho.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury Auto-mobile accident
Nature of injury Fracture L. S. Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Grace F. C. Gibson, M. D.
(Address) Potlatch.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101956

Registration District No. 41
Primary Registration District No. 1011 Local Registrar's No. 180
(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph Hamlin Decker

(a) Residence. No. 719 S. Main St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Belle Decker

6. DATE OF BIRTH (month, day, and year) Feb. 5, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Springfield, Ill.~~ XENIA

FATHER

13. NAME Frank Decker

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary Crum

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Arlie Decker
(Address) Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date 11/28, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Ida.

20. FILED 11/27, 1936 Edward Lindquist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to Nov 25, 1936.
I last saw him alive on Nov 15, 1936.: death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Nov 20, 1936
Generalized Arteriosclerosis	2
Other contributory causes of importance:	
Hypertrophy of Prostate with urinary obstruction	

Name of operation None Date of —
What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. Dunn, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101957

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 181

120 N. Polk

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Agnes R. Mickey

(a) Residence. No. 120 N. Polk St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H.B. Mickey

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Allentown (State or country) Pa.

FATHER

13. NAME Samuel Roth

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Martin Mickey (Address) Moscow, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Moscow Date 11/27, 1936

19. UNDERTAKER H.R. Short (Address) Moscow, Ida.

20. FILED 11/27, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1936, to 11-26-, 1936

I last saw h[illegible] alive on 11-25-, 1936; death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis	8-9-36
Hypostatic Pneumonia	11-20-36

Other contributory causes of importance:

Pyelitis	3-15-36
Hepatic & Frontal Lobe Brain tumor	8-9-36

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193..

Where did injury occur? none (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Wilson, M. D.

(Address) Moscow, Idaho

Magee

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101958

Registration District No. 11

Primary Registration District No. 1 1 1 Local Registrar's No. 182

(No. Moscow Hospital (Inland Empire))
(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 11 1937

2. FULL NAME Mary Serena Shaff

(a) Residence. No. 518 E. "B" St. Moscow St. Moscow
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. Charles W. Shaff

6. DATE OF BIRTH (month, day, and year) March 14, 1863

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME James Pol

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Francis Cline

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. Louie S. Carter, Moscow, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Dec. 7, 1936

19. UNDERTAKER (Address) Brown-Mann Co. Lewiston, Ida.

20. FILED 12/7, 1936 Harry Cartwright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Dec 7, 1936.
I last saw h[illegible] alive on Dec 7, 1936; death is said to have occurred on the date stated above, at 9:00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Endocarditis, Myocarditis	4 years ago

Other **contributory causes** of importance:

Arterial Sclerosis	Years
Coronary occlusion	Dec 7/36

Name of operation No Date of

What test confirmed diagnosis? Viewed Was there an autopsy? No

23. If death was due to external causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Specify)

(Signed) C. O. Magee, M. D.
(Address) Moscow, Idaho

... 15.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. ...IN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101959

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 183

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Donahue

(a) Residence. No. ..... St. Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth 51 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Edward Donahue

6. DATE OF BIRTH (month, day, and year) Mar. 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Francis Longbottom
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Caroline Wilson
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT James Nichols
(Address) Potlatch, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Potlatch, Ida. Date ....., 193..

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 1-9, 193.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/9/36, 193.., to 12/11/36, 193..
I last saw her alive on 12/10/36, 193..: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12/10/36
Other contributory causes of importance: Cardio-renal disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....
(Signed) Doyle M Lucas, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101960

Registration District No. 61
Primary Registration District No. 2011
Local Registrar's No. 184

JAN 11 1937

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Margaret Isabelle Blake

(a) Residence. No. 443 Lewis St. St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. B. Blake

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Lorettus Haskins
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs. Nellie Summerfield, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow, Ida. Date 12-16, 1936

19. UNDERTAKER (Address) H. R. Short, Moscow, Idaho

20. FILED 12/15, 1936 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.3., to 12/13/36, 193....
I last saw h.e.r. alive on 12/13/36, 193....: death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	12/13/36
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Doyle M. Lueth, M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow (rural)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101961

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 185

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert I. Jones

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma S. Jones

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) 12/16/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Prineville, Ore.

FATHER
13. NAME Lewis Jones
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Emma S. Jones
(Address) Moscow, Ida. (R.F.D.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Moscow, Ida. Date 12/19, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 12/18, 1936 Mary Lenhoust
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/16/36, 193..., to 12/16/36, 193...
I last saw him alive on 12/16/36, 193...: death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/16/36
Other contributory causes of importance: Hypertension; arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Doyle M. Lucas, M. D.
(Address) Moscow, Idaho

Nelson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Moscow

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101962

Registration District No. 6 1

Primary Registration District No. 1 0 1 1 Local Registrar's No. 1 8 6

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Gritman Hospital)

101 N

2. FULL NAME Florence Mabel Schumacker

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June W. Schumacker

6. DATE OF BIRTH (month, day, and year) June 28, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife or

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cawker City, Kan.

FATHER

13. NAME Chas. W. Green

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Malinua Gansel

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Richard Schumacker, Moscow, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Moscow Date 12/19, 193 6

19. UNDERTAKER (Address) H.R. Short, Moscow, Idaho

20. FILED 12/18, 193 6 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 193 6

22. I HEREBY CERTIFY, That I attended deceased from June, 193 3, to 12-17, 193 6.

I last saw her alive on 12-17, 193 6; death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease Terminal	12-15-36
Uremia	12-13-36

Other contributory causes of importance:

Chronic Sec. Anemia
Chronic Asthenia

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193 ____

Where did injury occur? ____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Joseph D. Nelson, M. D.

(Address) Moscow

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101963

Registration District No. 6 1
Primary Registration District No. 1 0 1 1 Local Registrar's No. 182

JAN 11 1937

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

47

2. FULL NAME Georgia Price

(a) Residence. No. First & Almond St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Price

6. DATE OF BIRTH (month, day, and year) Dec. 19, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Robert Robedee

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Martha Hoke

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT M.W. Price
(Address) Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 12/22, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 12/22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to Dec 20, 1936
I last saw h[illegible] alive on Dec 18, 1936: death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	Unknown
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Edward M. Dunn, M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101964

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 188

(No. R.F.D. Rt. # 2)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Wilford Mallery

(a) Residence. No. Rt. # 2 St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clara Edith Mallery

6. DATE OF BIRTH (month, day, and year): Aug. 13, 1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Allegan Mich.

FATHER

13. NAME: Not known
14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Perry Mallery Moscow, Ida.

18. BURIAL, CREMATION, REMOVAL
Place Moscow, Ida. Date 12/23, 1936

19. UNDERTAKER (Address): H.R. Short Moscow, Ida.

20. FILED 12/22, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1936, to Dec 21, 1936, last saw her alive on 10-23, 1936: death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	
Pyelitis carcinoma.	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [signature], M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101965

Registration District No. 61
Primary Registration District No. 1011 Local Registrar's No. 189

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Thorne Fulton

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1909

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	27	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operated a
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. students book exchange
10. Date deceased last worked at this occupation (mo. and yr.) 12/19/36
11. Total time (years) spent in this occupation 2 yr.

12. BIRTHPLACE (city or town) (State or country) Spokane, Wash.

FATHER

13. NAME F. G. Fulton
14. BIRTHPLACE (city or town) (State or country) Waterman Ill.

MOTHER

15. MAIDEN NAME Helen Thorne
16. BIRTHPLACE (city or town) (State or country) Pittsburg, Penn.

17. INFORMANT F. G. Fulton
(Address) Spokane Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Spokane, Wash. Date Dec. 31, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow Idaho.

20. FILED 12/29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1936, to 12/28, 1936
I last saw her alive on 12/28, 1936: death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock.	
Other contributory causes of importance: Trauma to body in ~~motor~~ auto accident	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/28, 1936.
Where did injury occur? Gritman Co. Wash.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place Public Highway.
Manner of injury Auto accident.
Nature of injury Trauma to body.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Moscow, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101966

Registration District No. 6 1

Primary Registration District No. 1 0 1 1 Local Registrar's No. 1 9 0

(No. Gritmans Hospital.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Louise Carr Hall

(a) Residence. No. 1 St. Potlatch, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alphonzo Hall

6. DATE OF BIRTH (month, day, and year) June 15, 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rome, Indiana.

FATHER

13. NAME Hiram Carr

14. BIRTHPLACE (city or town) (State or country) Rome, Indiana.

MOTHER

15. MAIDEN NAME Susan Ricks.

16. BIRTHPLACE (city or town) (State or country) Rome, Indiana.

17. INFORMANT Mrs. Ruth Hall
(Address)

18. BURIAL, ~~CREMATION OR REMOVAL~~ – Place Mattoon, Ill. Date 12/31, 1936

19. UNDERTAKER H.R. Short
(Address) Moscow, Idaho

20. FILED 12/31, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/25/36, 193..., to 12/29/36, 193... I last saw her alive on 12/29/36, 193...: death is said to have occurred on the date stated above, at 9230 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Doyle M. Leuchs, M. D.

(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101967

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 191

JAN 11 1937

(No. Gritman Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Amy Russell Greene

(a) Residence. No. Culdesac, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Greene

6. DATE OF BIRTH (month, day, and year) Feb 6, 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME George Russell
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Angeline Jackson
16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT George Greene
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston Idaho Date 12/31, 1936

19. UNDERTAKER Vassar Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED 12/31, 1936 Mary Eastwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/31/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1936, to 12/31/36, 193...
I last saw her alive on 12/31/, 1936: death is said to have occurred on the date stated above, at 9:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	

Other **contributory causes** of importance:

Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Donald M. Lochrie M. D.
(Address) Moscow, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Deary Rural So

REC'D JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101968

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Duran Duransson

(a) Residence. No. Deary Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Duranson

6. DATE OF BIRTH (month, day, and year) May 14 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) June '36
11. Total time (years) spent in this occupation 47 yrs.

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Duran Duransson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Bertha Peterson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Emma Duransson
(Address) Deary Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date ....., 193...

19. UNDERTAKER Carlson-Anderson
(Address) Moscow Ida

20. FILED Dec 30, 1936 Lucy M Packard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1936, to 12/25, 1936.
I last saw him alive on 12/24, 1936; death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Abdomen	June 1936.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas G. Meyer, M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Kendrick

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 20
Primary Registration District No. 2143

DO NOT WRITE IN THIS SPACE
State File No. 101963

Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bobby Lee Galloway

(a) Residence. No. Kendrick St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 16, 1927

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	None	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kendrick
(State or country) Idaho

FATHER
13. NAME Hiram Galloway
14. BIRTHPLACE (city or town) Springfield
(State or country) Mo.

MOTHER
15. MAIDEN NAME Adeline Hupp
16. BIRTHPLACE (city or town) ~~Kfcl~~ Kendrick
(State or country) Idaho

17. INFORMANT Hiram Galloway
(Address) Kendrick, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Wild Rose Date Dec. 27, 1936

19. UNDERTAKER A. Earl Adler
(Address) Troy, Idaho

20. FILED Dec 27, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec. 24, 1936.
I last saw he alive on Dec. 24, 1936: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec. 14, 1936
Other contributory causes of importance:	
Measles	Dec. 8, 1936

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) D A Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

JAN 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101971

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No. 1910
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Chester Vesina
(a) Residence. No. ... Leadore Idaho. St. ...
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 21 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	4 Months	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (mo. and yr.) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Leadore
(State or country)

FATHER
13. NAME Raymond H Vesina
14. BIRTHPLACE (city or town) Leadore
(State or country)

MOTHER
15. MAIDEN NAME Alice E. Whitlock
16. BIRTHPLACE (city or town) Ashburn
(State or country) Wyo.

17. INFORMANT Alice Vesina
(Address) Leadore Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Leadore Date 12/24" 1936

19. UNDERTAKER Jno C Toelle
(Address) Salmon Ida

20. FILED Jan 14, 1937 Clio C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19-1936, 193..., to 12/23-36, 193...
I last saw him alive on 12/23-1936, 193...: death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	12-12-1936.
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) W. L. Jones M.D., M. D.
(Address) Salmon, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101972

PLACE OF DEATH

County of Lewis
City of Craigmont.

Registration District No. 50
Primary Registration District No. 2129

Local Registrar's No. 18

JAN 7 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Henrietta Waugh Parsons.,

(a) Residence. No. St Long View, Wash.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE of Charles A. Parsons

6. DATE OF BIRTH (month, day, and year) May 18 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kappa. Illinois

FATHER

13. NAME John C. Waugh.,

14. BIRTHPLACE (city or town) (State or country) Unknown probably Germany

MOTHER

15. MAIDEN NAME Susan Zaneis.,

16. BIRTHPLACE (city or town) (State or country) Unknown Probably Germany

17. INFORMENT Irene Howard (Address) Craigmont, Idaho.

18. BURIAL, CREMATION, OR REMOVAL Place Long View, Wn. Date , 193

19. UNDERTAKER C E Olney (Address) Craigmont, Idaho.

20. FILED 12-21, 1936 P C Dunnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 19 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2, 193 , to Dec 19, 36, 193

I last saw her alive on Dec. 19, 1936, death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Oct 14. 36
(over)	
Other contributory causes of importance:	
High blood pressure	Some yrs

Name of operation none Date of -

What test confirmed diagnosis? usual Was there an autopsy? n

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury , 193

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P C Dunnell, M. D.

(Address) Craigmont, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lewis

City of Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2129

DO NOT WRITE IN THIS SPACE

State File No. 101973

Local Registrar's No. 49

JAN 1 1937 (No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John Joseph O'Shaughnessy

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred. 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Ella Mae Scoville O'Shaughnessy

6. DATE OF BIRTH (month, day, and year) Dec. 25 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	------	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit, Mich

FATHER

13. NAME John Joseph O'Shaughnessy

14. BIRTHPLACE (city or town) (State or country) County Cork Ireland

MOTHER

15. MAIDEN NAME Ellen Margaret Moran

16. BIRTHPLACE (city or town) (State or country) County Cork Ireland

17. INFORMENT (Address) Mae O'Shaughnessy Winchester, Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Winchester, Ida Date Golden Ridge Dec. 29 1936

19. UNDERTAKER C C Clemens (Address) Craigmont, Idaho

20. FILED 12-31, 1936. R Gauch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 27 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Dec 27, 1936 that I last saw h alive on Dec 27, 1936 death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1926

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ------ Date of injury ---, 193

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. A. Marsh, M. D.

(Address) Winchester, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County Madison

City of Buton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101974

Registration District No. 100

Primary Registration District No. 2178 Local Registrar's No. 73

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joseph A Wood

(a) Residence No. (Usual place of abode) Buton, Idaho St. (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ida (Ward) Myers

6. DATE OF BIRTH (month, day and year): May 2, 1877

7. AGE: Years 59 | Months 7 | Days 17 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wellsville Utah

FATHER

13. NAME: George Wood

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Peart

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Joe Wood Buton R. 1. Box 1

18. BURIAL, CREMATION OR REMOVAL
Place: Buton, Idaho Date: Dec 22, 1936

19. UNDERTAKER (Address): John A. Wood Idaho Falls, Idaho

20. FILED Dec ..., 1936. Mrs. I. Eyring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Dec 19, 1936.

I last saw him alive on Dec 18 1936: death is said to have occurred on the date stated above, at 6 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	3 days
Bronchopneumonia	2 days

Other **contributory causes** of importance:
Chronic Myocarditis
Chronic Bronchitis

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) W. R. Abbott, M. D.

(Address) Idaho Falls, Ida.

Elmore.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Minidoka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101977

Registration District No. 17

Primary Registration District No. 2016 Local Registrar's No. 66

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Alyce Vroman

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): July 14 - 1936

7. AGE: Years: 4 Months: 29 Days: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minidoka (State or country) Idaho

FATHER

13. NAME Elton R Vroman

14. BIRTHPLACE (city or town) Mindon (State or country) Nebraska

MOTHER

15. MAIDEN NAME Myrtle M Miller

16. BIRTHPLACE (city or town) Plattsmouth (State or country) Nebraska

17. INFORMANT ..... (Address) Mr Vroman

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida Date 12-15, 1936

19. UNDERTAKER Goodman & Sons (Address) Rupert Ida

20. FILED 1-4, 1937 A. V. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Dec 13 (year) 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Dec 13, 1936.

I last saw her alive on Dec 12, 1936.: death is said to have occurred on the date stated above, at 11:30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bolar Pneumonia	
acute	12-10-36
Other **contributory causes** of importance:	
none	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. V. Elmore M. D.

(Address) Rupert Ida

E

PLACE OF DEATH

County of Minidoka

City of Minidoka

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101978

Registration District No. 19

Primary Registration District No. 2015 Local Registrar's No. 67

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. .....)

2. FULL NAME Claudine Simmett

(a) Residence. No. ..... St. .....
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Mar

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 14 1936

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Washington

MOTHER FATHER

13. NAME: Archie Simmett

14. BIRTHPLACE (city or town) (State or country): Kansas

15. MAIDEN NAME: Marlyn Kaffman

16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Archie Simmett Minidoka Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Oct. 16, 1936

19. UNDERTAKER (Address): W. A. Goodmanson Rupert Idaho

20. FILED 1-5, 1937 C. A. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Saw her only, to after death.

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

I saw body of the child at the Undertakers place. From history obtained child smothered by accidently getting too much bedding for the cold while asleep.

Date of onset

Other **contributory causes** of importance:

no other causes could be found

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. B. Johnson, M. D.

(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

E.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101979

PLACE OF DEATH
County of Minidoka
City of Acequia
JAN 7 1937

Registration District No. 19
Primary Registration District No. 2013
Local Registrar's No. 68

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Zacharias Johansen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1516

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Child
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec 12 1936
7. AGE — Years | Months | Days: 1 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Acequia Idaho

FATHER
13. NAME: Edmund J. Johansen
14. BIRTHPLACE (city or town) (State or country): Nebraska

MOTHER
15. MAIDEN NAME: Reta Hardy
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT (Address): Edmund J. Johansen Rupert Route 3
18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida. Date 12-14 1936
19. UNDERTAKER (Address): Ida Woodmansee
20. FILED 1-4 1937. E. B. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 13 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1936, to 12-13, 1936.
I last saw him alive on 12-12, 1936.: death is said to have occurred on the date stated above, at 4 P.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Blue Baby - Failure of Hexament Acale to Close	
Profelig	

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Dysfloumi Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) E. B. Elmore, M. D.
(Address) Rupert Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Jer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101980

PLACE OF DEATH

County of Minidoka

City of Rupert

Registration District No. 19

JAN 6 1937

Primary Registration District No. 2015

Local Registrar's No. #169

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

159C

2. FULL NAME Sharon Joy Hyde

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): S
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Nov 4 1936
7. AGE — Years: 0 | Months: 0 | Days: 1/2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country): Idaho
13. NAME: Milton Hyde
14. BIRTHPLACE (city or town) (State or country): Wyoming
15. MAIDEN NAME: Mildred Gregory
16. BIRTHPLACE (city or town) (State or country): Idaho

17. INFORMANT: Milton Hyde
(Address): Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Cem. Date: Nov 6, 1936

19. UNDERTAKER: W. G. Goodman
(Address): Rupert

20. FILED: 1-5, 1937. E. M. Elmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936, to Nov 5, 1936.
I last saw her alive on Nov 5, 1936; death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Atelectasis, Fetal	11-4-36.

Other **contributory causes** of importance:

Name of operation: none Date of:
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl C. Jensen, M. D.
(Address) Rupert Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Mindoka
City of Rupert

STATE OF IDAHO jensen
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 19
Primary Registration District No. 2012 Local Registrar's No. 22
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 101981

124

2. FULL NAME Clara Ann Bason

(a) Residence. No. Rupert St. Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 16. 1863

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Unknoun
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Royal A. Bason

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Ida. Date 12-26, 1936

19. UNDERTAKER E. W. Goodman (Address) Rupert

20. FILED 1-3, 1937 E. T. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936 to Dec 23, 1936
I last saw h alive on Dec 23 1936; death is said to have occurred on the date stated above, at 3:30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cholemptetis, acute, gangrenous	12-21-36
Other **contributory causes** of importance:	

Name of operation None Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) Earl C. Jensen M.D.
(Address) Rupert Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101982

PLACE OF DEATH
County of Nez Perce
City of Gifford

JAN 7 1937

Registration District No. 92
Primary Registration District No. 2170
(No.)
Local Registrar's No. 46

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Sylvester M Kelley

57

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sylvester M Kelley

6 DATE OF BIRTH (month, day and year) Nov 20 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berry Co Mo

PARENTS
10 NAME OF FATHER John H Dougherty
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky Ind
12 MAIDEN NAME OF MOTHER Nancy Daugherty
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky. Mo

14 Informant J. L. Pinkerton
(Address) Gifford Ida

15 Filed 12-4, 1936 E. E. Watts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec (Month) 4 (Day) 1936 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-13, 1936, to 9-21, 1936, that I last saw her alive on 9-21, 1936, and that death occurred, on the date stated above, at 7-a m.

The CAUSE OF DEATH* was as follows:
Diabetes Mel
(duration) - yrs. 11 mos. - ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) E. E. Watts, M. D.
12-4, 1936 (Address) Gifford

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal	Date of Burial
Lookout	11-7 1936
20. Undertaker Brower & Mann	Address Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Baldwin

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101983

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 136
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet Nesbit

(a) Residence. No. St. Lapwai, Ida
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not on record

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stites
(State or country) Idaho

FATHER
13. NAME Walter D. Nesbit
14. BIRTHPLACE (city or town)
(State or country) Idaho

MOTHER
15. MAIDEN NAME Alice Ellenwood
16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Lott Nesbit Lapwai, Idaho
(Address)
18. [redacted] OR REMOVAL
Place Spalding Date Nov 28 1936
19. UNDERTAKER Brosuer Mortuary Co
(Address) Lewiston, Ida
20. FILED Dec 28 1936 M W Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 22 1936
22. I HEREBY CERTIFY, That I attended deceased from October 22, 1936, to Nov 22nd, 1936.
I last saw her alive on Nov 22nd, 1936. death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess.	unknown.
Post operative shock.	Nov 19-1936.
Pelvic cellulitis and decubitus.	unknown.
Bronchopneumonia.	Nov 22-1936.
Other contributory causes of importance:	
Tertiary Syphilis.	unknown.

Name of operation Drainage of abscess Date of Nov 21-36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Joseph S. Baldwin, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101984

JAN 12 1937

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 737

(No. 1808 - 13th Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie M. Hilton

(a) Residence. No. ..... St. St Ignatius, Mont

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hilton

6. DATE OF BIRTH (month, day and year) May 7-1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME ——— Langhoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Jos. Dawson, Lewiston, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Ida. Date Nov. 27, 1936

19. UNDERTAKER (Address) Brown Mortuary Co. Lewiston Ida.

20. FILED Dec 28 1936 M. W. Caskey Registrar

MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936, to Nov 13, 1936

I last saw her alive on Nov 13, 1936: death is said to have occurred on the date stated above, at 1 or 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1935
Chronic interstitial Nephritis	1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. L. G. Week, M. D.

(Address) Clarkston, Wn

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No.

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 737
(No. 1808 - 13th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hattie M. Hilton

(a) Residence. No. 1 St. St Ignatius, Mont.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hilton

6. DATE OF BIRTH (month, day, and year) May 7, 1863

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
73	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Langhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME No known record

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joe Dawson
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Nov. 27, 1936

19. UNDERTAKER Brower, Mayer Co.
(Address) Lewiston, Idaho

20. FILED Mar. 9, 1937 M. W. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13., 1936., to Nov. 13., 1936.
I last saw her alive on Nov. 13., 1936.: death is said to have occurred on the date stated above, at 1.00 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1935
Chronic Interstitial Nephritis	1936

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. L. A. Week, M. D.
(Address) Clarkston, Wash.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101985

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 738

(No. 1827 - 7th Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Miles D. Taylor

(a) Residence. No. 1827 - 7th Ave St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Euphemia Taylor

6. DATE OF BIRTH (month, day, and year) Oct 10, 1846

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner of machine shop

10. Date deceased last worked at this occupation (mo. and yr.) 1934

11. Total time (years) spent in this occupation 60 years

12. BIRTHPLACE (city or town) Jonkanie
(State or country) Pennsylvania

FATHER

13. NAME Not on record

14. BIRTHPLACE (city or town)
(State or country) Not on record

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town)
(State or country) Not on record

17. INFORMANT Howard Howe
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date Nov 29 1936

19. UNDERTAKER Brown-Wamp Co.
(Address) Lewiston, Idaho

20. FILED Dec 2 1936 M W Carkey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 27 1936

22. I HEREBY CERTIFY, That I attended, deceased from Nov. 19, 1936, to Nov. 27, 1936

I last saw him alive on Nov. 26, 1936: death is said to have occurred on the date stated above, at 6-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) Lewiston, Ida

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

JAN 11 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101986

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 740

(No. St Joseph's Hospital 113)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virgil Eric Misner

(a) Residence. No. ..... St. Melrose, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

MOTHER/FATHER

13. NAME Jervase Misner

14. BIRTHPLACE (city or town) Melrose
(State or country) Idaho

15. MAIDEN NAME Blenda Peterlund

16. BIRTHPLACE (city or town) Cheyenne
(State or country) North Dakota

17. INFORMANT Jervase Misner
(Address) Melrose, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Melrose, Idaho Date Dec. 3, 1936

19. UNDERTAKER Brower Mortuary Co.
(Address) Lewiston, Idaho

20. FILED Dec 28 1936 M. McCaskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936, to Dec. 3, 1936.

I last saw him alive on Dec. 3, 1936.; death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
Infant	

Other **contributory causes** of importance:

Enteritis	
Bronchitis	

Name of operation None Date of.....

What test confirmed diagnosis? Findings Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? - Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Paul H. Young M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101987

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 741

(No. 228 - 18th St)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eliza Ingraham

(a) Residence. No. 228 - 18th St. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L. Ingraham

6. DATE OF BIRTH (month, day, and year) Aug 30, 1842

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
94	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meramichi New Brunswick

FATHER

13. NAME John Small

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jeannette Stephens

16. BIRTHPLACE (city or town) (State or country) not on record

17. INFORMANT (Address) Robert Ingraham Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Dec. 6, 1936

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Jan. 8, 193[illegible] Mrs. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Dec. 4, 1936
I last saw her alive on Dec. 3, 1936; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Senesis	about 5 yrs
Absorption [illegible]	[illegible]
over buttocks (bed sore)	6 [illegible]

Other **contributory causes** of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. L. Whole, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101988

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 142

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Louis Delsol

(a) Residence. No. Delsol Lane St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. mos ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25, 1837

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
99	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Winegardist

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) De Castille France

FATHER

13. NAME Not on record

14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT (Address) Mrs. Hortense Strong Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida Date Dec. 7 1936

19. UNDERTAKER (Address) Brower Mann Co. Lewiston, Ida.

20. FILED Dec 22 1936 M. M. Easley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 5, 1936.

I last saw him alive on Dec 6, 1936: death is said to have occurred on the date stated above, at 10 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilitation of Heart	Dec 5 36
Other **contributory causes** of importance: Chronic Cystitis	about 1 yr

Name of operation None Date of

What test confirmed diagnosis? Ordinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. F. White, M. D.

(Address) Lewiston, Idaho

Braddock

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101989

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 743

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

49

2. FULL NAME Phoebe Jane Haush

(a) Residence. No. 302 Prospect St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. E. Haush

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	63	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Bookkeeper

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own store

10. Date deceased last worked at this occupation (mo. and yr.) 10-1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER FATHER

13. NAME Andrew H. Haskins

14. BIRTHPLACE (city or town) (State or country) Green Mountain Vermont

MOTHER

15. MAIDEN NAME Mary Etta Ames

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT (Address) Mrs M. M. Albert Aberdeen, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Dec 9, 1936

19. UNDERTAKER (Address) Brauer Mann Co. Lewiston, Ida.

20. FILED Dec 18, 1936 M. W. Carkeys Registrar.
M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Dec 7, 1936.

I last saw h**e** alive on Dec 7, 1936: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma Gallbladder	1936
complete occlusion of common bile duct	
Marked Jaundice	Nov 1936

Other **contributory causes** of importance:

Name of operation Laparotomy Date of Nov 25-36

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Evelyn Brauer M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.
MARGIN RESERVED FOR BINDING

Johnson.

PLACE OF DEATH
County of Nez Perce
City of Lewiston
JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101990

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 744
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Meacham
(a) Residence. No. (Usual place of abode) St. Culdesac, Idaho
(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. /6s. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1.2 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho.

MOTHER FATHER
13. NAME Hulburd Meacham
14. BIRTHPLACE (city or town) (State or country) California
15. MAIDEN NAME Margaret Bartholow
16. BIRTHPLACE (city or town) (State or country) Emmett Idaho

17. INFORMANT (Address) Hulburd Meacham Culdesac, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Dec. 9, 1936

19. UNDERTAKER (Address) Brosnan Thompson Company Lewiston, Idaho

20. FILED Dec 22, 1936 M. E. Corkey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Dec 7, 1936.
I last saw him alive on Dec 7, 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth - 6½ months Dec 7	
Lived about 12 hrs	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Paul O. Johnson, M. D.
(Address) Lewiston, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101991

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 745
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rufus Lee Gentry

(a) Residence. No. ... St. Kenterville, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Gentry

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1881

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	55	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Own farm

10 Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilkesborough North Carolina

MOTHER/FATHER

13. NAME John E. Gentry

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Cecelia

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT (Address) Wilfred Gentry Lewiston, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood, Ida Date Dec. 10 1936

19. UNDERTAKER Brawner Mann Co.
(Address) Lewiston Idaho.

20. FILED Dec. 22 1936. M. W. Caskey Registrar
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1936, to Dec 8, 1936.
I last saw him alive on Dec. 8, 1936.: death is said to have occurred on the date stated above, at 12 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	1935
Hypertension	1934

Other **contributory causes** of importance:

Name of operation None Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) E. L. Braucock, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

...SERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of ~~Idaho~~ Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101992

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 96

(No. St Josephs Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Lyle Thomson

(a) Residence. No. ..... St. Almota, Wn.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Imogene Thomson

6. DATE OF BIRTH (month, day, and year): December 11, 1856

7. AGE — Years: 79 | Months: 11 | Days: 29 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Eye ear nose throat Specialist Physician & Surgeon
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER/FATHER
13. NAME: Thomson
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Susan Smith
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mrs. Imogene Thomson Almota Wn

18. BURIAL, CREMATION OR REMOVAL
Place: Spokane, Wn. Date: Dec 12 1936

19. UNDERTAKER (Address): Brower Mann Co. Lewiston Idaho

20. FILED: Dec 28 1936 M. M. Caskey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934, to Dec 10, 1936.
I last saw him alive on Dec 9, 1936; death is said to have occurred on the date stated above; at 8:30 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Heart Disease	years.
Other contributory causes of importance: Bronchitis (acute)	4 days

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul V. Johnson M. D.
(Address) Clarkston, Wn.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101993

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 747

(No. White Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerome Belford Mulkey

(a) Residence. No. 15 th. St. Clarkston, Wash St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Marion County Ore.

FATHER

13. NAME David Mulkey

14. BIRTHPLACE (city or town) (State or country) Johnson Co. Missouri.

MOTHER

15. MAIDEN NAME Sahara Jane Noe

16. BIRTHPLACE (city or town) (State or country) Nob Noyster. Ken.

17. INFORMANT C. Mulkey
(Address) Clarkston, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston, Wash Date 12/15 193 6

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash

20. FILED Dec 28, 1936 M. McCaskey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 hours
Arteriosclerosis	about 5 Yrs
Angina Pectoris	" 1 Yr

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Coronal Symptoms Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. K. White, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

JAN 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101994

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 748

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Shirley Mae Haynes

(a) Residence. No. Clarkston, Wash. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec. 11, 1936

7. AGE — Years | Months | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lewiston Ida.

FATHER

13. NAME Raymond Haynes

14. BIRTHPLACE (city or town) (State or country): Pullman Wash.

MOTHER

15. MAIDEN NAME Temperence Lear

16. BIRTHPLACE (city or town) (State or country): Clarkston, Wash.

17. INFORMANT Raymond Haynes
(Address) Clarkston, Wash.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston, Wn. Date 12/14 193 6

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wn.

20. FILED Dec 28 1936 M. McCarkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 193 6, to Dec 12, 193 6.
I last saw her alive on Dec 11 193 6: death is said to have occurred on the date stated above, at 3 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Open foramen ovale	at birth

Other **contributory causes** of importance:

Prematurity	

Name of operation None Date of

What test confirmed diagnosis? Cyanosis Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home,** or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. E. Carson, M. D.
(Address) Lewiston Ida

Baldeck.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101995

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 749

(No. St. Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clarence L. Roske

(a) Residence. No. 734 12 th. St. Clarkston, Wash. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rowena A. Foster

6. DATE OF BIRTH (month, day, and year)
Mar. 3, 1899

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
37	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Mill Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Saw Mill

10. Date deceased last worked at this occupation (mo. and yr.) 12/5/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence Mont.

MOTHER FATHER

13. NAME Edward J. Roske

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Lydia Bennet

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT (Address) Mrs. C. L. Roske Clarkston, Wash

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Clarkston, Wash Date 12/16, 1936

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash.

20. FILED Dec 28, 1936 M W Garkey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....
I last saw him alive on Dec. 14, 193. 6a death is said to have occurred on the date stated above, at 4 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 2-36
Other **contributory causes** of importance:	

Name of operation Tonsillectomy Date of Dec 4 1936

What test confirmed diagnosis? None Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. F. Braddock, M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Dr. McRae

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101996

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 750

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

74a

2. FULL NAME William Combs

(a) Residence. No. 0209-25th St. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Love Combs

6. DATE OF BIRTH (month, day, and year) March 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Little Rock, Arkansas
(State or country)

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Francis Harrison
(Address) Lewiston, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Idaho Date Dec. 17, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 22 1936 M W Castey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1936, to Dec. 15, 1936

I last saw him alive on 12-15, 1936: death is said to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12-10-36
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 193...

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. McRae, M. D.

(Address) Lewiston Idaho

Dr. Stockslager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston

1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101997

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 757
(No. St. Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

1610

2. FULL NAME Infant son of Mr. And Mrs George Blimka

(a) Residence. No. ..... St. Clarkston, Washington
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
0	0	0	12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

FATHER
13. NAME George Blimka
14. BIRTHPLACE (city or town) Salmon
(State or country) Idaho

MOTHER
15. MAIDEN NAME Ruby Bacon
16. BIRTHPLACE (city or town) Melrose
(State or country) Idaho

17. INFORMANT George Blimka
(Address) Clarkston, Washington

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Clarkston, Wash. Date Dec. 16, 1936

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Dec 22, 1936 M W Carey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 15, 1936
I last saw ~~him~~ alive on Dec 14, 1936; death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify
(Signed) L. L. Stockslager M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez. Perce
City of Lewiston

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101998

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 75-2

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Guy Charles Wafford

(a) Residence. No. ..... St. Clarkston Wn.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct-9-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ... —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asotin Wash

FATHER

13. NAME Boyd Wafford

14. BIRTHPLACE (city or town) (State or country) Asotin Wash

MOTHER

15. MAIDEN NAME Edith Van Arsdle

16. BIRTHPLACE (city or town) (State or country) Pomeroy Wash

17. INFORMENT (Address) Boyd Wafford Clarkston Wn.

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL Place Pomeroy Wn. Date Dec 15, 1936

19. UNDERTAKER (Address) Boyd Wafford (father) Clarkston, Wn.

20. FILED Dec 22 1936 M W Cashley Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936, to Dec 15 1936

I last saw him alive on Dec 15 1936; death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia both sides	Dec 10-36

Other contributory causes of importance:

Flu	Dec 8-36

Name of operation ..... Date of .....
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. White, M. D.

(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce.

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101999

Registration District No. 1009

Primary Registration District No. 06

Local Registrar's No. 753

(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Golda Gertrude Lawson

(a) Residence. No. Jefferson and G St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Lawson

6. DATE OF BIRTH (month, day, and year) Oct. 29 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Vernon (State or country) Missouri

FATHER

13. NAME Thomas Frank Wise

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anna Bowman

16. BIRTHPLACE (city or town) Mt Vernon (State or country) Missouri

17. INFORMANT Frank Wise (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Dec 18, 1936

19. UNDERTAKER Brauer Mann Co. (Address) Lewiston, Idaho.

20. FILED Jan 8, 1937 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h[illegible] alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	About 1 yr
Pernicious Anaemia	3 yrs

Other contributory causes of importance:

Name of operation Cardinal Symptoms Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. White, M. D.

(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Lyle

DO NOT WRITE IN THIS SPACE
State File No. 102000

JAN 11 1937

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 754
(No. St Joseph Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Danny Lentz
(a) Residence. No. Reith, Idaho St Reith Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Lentz

6. DATE OF BIRTH (month, day, and year) Aug. 2nd 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME John Lentz
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Maggie Dean
16. BIRTHPLACE (city or town) (State or country) Nashville, Tenn.

17. INFORMANT (Address) John D. Lentz Reith Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/9, 1937

19. UNDERTAKER (Address) Brower-Hayes Co Lewiston Idaho

20. FILED Jan 8, 1937 M C Bartley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-9, 1936, to Dec-16, 1936
I last saw h[illegible] alive on Dec 16, 1936; death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic infection	
Other contributory causes of importance:	
acute nephritis	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

JAN 1 A 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102001

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 755
(No. Whites Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Addie Mary McCabe

(a) Residence. No. 1910 8th Ave St
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. McCabe

6. DATE OF BIRTH (month, day, and year) June 30th 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	6	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy (State or country) Ohio

FATHER
13. NAME John P. Bradley
14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER
15. MAIDEN NAME Margaret Hance
16. BIRTHPLACE (city or town) Cape Town (State or country) Ohio

17. INFORMANT (Address) James W. McCabe Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 1/18, 1937

19. UNDERTAKER Brown & Wayne Co
(Address) Lewiston Idaho

20. FILED Jan 8, 1937 M. W. Bailey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 16, 1936
I last saw h[illegible] alive on Dec 16, 1936: death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism Carcinoma of breast	Dec-1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Cardinal Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. R. White, M.D.
(Address) Lewiston, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102002

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 152

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

JAN 13 1937

2. FULL NAME ~~Lewiston, Idaho~~ Joseph Paviska

101a

(a) Residence. No. Lewiston, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, and year) March 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Lawerence Paviska

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Annie Paviska

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Red Church Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston, Idaho Date 12-21-36 193..

19. UNDERTAKER (Address) Vassar-Rawls Mortuary Lewiston, Idaho

20. FILED Jan 8, 193.. Registrar. M. W. Carkey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1936 to Dec. 18, 1936

I last saw him alive on Dec. 18, 1936: death is said to have occurred on the date stated above, at 10:15 p/ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 6-36
Other contributory causes of importance:	
Dust Nurse	

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. L. Swanson, M. D.

(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102003

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 757
(No. 1707 - 7th Ave.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Newton Stanton
(a) Residence. No. 1707 - 7th Ave St. 111a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Stanton

6. DATE OF BIRTH (month, day, and year) April 10 - 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Christopher Stanton
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER
15. MAIDEN NAME Mary Still
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Viola Stanton
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date 12/23, 1936

19. UNDERTAKER Brown-Wamp Co
(Address) Lewiston Idaho

20. FILED Jan. 8, 1937 M. W. Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Dec 20, 1936.
I last saw h[illegible] alive on Dec 20, 1936.: death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Heart	Dec 20. 36
Other contributory causes of importance:	
Duodenal Ulcer	Aug. 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) E. L. White M. D.
(Address) Lewiston Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102004

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 158
(No. Lewiston Orchards)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Cora Vronen Nolan

(a) Residence. No. Lewiston Orchards
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Nolan

6. DATE OF BIRTH (month, day, and year) Oct 16th 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mason
(State or country) Ohio.

FATHER
13. NAME Willard D. Mongaridge
14. BIRTHPLACE (city or town) Ohio.
(State or country)

MOTHER
15. MAIDEN NAME Rachel M. Marcus
16. BIRTHPLACE (city or town) Ohio.
(State or country)

17. INFORMANT James Nolan
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Masonic Cemetery Date 12/24, 1936

19. UNDERTAKER Brown-Wamp Co.
(Address) Lewiston Idaho

20. FILED Jan 8, 1937 M. W. Cathey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1936, to Dec. 20, 1936
I last saw h.. alive on Dec. 20, 1936: death is said to have occurred on the date stated above, at 8:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
"Toxemia from Cancer	Don't Know
Of Liver	
Other contributory causes of importance:	
Don't know	

Name of operation None Date of
What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) J. E. Barnes M.D.
(Address) Lewiston, Idaho

MacRae

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102005

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 759
(No. Snakeriver Ave
(If death occurred in a hospital or institution, give its name instead of street and number) 31

2. FULL NAME Edith Marie Simpson
(a) Residence. No. Snakeriver Ave St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 27th 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomeroy Washington

FATHER
13. NAME Chas Simpson
14. BIRTHPLACE (city or town) (State or country) The Dalles Oregon

MOTHER
15. MAIDEN NAME Olga Widmyer
16. BIRTHPLACE (city or town) (State or country) Duluth Minnesota

17. INFORMANT (Address) Mrs Olga O'Keefe Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pomeroy, Wash. Date 12/27, 1936

19. UNDERTAKER Brower-Wagner Co
(Address) Lewiston Idaho

20. FILED Jan 8, 1937 M C Carey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 193-, to 12-23, 1936
I last saw her alive on 12-23, 1936; death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis	1935-
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 193-
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury. —
Nature of injury. —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. M. MacRae M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Owyhee
City of Homedale

OCT 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102006

Registration District No. 107
Primary Registration District No. ____ Local Registrar's No. 4

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Niles Neebert Fulwyler

(a) Residence. No. Homedale Idaho St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fulwyler.

6. DATE OF BIRTH (month, day, and year) Jan 18 1880

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) Falls Branch (State or country) Penn.

FATHER
13. NAME William Fulwyler
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Caroline Carnes
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT O. D. Fulwyler (Address) Homedale Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 9-22, 1936

19. UNDERTAKER J. L. Peckham (Address) Caldwell Idaho

20. FILED 10-20-36, 1936 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1936, to 9/22, 1936
I last saw him alive on 9/21, 1936: death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pedalis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193__
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Robert O Talbot M. D.
(Address) Wilder Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Power
City of American Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102007

Registration District No. 25

DEC 11 1936 RECEIVED

Primary Registration District No. 2072 Local Registrar's No. 87

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Knox

(a) Residence. No. American Falls, St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

740

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-28-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tederaine Ireland
(State or country) Antrim County

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) Not Known
(State or country) Ire

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Paul Bullinch
(Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place American Falls Date Nov. 13, 1936

19. UNDERTAKER Am Davis
(Address) am Falls Ida

20. FILED 11-28, 1936 Gertrude Thornhill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/11/1936

22. I HEREBY CERTIFY, That I attended deceased from No recent attendance. to , 193..
I last saw him alive on dead 11-11, 1936: death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
(Apoplexy, apparently)	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. G. Logan, M. D.
(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Power.

City of American Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102008

Registration District No. 25

Primary Registration District No. 2072 Local Registrar's No. 92

JAN 18 193[illegible]

(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

107

2. FULL NAME Charles Edward Drenner

(a) Residence. No. 6 Miles East of American Falls St., Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, and year) Oct -10-1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheeling (State or country) W.V

FATHER

13. NAME John Drenner

14. BIRTHPLACE (city or town) Penn (State or country)

MOTHER

15. MAIDEN NAME Marian Russler

16. BIRTHPLACE (city or town) Penn (State or country)

17. INFORMANT Edward Drenner (Address) American Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place I.O.O.F. Date 12/23 193[illegible]

19. UNDERTAKER [illegible] (Address) American Falls, Idaho

20. FILED 12-21, 1936 Gertrude Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 193[illegible], to Dec. 19, 193[illegible]

I last saw him alive on Dec. 19 193[illegible]: death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	
Other contributory causes of importance:	
Operation (Hydrocele)	

Name of operation Hydrocel- Date of 12-14

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193[illegible]

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) V. G. Logan, M. D.

(Address) American Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102009

Registration District No. 70
JAN 7 1937 Primary Registration District No. 1011 Local Registrar's No. 67
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary E Cornwell
(a) Residence. No. [illegible] Mullan Ida. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

1000

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	White.	Married.

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Jack Cornwell

6. DATE OF BIRTH (month, day and year) March 4-1885

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
51	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER
13. NAME Phillip McNelis
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ellen Melley.
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Jack Cornwell
(Address) Mullan Ida.

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane Wash. Date Dec 9, 1936

19. UNDERTAKER J A Bowen (Wards)
(Address) Wallace Ida.

20. FILED Dec 7, 1936 John Bowen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936, to Dec 4, 1936
I last saw h[illegible] alive on Dec 4, 1936, death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5 days
Other contributory causes of importance:	
Bronchio-pneumonia	7-8 dys

Name of operation ~~Laparotomy~~ Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Dr. W. Wallace M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102010

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 68

(If death occurred in a hospital or institution, give its name instead of street and number)
(No. Co Hospital)

49

2. FULL NAME Phillip Roggin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced- (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER
13. NAME Wm Roggin.
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Denis Roggin.
(Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida. Date Dec 9, 1936

19. UNDERTAKER J A Bowers Undertaking Co.
(Address) Wallace Ida.

20. FILED Dec 8, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.. to Dec 5, 1936
I last saw him alive on Dec 4, 1936 death is said to have occurred on the date stated above, at 12:20 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver & Secondary Carcinoma of Pancreas

Date of onset

Other conditions of importance:

[redacted] None Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Nicolet M. D.
(Address) Wallace Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Murray

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102011

JAN 7 1937

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 69

(No. Leadmine)
(If death occurred in a hospital or institution, give its name instead of street and number)

90

2. FULL NAME Joseph E Johnson

(a) Residence, No. Murray Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) " "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Friends
(Address) Murray Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Dec 15 1936

19. UNDERTAKER J A Bower Funeral
(Address) Wallace Ida

20. FILED Dec 11, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on Dec 9, 193.6 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	Sudden
Chronic nephritis	chr
Contributory to	

Other contributory causes of importance:

Arteriosclerosis	several
Myocarditis Chr	years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Worley, Coroner
(Address) Wallace Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102012

JAN 7 1937

Registration District No. 70
Primary Registration District No. 104 Local Registrar's No. 71
(No. Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

185

2. FULL NAME William M King.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER
13. NAME Michael King.
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known.
16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMANT (Address) Mine Records Wallace Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace Ida Date Jan 5, 1937

19. UNDERTAKER J A Bowe (Wallace)
(Address) Wallace Idaho

20. FILED Dec 27, 1936 John Bowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec, 24, 193 6, to ....., 193..
I last saw h..... alive on ....., 193..: death is said to have occurred on the date stated above, at 12 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, skull	12/24/36
Other contributory causes of importance:	
Fracture, jaw	12/24/36.
" Both wrists.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/24/36
Where did injury occur? Osburn, Ida Shoshone County.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell 35 feet.
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Accident
(Signed) Ed J Bergh, M. D.
(Address) Wallace Ida

Dr Durrance

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102013

Registration District No. 10
Primary Registration District No. 1011 Local Registrar's No. 73
JAN 7 1937
(No. Providence Hospital, (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ored Ulysses Franklin
(a) Residence. No. Ontario Oregon St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74 W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): widowed
5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~: Addie Franklin
6. DATE OF BIRTH (month, day, and year): January 11 1867
7. AGE — Years: 68 | Months: 10 | Days: 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Missouri

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): Jack Franklin Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place: Wallace Ida Date: Dec 7th 1936

19. UNDERTAKER (Address): Bruce & Wanvig Wallace Ida

20. FILED: Jan 3, 1937 John Buer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, to Dec. 6, 1936
I last saw ~~him~~ alive on Dec. 6, 1936; death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-27-36
Generalized arteriosclerosis	years
Other contributory causes of importance:	
Hypertension	years

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) G. W. Monroe M. D.
(Address) Wallace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102014

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 74

(No. Wallace Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carl Magnee

(a) Residence. No. ____ St. Wallace, Ida.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) ____ (State or country) Sweden

FATHER

13. NAME MAGNUS OLSON, DEC,

14. BIRTHPLACE (city or town) ____ (State or country) Not known,

MOTHER

15. MAIDEN NAME UNKNOWN,

16. BIRTHPLACE (city or town) ____ (State or country) ____

17. INFORMANT Friends (Address) Wallace Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Wallace Id Date Dec 16th 1936

19. UNDERTAKER Burns & Worstell (Address)

20. FILED Jan 3, 1937 John Burns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/12/1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Dec 12, 1936

I last saw him alive on 12-12-36, 1936: death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	
Other contributory causes of importance:	
Diseases	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 1936

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Wm. L. Smith M. D.

(Address) Wallace, Idaho

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Pinehurst

Dec 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 102015

Local Registrar's No. 84

(No. 10)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert A Garrard

(a) Residence. No. 309 So 14th St St. Coeur d'Alene Idaho
(Usual place of abode)

Length of residence in city or town where death occurred, unknown yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): April 20 - 1906

7. AGE: Years 30 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Cable camp

10. Date deceased last worked at this occupation (mo. and yr.): Dec 5th 1936

11. Total time (years) spent in this occupation: Since Oct 22 1936

12. BIRTHPLACE (city or town) (State or country): Minneapolis Minn

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): None, except records on file

18. BURIAL, CREMATION OR REMOVAL
Place Brainerd Minn Date Dec 17, 1936

19. UNDERTAKER (Address): Thornhill Funeral Home Spokane Wn

20. FILED Jan 9, 1937 Mrs. Helen M. Wade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): December 10 1936 ~~April 20 1906~~

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1936, to Dec 10th, 1936.

I last saw him alive on Dec 10, 1936; death is said to have occurred on the date stated above, at 7.30 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar (Bilateral)	about 11am 12/10/36
Abscessed Tonsil Right acute	Dec 6-1936
Other **contributory causes** of importance:	
Cyemia	Dec 9-1936
Tonsillitis Chronic	unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..., 193.
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Andrew J. Adams, M. D.

(Address) Camp 15 4 cable Pinehurst Idaho

C-1861

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Kellogg

JAN 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102016

Registration District No. 1 2 3

Primary Registration District No. 2 2 0 1

Local Registrar's No. 85

(No. 170)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME James G. Bales

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Bales

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME No information

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMENT (Address) P. F. Thornhill Kellogg

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Idaho Date Dec 19, 1936

19. UNDERTAKER (Address) M. F. Thornhill Kellogg Idaho

20. FILED 1-9, 1937 Mrs. Helen M. Bird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to ....., 193..

I last saw him alive on 12/4, 1936: death is said to have occurred on the date stated about 1:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound head (Suicide) Shot self in head	
Contributory causes of importance: Failing health	several mo

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/14, 1936

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound

Nature of injury Gsw Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Howard Coroner

(Address) Wallace Idaho

REC'D JAN 5

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fulton

City of Victor

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102018
State File No.....

Registration District No. 77

Primary Registration District No. 9176 Local Registrar's No. 15

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Fellow

(a) Residence. No. Victor, Idaho St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Nona Fellon

6. DATE OF BIRTH (month, day and year): October 30 1873

7. AGE: Years 63 | Months 1 | Days 15 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**.....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Pennsylvania

FATHER

13. NAME Newman Fellon

14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Bacon

16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT (Address) Mrs. Nona Fellon Victor Idaho

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Victor, Idg. Date Dec 31 1936

19. UNDERTAKER (Address) W. M. Hansen St Anthony Idaho

20. FILED ~~12-30~~ 12-30 1937 Alice M. Leland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Dec 24, 1936.
I last saw ~~him~~ alive on Dec 23, 1936; death is said to have occurred on the date stated above, at 800 a m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Dec 24, 1936
Other **contributory causes** of importance:	Several
Arteriosclerosis	Years
Mitral regurgitation	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. —
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. Tabor, M. D.

(Address) Driggs, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

REC'D JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102019

County of Teton
City of Tetonia

Registration District No.....
Primary Registration District No..... Local Registrar's No. 14

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary A. Sautter, Tetonia, Idaho, R.F.D. 73

(a) Residence. No..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of J. H. Sautter

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1860

7. AGE 76 Years | Months | Days 13 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Penn.

MOTHER FATHER

13. NAME John Shelton

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Don't Know (State or country)

17. INFORMANT Jos. Lowe (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Hayden Cemetery Date 12/24, 1936

19. UNDERTAKER Wm. Hausen (Address) St. Anthony, Idaho

20. FILED 12-30, 1936 Alice M. Graham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to Dec. 22, 1936.
I last saw her alive on June 20, 1936.: death is said to have occurred on the date stated above, at 11:30 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Myelitis	Dec. 4, 1936
Other **contributory causes** of importance: General arterio-sclerosis	Some years ago.

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....
(Signed) L. E. Lemmon, M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Teton
City of Tetonia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102020

DEC 1, 1936 RECEIVED
Registration District No. 77
Primary Registration District No. 2176
Local Registrar's No. 9

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Leon Thornock

(a) Residence. No. Tetonia Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tetonia, Idaho.

FATHER
13. NAME Leon Thornock
14. BIRTHPLACE (city or town) (State or country) Bloomington, Idaho

MOTHER
15. MAIDEN NAME Helen Gardner
16. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

17. INFORMANT (Address) Leon Thornock Tetonia, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Nov. 8, 1936

19. UNDERTAKER (Address) —

20. FILED 11-7-1936 Alice M. Hazard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936, to Nov. 6, 1936.
I last saw him alive on Nov. 6, 1936: death is said to have occurred on the date stated above, at 12:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanities	
Other contributory causes of importance:	
Premature Birth	

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. I. C. Tedrow, M. D.
(Address) Driggs, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102021

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. J. Starrs

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 56 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Formerly
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known / " "

FATHER
13. NAME: J. L. Starrs
14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Rose Davis Buhl
18. BURIAL, CREMATION OR REMOVAL
Place Filer Ida Date 11/23, 193 6
19. UNDERTAKER (Address): Ernest Johnson Buhl
20. FILED 12/14, 193 6 G. T. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/19 193 6
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at 3 - P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Found dead, was bed. evidently a Heart attack	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Ab Cockerham U. J. Parkinson
(Address) Sheriff Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burke

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102022

JAN 7 1937

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 91

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harvey Neil Snoderly

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harriett Snoderly

6. DATE OF BIRTH (month, day, and year) Dec. 5-1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarenaugh Mo

FATHER
13. NAME Nat Knauer
14. BIRTHPLACE (city or town) (State or country) Nat Knauer

MOTHER
15. MAIDEN NAME Malinda Robbins
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Harry Snoderly Burke Ida

18. BURIAL, CREMATION OR REMOVAL
Place Burke Date Dec. 8, 1936

19. UNDERTAKER Evans & Johnson
(Address) Burke E. J. Johnson

20. FILED Dec 31, 1936 E. L. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1936 to 11-5, 1936
I last saw him alive on 11-5, 1936; death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular lesion	
Nephritis Chronic	
(Bright's Disease)	
Uraemia	
Cerebral Hemorrhage	
Other contributory causes of importance.	
3 Cerebral accidents 1931	1931-33-36

Name of operation None Date of
What test confirmed diagnosis? Clinical autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify
(Signed) John Whyte, M. D.
(Address) 107 N. Broadway

John Whyte

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102023

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curt S. Kato

4-4

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White Yellow	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matsue Kato

6. DATE OF BIRTH (month, day, and year) Aug 15 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	3	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER
13. NAME Kamekichi Kato
14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Fred Kato (Address) Buhl

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Twin Falls Date 1/10 193 6

19. UNDERTAKER Evans & Johnson (Address) Buhl E. G. Johnson

20. FILED Dec 31, 193 6 E. G. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 193 6

22. I HEREBY CERTIFY, That I attended deceased from 9-25-, 193 6, to 12-7-, 193 6
I last saw h~~im~~ alive on 12-7, 193 6; death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	1936

Other contributory causes of importance:
Ascites from liver disease - Nephritis

Name of operation None Date of
What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred Ramsey M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Buhl,

R.F.D.

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39

Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE

State File No. 102024

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Podraza. 41

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year) Sept. 7th. 1929

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
7	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nashville, (State or country) Tenn.

FATHER

13. NAME Filear Andrew Podraza

14. BIRTHPLACE (city or town) Adopted child (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H.A.Podraza (Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Buhl Date 12/13/ 193

19. UNDERTAKER Evans & Johnson (Address) Buhl---

20. FILED Dec 31, 1936 L.V. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1936, to 12-12, 1936

I last saw him alive on 12-12, 1936: death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Septicemia from fitch fork wound	12-7-36

Other contributory causes of importance:

Name of operation Drainage Date of 12-9-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12-7-36

Where did injury occur? at farm home

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. at home.

Manner of injury Fell on fitch fork.

Nature of injury Puncture wound.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Doing chores

(Signed) Hea Dominego M. D.

(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Buhl
R. F. D.
JAN 6 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102025

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Failner

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Failner

6. DATE OF BIRTH (month, day, and year) March 6 - 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bedlock Germany
(State or country)

FATHER
13. NAME Nat Knauer
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Nat Knauer
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Edw. Failner
(Address) Buhl. Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 1/2 7, 193 6

19. UNDERTAKER Evans & Johnson
(Address) Buhl. Ida. E. C. Johnson

20. FILED Dec 31, 193 6 D. P. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19 193 6

22. I HEREBY CERTIFY, That I attended deceased from Not ....., 193.., to alive ....., 193....
[last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. F. Stowe M.D.
(Address) Twin Falls, Idaho
Coroner.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Cassia

City of Burley

R. F. D.

MAR 5 537

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102026

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nilear Andres Todraza

1000

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Kate Todraza.

6. DATE OF BIRTH (month, day, and year) Jan 10 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jos. Todraza

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Nap Knaven

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs H. A. Todraza
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12/26/36

19. UNDERTAKER Evans & Johnson
(Address) Burley

20. FILED Dec 31, 1936. G. F. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/23/1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936, to Dec. 23, 1936.

I last saw him alive on Dec. 23, 1936: death is said to have occurred on the date stated above, at 11 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Dec. 16 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M A Drake, M. D.
(Address) Burley, Idaho

M A Drake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102027

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 268

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

41

2. FULL NAME John William Hockett

(a) Residence. No. ..... St. Salem Oregon

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) September 16, 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pratt (State or country) Kansas

FATHER

13. NAME Harry Hockett

14. BIRTHPLACE (city or town) Spencer (State or country) Iowa

MOTHER

15. MAIDEN NAME Martha Boles

16. BIRTHPLACE (city or town) Spurrier (State or country) Tennessee

17. INFORMANT Harry Hockett (Address) Salem, Oregon

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Salem, Oregon Date 12/1, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 12-2-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1936, to 11/14, 1936

I last saw him alive on 11/13, 1936: death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia.	
Other contributory causes of importance: Slight injury on right leg. Canse undetermined	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. D. Reavis, M. D.

(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102028

Registration District No. 37
Primary Registration District No. 1085 Local Registrar's No. 276

(No. Twin Falls Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roberta Marie Gates

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 27 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
\	\	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER
13. NAME Walter Gates
14. BIRTHPLACE (city or town) [illegible] Neb
(State or country)

MOTHER
15. MAIDEN NAME Ruth Fuller
16. BIRTHPLACE (city or town) .....
(State or country) Idaho

17. INFORMANT Walter Gates
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Idaho Date 12-11-, 1936

19. UNDERTAKER F E Dyke
(Address) Twin Falls, Idaho

20. FILED 12-11-, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 8, 1936
I last saw her alive on Dec 8, 1936; death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. D. Weaver, M. D.
(Address) Twin Falls

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102029

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 277

(No. Twin Falls, Idaho R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Nancy Ann Personette

(a) Residence. No. Twin Falls, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 2 wks mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) June 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frankfort
(State or country) Indiana

FATHER

13. NAME Marion Cook

14. BIRTHPLACE (city or town)
(State or country) Indiana

MOTHER

15. MAIDEN NAME No Inf.

16. BIRTHPLACE (city or town)
(State or country) No Inf.

17. INFORMANT Mrs. James Personette
(Address) Twin Falls, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Hill City, Kan. Date 12/11, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12-11, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936, to Dec 9, 1936
I last saw h[illegible] alive on Dec 9, 1936: death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1931
Other contributory causes of importance:	
Cystitis, chronic	1921

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102030

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 278

(No. Twin Falls County Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melvin E. Eden

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) January 20, 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Charleston
(State or country) West Virginia

FATHER

13. NAME James Page Eden

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Harriet Foster

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Fred Bacon
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 12/12, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12-14, 1936 J. H. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1936, to 12/10, 1936.

I last saw him alive on 12/9, 1936: death is said to have occurred on the date stated above, at 4:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, senility	(2) (1)
Other contributory causes of importance: Urinary retention	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. D. Weaver, M. D.

(Address) Twin Falls, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10203i

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 279

(No. 205 Addison Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Lee Doss, Sr.

(a) Residence. No. 205 Addison Ave. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lora Doss

6. DATE OF BIRTH (month, day, and year) July 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Virginia

FATHER

13. NAME Robert Doss

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fanny Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Lora Doss (Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Ida Date 12/15, 1936

19. UNDERTAKER S.C. Phillips (Address) Twin Falls, Idaho

20. FILED 1/4, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Dec 11, 1936

I last saw ~~him~~ alive on Dec 11, 1936: death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus septicemia	Dec 6

Other contributory causes of importance:

Influenza,	
bronchio pneumonia	Nov 25

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles R. Scott M.D.

(Address) Twin Falls - Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

DEC EN JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10232

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 289

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

188C

2. FULL NAME Gorman A. Bell.

(a) Residence. No. Twin Falls, Idaho. ~~R.F.D.~~ St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 14 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 5, 1922.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Twin Falls, Idaho.

FATHER

13. NAME G. C. Bell,

14. BIRTHPLACE (city or town) (State or country) Round Hill, Virginia

MOTHER

15. MAIDEN NAME Vine Heuther

16. BIRTHPLACE (city or town) (State or country) Mountain City, So. Dakota.

17. INFORMANT G. C. Bell,
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Date 12-12, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 12-15, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1935, to 12-10, 1936

I last saw him alive on Dec., 10, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Seminoma, right testicle.	6/27/35.

Other contributory causes of importance:

Traumatism by road grader	6/27/35.
Removal of right testicle	7/6/35.

Name of operation Removal of testicle Date of 7/6/35.

What test confirmed diagnosis? Was there an autopsy? no.

Lab. reports & Swedish Cancer Hosp report.

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 6/27/35.

Where did injury occur? Twin Falls, Idaho.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Struck by road-grader.

Manner of injury Highway grader struck bicycle.

Nature of injury Direct.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Duncan A. Graham M.D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls,
City of Murtaugh,

RECEIVED
JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10[illegible]3

Registration District No. 37
Primary Registration District No. 2065
Local Registrar's No. 281

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Rees,

(a) Residence. No. Murtaugh, Idaho, St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Deceased)

6. DATE OF BIRTH (month, day, and year) June 2, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Wales

MOTHER FATHER

13. NAME William Rees,

14. BIRTHPLACE (city or town) _____ (State or country) Wales

15. MAIDEN NAME Mary Herbert

16. BIRTHPLACE (city or town) _____ (State or country) Wales

17. INFORMANT Henry Rees, (Address) Murtaugh, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls Date 12-14, 1936

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho.

20. FILED 12/16, 1936 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936 by one, 193_

I last saw h... alive on _____, 193_: death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12-11-36

Other contributory causes of importance:

Senility	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193_

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) Harwood L. Stowe, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
State File No. 102034

Registration District No.
Primary Registration District No. 2085 Local Registrar's No. 282
(No. Twin Falls Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carrol Wayne Taylor

(a) Residence. No. Filer St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 15 1926

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
11	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Joe Taylor
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER
15. MAIDEN NAME Martha Leeks
16. BIRTHPLACE (city or town) (State or country) N Dak

17. INFORMANT (Address) Joe Taylor Filer Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer Cem. Date Dec 16, 1936

19. UNDERTAKER F E Drake
(Address) Twin Falls, Idaho

20. FILED 12-16-, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from December 13 1936, to December 14 1936
Last saw h[illegible] alive on December 14 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral anemia, acute, severe, resulting from strangulation (hanging) self-inflicted	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 12-13, 1936
Where did injury occur? Filer, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Strangulation (hanging)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James Woodson, M. D.
(Address) Box 102, Filer, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102035

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 283

(No.) Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

93

2. FULL NAME Miss E. Blanche Walker

(a) Residence. No. 422 4th Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) December 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Keystone
(State or country) South Dakota

FATHER

13. NAME William C. Walker

14. BIRTHPLACE (city or town)
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Bridget Hanlon

16. BIRTHPLACE (city or town)
(State or country) Illinois

17. INFORMANT Mrs. Ethel Town
(Address) Twin Falls, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Twin Falls, Ida Date 12/19, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12/18, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1936, to 11-14, 1936

I last saw he/she alive on 11-14, 1936; death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pleuritis	October 1936
Other contributory causes of importance:	
Pulmonary Embolism	12-14-36

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence)~~ ~~fill in also the following:~~
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Russell Hagen M. D.

(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

REC'D JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102087

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 285

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Wilkinson

(a) Residence. No. 272 Sidney St Twin Falls, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Wilkinson

6. DATE OF BIRTH (month, day, and year) March 4, 1869

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. George Fisher
(Address) Denver Colorado

18. BURIAL, CREMATION, OR REMOVAL
Place Denver, Colo. Date 12-21, 1936

19. UNDERTAKER White Mortuary.
(Address) Twin Falls Idaho.

20. FILED 12-21, 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1936, to 12-18 1936

I last saw him alive on Dec. 17 1936; death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12-13-36
Lobar	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Russell Thrasher M. D.
(Address) Twin Falls. Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED

JA 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102038

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 286

(No. Twin Falls, Idaho R.F.D.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jane LaBounty

(a) Residence. No. Twin Falls, Idaho R.F.D. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) April 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph Snodgrass

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah France

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Brown
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 12/22, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 1/11, 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936, to 12-19, 1936

I last saw her alive on 12-18, 1936: death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Coronary occlusion	12-18-36

Other contributory causes of importance:

Name of operation D Date of D

What test confirmed diagnosis? D Was there an autopsy? D

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Loughlin M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

RECEIVED DEC 11 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102039

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 287

(No. Twin Falls County Gen'l Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Everett Jones,

(a) Residence. No. 344--2nd. Ave. No. St. Twin Falls, Ida.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Scott Jones

6. DATE OF BIRTH (month, day, and year) March 28th. 1881.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Investigator-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper Formerly Publisher

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen City, Mo.

FATHER

13. NAME Jessie Jones

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Latham,

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs. Emma Jones (Address) Twin Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Ida. Date 12/17, 1936

19. UNDERTAKER Evans & Johnson (Address) Buhl,--

20. FILED 12/17, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/18/36, 1936, to 12/15, 1936

I last saw him alive on 12/15, 1936: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound, comminuted fracture of the left leg, at junction of middle and lower third.	11/18/36
Other contributory causes of importance:	
Gas gangrene infection.	11/18/36
Amputation of the lower extremity at mid thigh.	12/12/36

Name of operation Amputation Date of 12/12/36

What test confirmed diagnosis? Lab Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/18/36

Where did injury occur? Twin Falls, County, Idaho (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. On public highway, 4 miles east.

Manner of injury Traumatism - Overturned car.

Nature of injury Compound, communited fracture of left leg, mid third. Secondary infection.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was returning home from business trip.

(Signed) Duncan L Hammond M.D.

(Address) Twin Falls, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

REC JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102040

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. [illegible] 289

(No. Twin Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leon Orville Gulick

(a) Residence. No. Parsons, Kansas St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Gulick

6. DATE OF BIRTH (month, day, and year) August 19, 1900

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
36	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galesburg, Kan.

FATHER

13. NAME Gene Gulick

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Eliza Aronhalt

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. L. O. Gulick
(Address) Parsons, Kansas

18. BURIAL, CREMATION OR REMOVAL
Place Parsons, Kan. Date 12/24/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 1-11-, 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936, to Dec. 22, 1936

I last saw him alive on Dec. 22, 1936: death is said to have occurred on the date stated above, at 8:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sorked bowel with perforation from tuberculosis	

Other contributory causes of importance:

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Rock Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10204

Registration District No. 37

Primary Registration District No. 2085 Local Registrar's No. 290

(No. Rock Creek, Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ralph Baker

(a) Residence. No. Rock Baker Creek Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, and year) December 19, 1915

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
21	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Omaha
(State or country) Nebraska

FATHER

13. NAME Charles Baker

14. BIRTHPLACE (city or town) Calhoun
(State or country) Nebraska

MOTHER

15. MAIDEN NAME Agnes M. Hansen

16. BIRTHPLACE (city or town) Irene
(State or country) South Dakota

17. INFORMANT Charles Baker
(Address) Rock Creek, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 12/21, 1936

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 12/24, 1936 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 19, 1936

I last saw him alive on Dec 10, 1935: death is said to have occurred on the date stated above, at 12:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic encephalitis	Dec 1930
obstruction of the right ventricle	
inflamatory.	

Other contributory causes of importance:

Spastic paralysis	
Exhaustion due to brain	
pressure	Feb 1931

Name of operation Decompression Date of 2/28/31

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to exter'l causes (violense) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193...
Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan L. Alexander
(Address) Twin Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Kimberly

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. Kimberly, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 102042

Local Registrar's No. 291

2. FULL NAME Elidia Lopez

(a) Residence. No. Kimberly, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Mexican	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnard Lopez

6. DATE OF BIRTH (month, day, and year) December 2, 1919

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
17	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oho (State or country) Arizona

FATHER

13. NAME Agel Garcia

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Mary Raples

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Theodore Garcia (Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Filer, Idaho Date 12/24, 1936

19. UNDERTAKER Clyde E. Hickok (Address) Twin Falls, Idaho

20. FILED 12/26/36, 193... J. J. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 23 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1936, to 12-23, 1936

I last saw her alive on 12-22, 1936: death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	
Other contributory causes of importance: Premature delivery	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No / If so, specify

(Signed) H. L. Stowe M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls.
City of Curry, Ida.
R.F.D.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102043

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 293
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Eugene McBroom

(a) Residence. No. Buhl Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorene McBroom

6. DATE OF BIRTH (month, day, and year) May-12th. 1910

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	7	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver, Bakery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. delivery truck
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crossville,
(State or country) Tenn

FATHER
13. NAME Thomas McBroom
14. BIRTHPLACE (city or town)
(State or country) Tenn.

MOTHER
15. MAIDEN NAME Bertie Kendrick
16. BIRTHPLACE (city or town)
(State or country) Tenn.

17. INFORMANT Thomas McBroom
(Address) Buhl, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Buhl, Ida. Date 12/28/ 193 6

19. UNDERTAKER Evans & Johnson
(Address) Buhl, -

20. FILED 12/28 193 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24 193 6

22. I HEREBY CERTIFY, That I attended deceased from ..... 193.., to ..... 193.., I last saw him alive on ..... 193..: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	12-24-36
(Auto accident)	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/24 193 6
Where did injury occur? U.S. 30 - 4 Miles West Twin Falls
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Highway 4 miles West
Manner of injury Twin Falls. Auto accident
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) C. E. Berry, M. D.
(Address) Buhl Ida

Dr Berry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

DEC
JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10[illegible]44

Registration District No. 37
Primary Registration District No. 2085
Local Registrar's No. 294

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

44

2. FULL NAME Lizzie L. McGinnis

(a) Residence. No. Rural Route 2 St. Twin Falls, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. C. McGinnis

6. DATE OF BIRTH (month, day, and year) July 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
63	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Bates County,
(State or country) Missouri

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) Missouri
(State or country)

MOTHER
15. MAIDEN NAME Hannah Mayfield
16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT W. C. McGinnis
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Cem. Date 12/30/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls Idaho

20. FILED 12/29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27/1936

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1936, to Dec. 27, 1936
I last saw her alive on Dec. 26, 1936: death is said to have occurred on the date stated above, at 1:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Stomach	July 1936

Other contributory causes of importance:

no	

Name of operation Exploratory Lap Date of 11-2-36
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) C. Russell Weaver, M. D.
(Address) Twin Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102045

Registration District No. 37
2085
Primary Registration District No. ____ Local Registrar's No. 295

(No. Twin Falls, Idaho R.F.D.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Maurice Reideman

(a) Residence. No. Twin Falls, Ida. R.F.D. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) September 23, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Alton
(State or country) Iowa

FATHER

13. NAME Henry William Reideman
14. BIRTHPLACE (city or town) ....
(State or country) Netherlands

MOTHER

15. MAIDEN NAME Charlotta Jansen
16. BIRTHPLACE (city or town) ....
(State or country) Netherlands

17. INFORMANT H.W. Reideman
(Address) Twin Falls, Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida. Date 12/28, 1936

19. UNDERTAKER Clyde E. Hickok
(Address) Twin Falls, Idaho

20. FILED 12/30/36, 193... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1936, to 12/24, 1936
I last saw h[illegible] alive on 12/24, 1936.: death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/20/36
Other contributory causes of importance:	
Urinary Suppression	12/23/36
& uremia ; acute	
pulmonary oedema	

Name of operation None Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury ..., 193...
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....
(Signed) George C Kelly M. D.
(Address) Twin Falls Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102046

Registration District No. 37

Primary Registration District No. 1085 Local Registrar's No. 296

(Name Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ena Patricia Winans

(a) Residence. No. 535 4th Ave. E. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) November 24, 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

FATHER

13. NAME R.E. Winans

14. BIRTHPLACE (city or town)
(State or country) Illinois

MOTHER

15. MAIDEN NAME Anne DeVore

16. BIRTHPLACE (city or town) Chicago
(State or country) Illinois

17. INFORMANT R.E. Winans
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 12/31, 1936

19. UNDERTAKER Clyde E. Hickok
(Address) Twin Falls, Idaho

20. FILED 12/30, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Dec. 27, 1936
I last saw her alive on Dec. 27, 1936: death is said to have occurred on the date stated above, at 9:35 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1926
Other contributory causes of importance: Acute Respiratory Infection	Dec 24 1936

Name of operation None Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Reynier, M. D.

(Address) Twin Falls, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. ★

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Twin Falls

City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102048

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 298

(No. 701 3rd Ave. N.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ola E. Steele

(a) Residence. No. 701 3rd Ave. N. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Emma Steele

6. DATE OF BIRTH (month, day, and year) June 18, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Hiram Steele

14. BIRTHPLACE (city or town) (State or country) No Inf.

MOTHER

15. MAIDEN NAME Sarah Howard

16. BIRTHPLACE (city or town) (State or country) No Inf.

17. INFORMANT Raymond Steele
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Ida Date 12/20, 193 6

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 1-2-, 193 7 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18 193 6

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 193 6, to Oct 28, 193 6

I last saw him alive on Oct 28, 193 6: death is said to have occurred on the date stated above, at 6:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Aug 1936
Nephritis	1925

Other contributory causes of importance:
Chronic heart disease with valvular insufficiency

Name of operation None Date of

What test confirmed diagnosis? None. Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Lotts, M. D.
(Address) Kellogg, Idaho

FILED JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

PLACE OF DEATH — CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102050

County of Valley

City of Near Warren

Registration District No. 15

Primary Registration District No. ..... Local Registrar's No. 17

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta Joan Irwin

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16th, 1936

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Near Warrens (State or country) Idaho

FATHER

13. NAME Patrick L Irwin

14. BIRTHPLACE (city or town) Lomax (State or country) Neb

MOTHER

15. MAIDEN NAME Catherine V Moore

16. BIRTHPLACE (city or town) Alantic City (State or country) New Jer,

17. INFORMANT .... Patrick L Irwin .....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place ..... Date ....., 193..

19. UNDERTAKER ... A.D. Robb .....
(Address) Cascade Idaho

20. FILED Dec 23., 1936 C. Gardner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12., 1936., to Dec 12., 1936
I last saw her alive on Dec 12., 1936: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
.....	.....
influenza	Dec 10-1936
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	.....

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Boyce L Ward, M. D.
(Address) Cascade Idaho

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH FILED JAN 5 '37

County of Valley

City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102051

Registration District No.

Primary Registration District No. Local Registrar's No. 16

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

97

2. FULL NAME Stella May Lyells

(a) Residence. No. Cascade Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward R Lyells

6. DATE OF BIRTH (month, day and year) May 2nd, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** House wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vale Oregon

FATHER

13. NAME John R Craig

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Callie Vivian

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Myrtle Stevens
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ontario Oregon Date 12/15, 193 36

19. UNDERTAKER A S Robb
(Address) Cascade Idaho

20. FILED Dec 14, 1936 Gardner Kody
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936 to Dec. 13, 1936

I last saw her alive on Dec 13, 1936: death is said to have occurred on the date stated above, at 5 10 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lungs infection	11/27/36
Other **contributory causes** of importance:	
Pneumonia	7-1-36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Grace L Ward M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH REC'D JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102052

County of Valey

City of Cascade Idaho

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 18

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

161a

2. FULL NAME Charles Edward Graham

(a) Residence. No. Cascade Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2 Hrs,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cascade Idaho

FATHER

13. NAME Marshall Graham

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Marie Kelly

16. BIRTHPLACE (city or town) (State or country) Payette Idaho

17. INFORMANT (Address) Marshal Graham Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date ____, 193...

19. UNDERTAKER None
(Address)

20. FILED Dec 26, 1936 Gardner Kendy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Dec 17, 1937

I last saw ~~him~~ alive on Dec 16, 1936; death is said to have occurred on the date stated above, at 12:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
six & one half months gestation	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Edward Ward, M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Valley

City of Cascade Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102053

JAN 5 '37

Registration District No. 15

Primary Registration District No. ____ Local Registrar's No. 19

(No. ____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Morton Jack Seaman

(a) Residence. No. Cascade Idaho St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
15	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cabarton Idaho

FATHER

13. NAME Morton J Seaman

14. BIRTHPLACE (city or town) (State or country) Carthage S.D.

MOTHER

15. MAIDEN NAME Cathrine Craig

16. BIRTHPLACE (city or town) (State or country) Peterborough Ontario

17. INFORMANT Morton J Seaman
(Address) Cascade Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clover Dale Park Boise Idaho Date 12/27 1936

19. UNDERTAKER R. D. Robb
(Address) Cascade Idaho

20. FILED Dec 26, 1936 R. Gardner Keady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Dec 24, 1936

I last saw ~~him~~ alive on Dec 24, 1936; death is said to have occurred on the date stated above, at 3:15 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/15/36
Other **contributory causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) George L Ward M. D.

(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH JAN 5 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102054

County of Valley
City of Cascade Idaho

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

1611a

2. FULL NAME No Name (Still Born)

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec, 30th, 1936

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cascade Idaho

FATHER
13. NAME Robert Harold Wills
14. BIRTHPLACE (city or town) (State or country) Selden Kas.

MOTHER
15. MAIDEN NAME Dorothy Crowford
16. BIRTHPLACE (city or town) (State or country) Emmett Idaho

17. INFORMANT Robert Harold Wills
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cascade Idaho Date 12/31, 1936

19. UNDERTAKER A.D.Robb
(Address) Cascade Idaho

20. FILED Dec 30, 1936 Montana J. Ready Registrar.
By Myrtle Gardner Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-30, 1936, to Dec 30, 1936
I last saw him alive on Dec 30, 1936: death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematture	
6 months	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? ____ Date of injury ____, 193..
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) George B. Ward, M. D.
(Address) Cascade Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington

City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102055

Registration District No. 86

Primary Registration District No. 2112

Local Registrar's No. 25

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Cogswell

(a) Residence. No. So Crane Creek St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 25 — 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Bayard California

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT James Lipe
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 12-4-, 1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to death	
home destroyed by fire	

Other contributory causes of importance:

No Inquest	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northam M.D.

(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102056

Registration District No. 86
Primary Registration District No. 1010
Local Registrar's No. 26

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry B. Orcutt

(a) Residence. No. 478 E. Court St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) ~~WIFE of~~ Sarah A. Orcutt

6. DATE OF BIRTH (month, day and year) Dec 23 — 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER
13. NAME Wm Orcutt
14. BIRTHPLACE (city or town) (State or country) Vermont
15. MAIDEN NAME Ellen Wright
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Geo. O Levy Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date ....., 193...

19. UNDERTAKER (Address) L. C. Northern Weiser Idaho

20. FILED Dec 8, 193.6 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 193.6 to Dec 4, 193.6
I last saw him alive on Dec 4, 193.6 death is said to have occurred on the date stated above, at 1:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Duration of disease
Coronary Thrombosis	Dec 3 1936
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Coates, M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Hamilton

DO NOT WRITE IN THIS SPACE
State File No. 102057

RECEIVED
JAN 11 1937

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 27

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Linda Ann McCrea

(a) Residence. No. Jonathan St. Dist
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Wht	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 3 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho
(State or country)

FATHER
13. NAME James H. McCrea
14. BIRTHPLACE (city or town) Idaho
(State or country)

MOTHER
15. MAIDEN NAME Angela Thompson
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT James H McCrea
(Address) Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida Date Dec 27, 1936

19. UNDERTAKER L.C. Northrop
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Theresa Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Dec 26, 1936
I last saw her alive on Dec 24, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12/21/1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred W. Hamilton M. D.
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102058

Registration District No. 8
Primary Registration District No. 1010
Local Registrar's No. 28

(No. 90)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry H. Templeton

(a) Residence. No. 10 West 2ds St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Templeton

6. DATE OF BIRTH (month, day, and year) Nov 16 - 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER
13. NAME John Templeton
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Emily Lyle
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Henry Murphy Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Idaho Date 12-28-1936

19. UNDERTAKER L. C. Northrop
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Emma Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Trouble caused death on Floor	
Been troubled for years	
Other contributory causes of importance:	
No Surgical	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. C. Northrop, Coroner
(Address) Weiser Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

R

DO NOT WRITE IN THIS SPACE
State File No. 102053

Registration District No. 86
Primary Registration District No. 2112
Local Registrar's No. 29

JAN 11 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles James Goddard

(a) Residence. No. 1 Idaho Ave St. 36
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Colr	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ada Goddard

6. DATE OF BIRTH (month, day, and year) June 13 - 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER
13. NAME Samuel Goddard
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Ada Goddard Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser, Ida Date Dec 31-1936

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 1936 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29-1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to Dec. 29, 1936
I last saw him alive on Dec. 27, 1936: death is said to have occurred on the date stated above, at 2:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Kidneys. (Bilateral)	Before 1 3-6-1936

Other contributory causes of importance:
History of Gastro-enteritis for two years.

Name of operation ..... Date of .....
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) F. L. Richardson, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Coeur

DO NOT WRITE IN THIS SPACE
State File No. 102060

JAN 14 19

Registration District No. 86
Primary Registration District No. 2112 Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas J. Lyle

(a) Residence. No. Weiser River St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Wht	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Anna Lyles

6. DATE OF BIRTH (month, day and year) Nov 6 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME George Lyle
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Dant Knud
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Daisy Warren Weiser Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Weiser Ida. Date 1-3- 193 6

19. UNDERTAKER L. C. Northam
(Address) Weiser Idaho

20. FILED Dec 8, 193 6 Emma Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31-193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 193 6 to Dec 31, 193 6
I last saw him alive on Dec 29, 193 6; death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Contenuous
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R. M. Coats M. D.
(Address) Weiser Idaho.

102061

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of

RECEIVED JAN 18 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 1

DO NOT WRITE IN THIS SPACE
State File No. 102061

(No. Township 47, Range 3E Sec. 23.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Arthur A. Haid

(a) Residence. No. Seattle, Washington St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXXX~~ Lillian Haid

6. DATE OF BIRTH (month, day, and year) April 23, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Co-pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northwest AirLines

10. Date deceased last worked at this occupation (month and year) Dec. 18, 1936

11. Total time (years) spent in this occupation 1 year.

12. BIRTHPLACE (city or town) St. Louis
(State or country) Missouri

FATHER

13. NAME Arthur Edward Haid

14. BIRTHPLACE (city or town)
(State or country) Missouri

MOTHER

15. MAIDEN NAME Carrie Elizabeth Conner

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMENT Mrs. Lillian Haid
(Address) Seattle, Washington

18. ~~BURIAL~~, CREMATION, ~~REMOVAL~~
Place Home Undertaking Date Jan. 2, 1937

19. UNDERTAKER Home Undertaking Co
(Address) 1410 9th Ave Seattle, Wn.

20. FILED Jan 13, 1937 John Biven
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spondylosis	
Skull and neck fracture	
by airplane crash.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) James McInter, M.D.
(Address) Avery, Idaho
Dictated by Coroner. McInter

102063

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln.
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102063

JAN 10 1937

Registration District No. 16-17
Primary Registration District No. ____ Local Registrar's No. 86

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claudius Julius Hansen

(a) Residence. No. ____ St. ____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. ____ How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. ____
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Virginia Hansen

6. DATE OF BIRTH (month, day, and year) June 14 1858

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
78	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (mo. and yr.) To date
11. Total time (years) spent in this occupation 22 yrs.

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER
13. NAME Christian Hansen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER
15. MAIDEN NAME Anna Jacobsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Arthur Hansen
(Address) Shoshone Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Spokane Date 12/13, 193 6

19. UNDERTAKER White Mortuary
(Address) Twin Falls Idaho

20. FILED Dec 17, 193 6 J. Pinder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Did not to attend, 193...
I last saw h... alive on ..., 193...: death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/11/36
Cardiac	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...
Where did injury occur? ...
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. E. Barrett M. D.
(Address) Shoshone Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

Ft. Hall Reservation. E. on R.

PLACE OF DEATH

County of Bingham

City of Ft. Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Delayed 10 20 78

DO NOT WRITE IN THIS SPACE

State File No. 102078

Registration District No. I2I-R

Primary Registration District No. 2I94-R

Local Registrar's No. I8

(No. No Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leon Inga, Gibson District, Idaho.

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	Sho. 4/4	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Inga.

6. DATE OF BIRTH (month, day, and year) I847

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	No	Rec.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - - -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) - - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Lemhi reserv. Idaho

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Agency Office, Records, Marie Shay Ft. Hall, Idaho.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Presbyterian Mission Date Sept. Io, 1936

19. UNDERTAKER Friends & Relatives (Address)

20. FILED Jan. 30, 1937 Mrs Nellie E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death unknown.	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) No M.D. Attending., M. D.

(Address) Fort Hall, Idaho.

102080

PLACE OF DEATH
County of Lemhi
City of Bohannan Creek

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102080

Registration District No. 41
Primary Registration District No. 2116
Local Registrar's No.

FEB 4 - 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Chod

(a) Residence. No. Salmon, Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11-1936

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Chod

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Katherine Bosk

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Josph Chod. Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 1-29" 1937

19. UNDERTAKER Wm C. Doebler
(Address) Salmon Idaho

20. FILED 2/2 1937 Chas C Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 26" 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes,	
Possibly Due to Influenza	
No Physician in attendance	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles W. Doebler Coroner
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Shoshone

City of Calder

REC'D JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 127

Primary Registration District No. 2400

(No. Township 47, Range 3E Sec. 23.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

102085

DO NOT WRITE IN THIS SPACE

State File No. 102085

Local Registrar's No. 36

2. FULL NAME Jay P. Livermore

(a) Residence. No. W. 444 - 25th St. Spokane, Washington
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorna Livermore

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Air Pilot

10. Date deceased last worked at this occupation (month and year) Dec 18, 1926

11. Total time (years) spent in this occupation (5) 12 yr.

12. BIRTHPLACE (city or town) (State or country) Vancouver, Wash

FATHER

13. NAME No Inf

14. BIRTHPLACE (city or town) (State or country) No Inf

MOTHER

15. MAIDEN NAME No Inf

16. BIRTHPLACE (city or town) (State or country) No Inf

17. INFORMENT (Address) R H Flanagan (2) Ernest Livermore Seattle St

18. BURIAL, CREMATION, OR REMOVAL Place Vancouver Date Dec. 27, 1936

19. UNDERTAKER Thornhill Funeral Home (Address) Spokane St

20. FILED Jan. 14, 1936 Ernest W. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 193...

I last saw h... alive on ....., 193... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest Skull and neck fractures by airplane crash.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James McIntyre, M.D.

(Address) Avery, Idaho

Signed by Coroner.

102109

PLACE OF DEATH
County of Ada
City of Meridian

RECEIVED
JAN 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102109

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 19

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray S. Shaw

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

8/94

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Myrtle Shaw

6. DATE OF BIRTH (month, day, and year) Jan 21, 1884

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Jerry Flora

FATHER
13. NAME John S. Shaw
14. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

MOTHER
15. MAIDEN NAME Katie Price
16. BIRTHPLACE (city or town) (State or country) Unknown Iowa

17. INFORMANT Mrs. R. S. Shaw
(Address) Meridian Ida

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Meridian Ida Date Dec. 20th, 1936

19. UNDERTAKER B. A. Robison
(Address) Meridian Ida

20. FILED 12/19, 1936 W. H. Teer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 17, 1936
I last saw him alive on Dec 17, 1936; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arterio Sclerosis	Dec 1 - 1936

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. E. Jewell, M. D.
(Address) Meridian, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of 1/2 Mile West of Mora

FEB 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102124

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

207 189

2. FULL NAME Ben Morris

(a) Residence. No. Unknown St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Supposed To Be Kansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " "
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Ada Co. Sheriffs Office
(Address) Finger Print Expert.

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/23, 1936

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED Feb 8, 1937 E. Rivard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 19 6, 193

22. I HEREBY CERTIFY, That I attended deceased from 193..., to ..., 193...
I last saw him alive on Dead 11/19, 1936; death is said to have occurred on the date stated above, at ? m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Body Discovered On R.R. Track. Supposedly An Railroad Accident	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur? Near Mora Station
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If yes, specify

(Signed) J. M. Cann Coroner, M. D.
(Address) Boise Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Meridian

RECEIVED
JAN 29 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102125

Registration District No. 11
Primary Registration District No. 2003
Local Registrar's No. 18

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Allen Foot

1869 18 8

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1914

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** at home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kamaklin B.C. Canada

FATHER

13. NAME Wallace W. Foot

14. BIRTHPLACE (city or town) (State or country) Decatur Nebr

MOTHER

15. MAIDEN NAME Stella Driscoll

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ New York

17. INFORMANT W. W. Foot
(Address) Meridian, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Meridian Date 1-31 1931

19. UNDERTAKER B. W. Lorian
(Address) Meridian Ida

20. FILED 12/19, 193 6 W. H. Peer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 193 6, to Dec 16, 193 6
I last saw him alive on Dec 16, 193 6: death is said to have occurred on the date stated above, at 6 30 P m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	Dec 16-1936
Fracture femur rt.	Dec 16-1936
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 16, 193 6
Where did injury occur? Canyon County, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. Public Gravel Pit
Manner of injury Fell & rocks & cinders
Nature of injury unavoidable accident

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) L. E. Jewell, M. D.
(Address) Meridian, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Adams
City of Council

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102173

Registration District No. 71
Primary Registration District No. ____ Local Registrar's No. 169

FEB 10 1937

(No. ____ If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John A Mattison

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 1 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 27-2-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63.	9	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch.
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Vernon Kans.

FATHER

13. NAME James Dr. Mattison
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Abigail Harrington
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Carrie V. Draper (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Payette Date 2-X, 193 6

19. UNDERTAKER Peterson (Address) Payette

20. FILED 2-9-37, 193 ____ DR. ALVIN S. THURSTON, COUNCIL, IDAHO (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-29 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-26-, 193 7 to 11-29, 193 7
I last saw h[illegible] alive on 11-25, 193 7: death is said to have occurred on the date stated above, at 10 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	11-24-37
Other contributory causes of importance:	
Cerebral Hemorrhage	1-1935
Coronary Thrombosis	11-24-37

Name of operation 0 Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ____, 193 ____
Where did injury occur? 0 (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____
(Signed) Alvin Thurston MD, M. D.
(Address) Council Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock.

City of Thatcher, Ida.

REC FEB 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102181

Registration District No. 84

Primary Registration District No. 216

Local Registrar's No. 43

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary L. Ransom

(a) Residence. No. Cleveland, Idaho. St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of HYRUM R. Ransom

6. DATE OF BIRTH (month, day, and year) Nov. 11th 1865.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lived With children

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wellsville
(State or country) Utah

MOTHER FATHER

13. NAME Ira Ames

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Walton

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Libbie Sant
(Address) Thatcher, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cleveland, Ida. Date 1/19/ 193 7

19. UNDERTAKER C. S. Whitman
(Address) Soda Springs, Idaho.

20. FILED ~~1/19/37~~ 193.....
Feb 9-1937

Mrs. G. J. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16/ 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 193 6, to 1/16/36, 193.....

I last saw her alive on 1/16/36, 193.....: death is said to have occurred on the date stated above, at 11.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	1933

Other contributory causes of importance:

Left salpingectomy	1920

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. E. S. Bowen M. D.

(Address) Preston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102185

PLACE OF DEATH
County of Bannock
City of Pocatello
FEB 10 1937
Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 818

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Taigoro Yokota. 72

(a) Residence. No. ..... Route 1 St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	Japanese	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Yokota (

6. DATE OF BIRTH (month, day, and year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Tomekich Yokota

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME ITO YOKOTA.

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMENT (Address) Roy Hanaki 645 E. Center, Pocatello

18. BURIAL, CREMATION, OR REMOVAL Place Mt View Cemet. Date Jan. 4, 1936

19. UNDERTAKER (Address) McHan Funeral Home Pocatello Idaho.

20. FILED 1-5, 1937 W. Kay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1936, to Jan. 2, 1937
I last saw him alive on Jan 1, 1937: death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	Two years.

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Urquhart M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102186

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 870

(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Iverson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vienna Bullock Iverson

6. DATE OF BIRTH (month, day, and year) Aug. 6, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. ..... farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Paradise Utah

FATHER
13. NAME B. M Iverson
14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER
15. MAIDEN NAME Sarah Griffith.
16. BIRTHPLACE (city or town) (State or country) South Wales.

17. INFORMENT (Address) Mrs. Vienna Matheuys Portneuf Idaho.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. View Cemet. Date Jan. 8, 1936
19. UNDERTAKER (Address) McGan Funeral Home Pocatello Idaho.
20. FILED 1-7, 1937 V May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936, to Jan. 5, 1937
I last saw him alive on Jan. 5, 1937: death is said to have occurred on the date stated above, at 8.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 18.

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W. W. Urquhart, M. D.
(Address) Pocatello, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

A

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102209

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 10 1937

2. FULL NAME Larry Vernon Holmes

(a) Residence. No. St. Montpelier, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 28 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME Oliver Wendell Holmes
14. BIRTHPLACE (city or town) (State or country) Pennington Idaho

MOTHER
15. MAIDEN NAME Isabell Lauretta Hall
16. BIRTHPLACE (city or town) (State or country) Pennington Idaho

17. INFORMANT (Address) Oliver W. Holmes Montpelier Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pennington Idaho Date Dec 20 1937

19. UNDERTAKER (Address) [illegible] Montpelier Idaho

20. FILED Jan 1st 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937, to Dec 19, 1937
I last saw him alive on Dec 19, 1937: death is said to have occurred on the date stated above, at 5:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Pneumonia	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) Montpelier Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of BINGHAM

City of BLACKFOOT

RECEIVED FEB 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

(Delayed)

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102222

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 126

(No. STATE HOSPITAL SOUTH)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MAY ACUILERA

(a) Residence. No. ____ St. IDAHO FALLS
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 da. How long in U. S., if of foreign birth 25 yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	MEXICAN	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) June 9th 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) -----no data
(State or country) exico

FATHER

13. NAME Francisco Aguilera

14. BIRTHPLACE (city or town) -------
(State or country) Mexico

MOTHER

15. MAIDEN NAME Felipa Torrez

16. BIRTHPLACE (city or town) -------
(State or country) No data Mexico

17. INFORMANT Records of State Hospital South
(Address) Blackfoot, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place State Cem Blackfoot Date July 20 193 6

19. UNDERTAKER C. W. Stamper
(Address) Blackfoot, Idaho

20. FILED July 20, 193 6 Wm. Yales Effinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 193 6

22. I HEREBY CERTIFY, That I attended deceased from July 14th, 193 6, to July 18th, 193 6

I last saw him alive on July 18th, 193 6; death is said to have occurred on the date stated above, at 11:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation, Self-inflicted.	
Caused by tying bed spread around his neck.	July 18, 1936
Coroner called.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 7-18-6

Where did injury occur? State Hospital South
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. State Hospital South

Manner of injury hanging

Nature of injury Hanging

24. Was disease or injury in any way related to occupation of deceased? ---------- If so, specify ----------

(Signed) Chas. R. Law, M. D.

(Address) Blackfoot, Idaho.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonn
City of Ida Falls

RECEIVED
FEB 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 214 0
Local Registrar's No. 1
(No. 7)
(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE
State File No. 102250

74a

2. FULL NAME Laurie Richard Hatfield
(a) Residence No. 561 - "G" Street St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Freda V. Hatfield
6. DATE OF BIRTH (month, day, and year): Aug. 23 1860
7. AGE: Years 76 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Salesman
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: retail household prod.
10. Date deceased last worked at this occupation (mo. and yr.): Nov. 32
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Peoria Illinois

MOTHER/FATHER
13. NAME: Peter Hatfield
14. BIRTHPLACE (city or town) (State or country): Kentucky
15. MAIDEN NAME: Francis Matilda Miller
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Mrs. Freda Hatfield Idaho Falls, Ida.
18. BURIAL, CREMATION OR REMOVAL: Burial
Place: Ida. Falls Date: 12-27, 1936
19. UNDERTAKER (Address): A. Peck Ida. Falls
20. FILED: 1/21, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 24 1936
22. I HEREBY CERTIFY, That I attended deceased from ..., 193.., to Dec 24, 193.6.
I last saw him alive on Dec 1, 193.6: death is said to have occurred on the date stated above, at 6.10 m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....
(Signed) ..... M. D.
(Address) Idaho Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

RECEIVED FEB 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102253

Registration District No. 13

Primary Registration District No. 214-0

Local Registrar's No. 4

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

1000

2. FULL NAME Sheron Westover

(a) Residence. No. Rt 2 Rexburg Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8 mos		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

FATHER

13. NAME Lorin Westover

14. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

MOTHER

15. MAIDEN NAME Verna Claude Ingram

16. BIRTHPLACE (city or town) (State or country) Griddley California

17. INFORMANT (Address) Lorin Westover Rexburg Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rexburg Cemetery Date 12/2, 1936

19. UNDERTAKER Russel Fillmore
(Address) Rexburg Idaho

20. FILED Jan 11, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936, to Nov 29, 1936

I last saw her alive on Nov 29, 1936: death is said to have occurred on the date stated above, at 8:59 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Nov 25/1936
Other contributory causes of importance:	
Mal Nutrition	Since Birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonniville
City of Idaho Falls

RECEIVED FEB 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102257

Registration District No. 13
Primary Registration District No. 2-14-0
Local Registrar's No. 6
(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Edward Monroe

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Jennett

6. DATE OF BIRTH (month, day and year) Nov 5, 1859

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Rancher
10. Date deceased last worked at this occupation (mo. and yr.) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) .... (State or country) New York

FATHER
13. NAME Simon Monroe
14. BIRTHPLACE (city or town) .... (State or country) Scotland

MOTHER
15. MAIDEN NAME Caroline Walker
16. BIRTHPLACE (city or town) .... (State or country) England

17. INFORMANT [signature] ✓
(Address) Shelley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Ida. Date 1/18, 1937

19. UNDERTAKER [signature]
(Address) Shelley Idaho

20. FILED 1/21, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936, to Jan 15, 1937
I last saw him alive on Jan 15, 1937: death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	11-14-36
Other contributory causes of importance:	

Name of operation none Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? ....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....
(Signed) H E Tempest, M. D.
(Address) Idaho Falls Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
-BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102274
State File No.....

Registration District No. 29

Primary Registration District No. 2956 Local Registrar's No.....

(No. Bonners Ferry Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel L. Wheeler

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE — Years: 89 — Months — Days — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Retired farmer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Probate Judge Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL
Place Nov. 12-1936 Date Bonners Ferry, 193

19. UNDERTAKER (Address): H. R. Crough Bonners Ferry

20. FILED Nov. 8, 1936 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.1 to Nov. 7th 1936.

I last saw him alive on Nov. 5 1936: death is said to have occurred on the date stated above, at 2:10 A. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	
	1931.

Other **contributory causes** of importance:

General arteriosclerosis	2

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. E. Fry, M. D.

(Address) Bonners Ferry, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102275

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emelia Pauline Kliewer

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Kliewer

6. DATE OF BIRTH (month, day, and year) May 11 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dantzig
(State or country) Prussia

FATHER

13. NAME J. Detchman

14. BIRTHPLACE (city or town)
(State or country) Austria

MOTHER

15. MAIDEN NAME Katherina Kintz

16. BIRTHPLACE (city or town)
(State or country) Austria

17. INFORMANT John Kliewer
(Address) Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Nov. 12 1936

19. UNDERTAKER H. P. Brandt
(Address) Bonners Ferry

20. FILED Nov. 10, 1936 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936, to Nov. 8th 1936.

I last saw h[illegible] alive on Nov. 8, 1936: death is said to have occurred on the date stated above, at 9:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/2/36
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [signature] M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102276

Registration District No. 29

Primary Registration District No. 2157 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Mary C Matson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H.

6. DATE OF BIRTH (month, day, and year) Nov. 11 1851

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
87	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rolesonoff (State or country) Ind.

FATHER

13. NAME L. F. Rogers.

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Margaret Brindle

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Warren Matson (Address) Bonners Ferry, Ida

18. ~~BURIAL~~, CREMATION ~~OR REMOVAL~~ Spokane Wash. Date Nov 13 1936

19. UNDERTAKER W. R. Cronk (Address) Bonners Ferry, Ida

20. FILED Nov. 11, 1936 E. E. Fry ~~Registrar~~.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to Nov. 10th 1936.

I last saw h[illegible] alive on Nov. 9, 1936; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial Degeneration	1935

Other **contributory causes** of importance:

Chronic Interstitial Nephritis	2
Arterio - Sclerosis	2

Name of operation Physical Exam. Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation deceased? No. If so, specify.....

(Signed) E. E. Fry, M. D.

(Address) Bonners Ferry, Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102277

Registration District No. 79

Primary Registration District No. 2156 - Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida May Ellen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hamilton Co.
(State or country) Indiana

MOTHER FATHER

13. NAME E. H. Long

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Shoemaker

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Wade Kingsbury
(Address) Bonners Ferry, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Nov. 12, 1936

19. UNDERTAKER A. P. Crouch
(Address) Bonners Ferry

20. FILED Nov. 11, 1936 E. E. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1936, to Nov. 11, 1936

I last saw her alive on Nov. 10, 1936; death is said to have occurred on the date stated above, at 2:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other **contributory causes** of importance:	
Bronchopneumonia	Nov. 9

Name of operation None Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ruth Lovell M. D.
(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City or Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10227

Registration District No. 79-1

Primary Registration District No. 2156 Local Registrar's No.

FEB 10 '37

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Finney

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs. J. W. Finney Bonners Ferry

18. BURIAL, CREMATION, OR REMOVAL Place Bonners Ferry Date Nov. 16 1936

19. UNDERTAKER (Address) H. P. Church Bonners Ferry, Ida.

20. FILED Nov. 13 1936 E. E. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 4:15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial Degeneration	
Sudden death	

Other **contributory causes** of importance:

H. T. Hardening

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Fritz M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary.
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10227 9

Registration District No. 79.
Primary Registration District No. 216. Local Registrar's No.
(No. Bonners Ferry Hospital;
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard Jackl

-183-54

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Marcus Jackl
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Irving Anderson
(Address) Sylvanite Montana

18. BURIAL, CREMATION OR REMOVAL
Place Date 193

19. UNDERTAKER H. Clement
(Address) Bonners Ferry Ida

20. FILED 11/14 193 6 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 13 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	
Gunshot wound of head	1936
Intracranial visceral injury	

Other contributory causes of importance:

Exposure	
Shock	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/13 1936
Where did injury occur? Near Sylvanite Montana
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Road near Forest
Manner of injury Gun fired gun - Shot in Head
Nature of injury Gunshot wounds -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Bonnell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102281
State File No.....

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.....

FEB 2 6 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lena Wallen

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl Wallen

6. DATE OF BIRTH (month, day, and year) Feb 7 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**.....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nels Finnvad

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Anna Seabeck

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Ivan Wallen
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Dec 5 1936

19. UNDERTAKER F. P. Branch
(Address) Bonners Ferry, Ida

20. FILED Dec 6, 1936 [signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 3 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial degeneration	2
Sudden death.	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **Industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) [signature] M. D.

(Address) Bonners Ferry, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102282

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No. Bonners Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ida Kathleen

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 5 - 1863

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: At Home

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: James G. Price

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Charlotte Lambert

16. BIRTHPLACE (city or town) (State or country): Michigan

17. INFORMANT (Address): M. H. Price Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL
Place: Paradise Valley Cemetery Date: Dec 14 1936

19. UNDERTAKER (Address): W. P. Cronquist Bonners Ferry Ida

20. FILED Dec 12 - 1936 E. E. Fry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936 to Dec. 11th 1936.

I last saw her alive on Dec. 11, 1936; death is said to have occurred on the date stated above, at 10:45 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1935

Other **contributory causes** of importance:

Mitral insufficiency
Chronic interstitial nephritis
Advanced arterio sclerosis

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) E. E. Fry M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102283

Registration District No. 79

Primary Registration District No. 2157 Local Registrar's No. 1

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah Melinda Bradford Williams

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Daniel Williams

6. DATE OF BIRTH (month, day, and year) November 28 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Kenosha County Wisconsin

FATHER

13. NAME Levi G. Bradford

14. BIRTHPLACE (city or town) (State or country) Plympton, Mass.

MOTHER

15. MAIDEN NAME Tryphenia M Gill

16. BIRTHPLACE (city or town) (State or country) Preble, N. Y.

17. INFORMANT Mrs. P. H. Wheeler
(Address) Bonners Ferry Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Dec 15 1936

19. UNDERTAKER P. H. Wheeler
(Address) ....

20. FILED Dec. 13, 1936 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 12 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193.., to Dec. 12., 1936.

I last saw her alive on Dec. 10, 1936. death is said to have occurred on the date stated above, at 6 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocardial Degeneration	1931
Other **contributory causes** of importance:	
Arteria - Sclerosis	2

Name of operation .... Date of ....

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193..

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No: If so, specify, ...

(Signed) .... M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102284

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel Grant Caughey

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil Caughey

6. DATE OF BIRTH (month, day, and year) May 8 — 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **engineer, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lexington (State or country) Ky

FATHER

13. NAME Wm Caughey

14. BIRTHPLACE (city or town) ..... (State or country) Penn

MOTHER

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) ..... (State or country) Penn

17. INFORMANT W C Caughey (Address) Bonners Ferry

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Dec 14 1936

19. UNDERTAKER H P Krouch (Address) Bonners Ferry

20. FILED Dec 14, 1936 E. E. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Dec 13, 1936

I last saw him alive on Dec 13, 1936; death is said to have occurred on the date stated above, at 6 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 11 1936
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Sorrell, M. D.

(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Copeland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102285

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No. .....

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. P. Carlson

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 12 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Timber Worker

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) 1928 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary Carlson (Address) Bonners Ferry Ida

18. BURIAL, CREMATION OR REMOVAL Bonners Ferry Date Dec 21, 1936

19. UNDERTAKER H. P. Clough (Address) Bonners Ferry Ida

20. FILED Dec 17, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 11 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
(Sudden death)	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. P. Bonnell M. D.
(Address) Bonners Ferry Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102286

Registration District No. 79

Primary Registration District No. 2156 Local Registrar's No.

FEB 10 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James W. Clark

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 22 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Day Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER FATHER

13. NAME Charles G. Clark

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Margaret M. Welke

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Edith Purdy
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Dec 24 1936

19. UNDERTAKER H. R. Branch
(Address) Bonners Ferry

20. FILED Dec 23 1936 E. E. Hoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct ..., 1936, to Dec 22 1936.

I last saw him alive on Dec 22 1936; death is said to have occurred on the date stated above, at 7:20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous Nephritis	2

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Hoy M. D.

(Address) Bonners Ferry Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary

City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102287

FEB 10 1937

Registration District No. 29

Primary Registration District No. 2156 Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Alta Neale Ward

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles

6. DATE OF BIRTH (month, day, and year) Aug. 2 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wapakoneta
(State or country) Ohio

FATHER

13. NAME G. L. Wagner

14. BIRTHPLACE (city or town) Shumburg
(State or country) Ohio

MOTHER

15. MAIDEN NAME Ellen Cook

16. BIRTHPLACE (city or town)
(State or country) Indiana

17. INFORMANT Miss Lena Wagner
(Address) Bonners Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Dec 30 1936

19. UNDERTAKER W. P. Dougherty
(Address) Bonners Ferry, Ida

20. FILED Dec 28, 1936 E. E. Ivy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936, to Dec. 28, 1936.

I last saw her alive on Dec 27 1936; death is said to have occurred on the date stated above, at 4 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorhage	12-27-36

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. E. Ivy M. D.

(Address) Bonners Ferry, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Boundary
City of Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102288

Registration District No. 19
Primary Registration District No. 2156 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chas O'Callaghan

(a) Residence. No. Bonners Ferry, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Loretta O'Callaghan

6. DATE OF BIRTH (month, day, and year) December 12th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82		19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 26-36 11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Buckingham Canada

FATHER
13. NAME Patrick O'Callaghan
14. BIRTHPLACE (city or town) (State or country) County Down Ireland

MOTHER
15. MAIDEN NAME — Cox
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Chas O'Callaghan
(Address) Bonners Ferry Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bonners Ferry Date Jan 2 1937

19. UNDERTAKER W. R. Broderick
(Address) Bonners Ferry, Ida

20. FILED Jan. 1 —, 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936, to Dec 31 1936.
I last saw him alive on Dec 30, 1936; death is said to have occurred on the date stated above, at 1.45 A m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Influenza	Dec 27 1936
Other **contributory causes** of importance: Myocardial failure	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Burton Bell M. D.
(Address) Bonners Ferry Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

JAN 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102294

1. PLACE OF DEATH
County of Butte Registration District No. 59
City of Arco Primary Registration District No. 2129 Local Registrar's No. 20
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mrs Arnold Schultz

(a) Residence. No. ..... St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
F	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arnold Schultz

6. DATE OF BIRTH (month, day and year) August 3rd 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Louisville Ky.

PARENTS

10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (city or town) (State or Country) not known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (city or town) (State or County) not known

14. Informant (Address) Arnold Schultz Arco, Idaho

15. Filed Jan 12, 1937 Mary G. Dietrich Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 12 (Month) 12 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1935, to Jan 12, 1936
that I last saw her alive on Dec 11, 1936
and that death occurred, on the date stated above, at 10 30 A m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis.
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) L. R. Eckert M. D.
Jan 12, 1937 (Address) Arco Ida.

19. Place of Burial, Cremation, or Removal	Date of Burial
Arco Idaho	12/14 1936
20. Undertaker	Address
Gil Mauel	Arco

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon

City of Nampa,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102296

Registration District No.

Primary Registration District No. 1005

Local Registrar's No. 166

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Myrtle Hodgson

(a) Residence. No. Nampa St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: L. E. Hodgson

6. DATE OF BIRTH (month, day, and year): Aug 31 1883

7. AGE — Years: 53 — Months: 3 — Days: 21 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lower Boise Idaho

FATHER

13. NAME: Charley Petersen
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Diegel
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: E. Hodgson (Address): Nampa Ida

18. BURIAL, CREMATION OR REMOVAL: Place Buchanan Cem. Date 12/26 1936

19. UNDERTAKER: S. V. Beckham (Address): Caldwell Ida

20. FILED 12 ..... 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 12/22 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1936, to Nov 24, 1936

I last saw h[illegible] alive on Nov. 24, 1936, death is said to have occurred on the date stated above, at 9.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. E. Woodward M. D.

(Address) Caldwell Idaho

(over)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

[redacted] IDAHO

DEP[redacted]VELFARE
BU[redacted]STICS

CERT[redacted]F DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102319

PLACE OF DEATH

County of Canyon

City of Nampa

JAN 22 1937

Registration District No. 7

Primary Registration District No. 1006 Local Registrar's No. 197

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Joan Hughart

(a) Residence. No. Colonial Apts St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) 3-7-72

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Hunnicks

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Snook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Zeta Hughart (Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL Place Nampa Date 12-9, 1936

19. UNDERTAKER F. K. Robinson (Address) Nampa Ida

20. FILED 12-9, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Dec. 7, 1936

I last saw her alive on Dec 7, 1936: death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel E. Wayne, M. D.

(Address) Nampa Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of [redacted]

City of Nampa

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102320

Registration District [redacted]

Primary Registration [redacted] No. 1006 Local Registrar's No. 198

JAN 11 1931

(No. [redacted] (If death occurred in a hospital or institution give its name instead of street and number)

#7 50

2. FULL NAME Emma J. Olmst[redacted]

(a) Residence. No. Nampa, Ida[redacted] St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-19-62

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Meier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bobine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Alex Woods

(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Ida. Date 12-10, 193[illegible]

19. UNDERTAKER F. K. Robinson

(Address) Nampa, Idaho

20. FILED 12-10, 193[illegible] Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-7 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 193[illegible], to Dec 7, 193[illegible]

I last saw her alive on 12-7, 193[illegible]; death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer breast	
Metastases liver. Stomach	
Other contributory causes of importance:	
Cancer	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193[illegible]

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace B. Robinson, M. D.

(Address) Nampa Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102346

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 134

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Raymond Curtis

(a) Residence. No. Oakley St. Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
~~HUSBAND of~~
(or) WIFE of Luella T. Curtis

6. DATE OF BIRTH (month, day, and year) Oct. 11 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Hardware
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Hardware
10. Date deceased last worked at this occupation (mo. and yr.) Sept 36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bingham
(State or country) Utah

FATHER
13. NAME Wm V. Curtis
14. BIRTHPLACE (city or town) Farmington
(State or country) Utah

MOTHER
15. MAIDEN NAME Eliza Maxfield
16. BIRTHPLACE (city or town) Midway
(State or country) Utah

17. INFORMANT Luella T. Curtis
(Address) Oakley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 12-29 1936

19. UNDERTAKER H. E. Johnson Mortuary
(Address) Kenneth McCulloch

20. FILED 12-27 1936 Laura G Spraeher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Dec 26, 1936
I last saw him alive on Dec 26, 1936: death is said to have occurred on the date stated above, at 4: ... A.... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Metastasis	
T. Bowel Bowels	

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. L. Curtis, M. D.
(Address) Oakley Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102347

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 1
(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel F. Brumley

(a) Residence. No. Burley Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7th 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ranch
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Oregon

FATHER
13. NAME J. D. Brumley
14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER
15. MAIDEN NAME Underwood
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT J. R. Brumley
(Address) Burley

18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 12-10, 1936

19. UNDERTAKER Jas. F. Pyrah
(Address) Burley

20. FILED Dec 9, 1936 Laura E. Graehen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Dec 8, 1936
I last saw him alive on Dec 8, 1936: death is said to have occurred on the date stated above, at 5 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1935
Other contributory causes of importance:	

Name of operation None Date of Nov 4
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Hugh E. Dean, M. D.
(Address) Burley Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102352

Registration District No. 117
Primary Registration District No. 2196 Local Registrar's No. 128
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Warr

(a) Residence. No. Marion District Burley St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Gertrude J. Warr

6. DATE OF BIRTH (month, day, and year) April 1 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (mo. and yr.) 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Gloucestershire
(State or country) England

FATHER
13. NAME Farnham Warr
14. BIRTHPLACE (city or town) .....
(State or country) England

MOTHER
15. MAIDEN NAME Sarah Pierce
16. BIRTHPLACE (city or town) .....
(State or country) Wales

17. INFORMANT Kenneth Warr
(Address) Marion Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Oakley Ida. Date 12-9- 1936

19. UNDERTAKER H. E. Johnson Mortuary
(Address) Kent B. McCulloch

20. FILED 12-9- 1936 Laura D. Thatcher
Registrar.

MEDICAL CERTIFICATE OF DEATH 12

21. DATE OF DEATH (month, day and year) 12-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Dec. 6, 1936
I last saw him alive on Dec. 6, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
(Cerebral Hemorrhage)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. E. Johnson, M. D.
(Address) Oakley Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102365

Registration District No. 164

Primary Registration District No. 2186 Local Registrar's No. 231

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Stevens

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Bulgaria

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo and yr.) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ....

MOTHER

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) (State or country) ....

17. INFORMANT Emmett Donahue (Address) Clerk of Court

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Challis Date Dec 8, 1936

19. UNDERTAKER (Address) Marvel Funeral Home

20. FILED Dec 8, 1936. Dec 8, 1936 Elva M. Kenney, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Saw him 12/5 1936., to only ....., 193....

I last saw him alive on 12/6 1936.; death is said to have occurred on the date stated above, at 4 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	-

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..no. Date of injury .., 193.

Where did injury occur? .... (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....

Manner of injury .... none ....

Nature of injury .... —

24. Was disease or injury in any way related to occupation of deceased? .... not to my knowledge

(Signed) C. L. Turley, M. D.

(Address) Challis, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City or St Anthony

JAN 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102387

Registration District No. 29

Primary Registration District No. 2177

Local Registrar's No. 802

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME No 1 Baby Girl Davenport

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female		Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 25-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			Premature	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) St Anthony Idaho

MOTHER/FATHER

13. NAME Leland Ladell Davenport

14. BIRTHPLACE (city or town) (State or country) Parker

MOTHER

15. MAIDEN NAME Carlie Callister

16. BIRTHPLACE (city or town) (State or country) Idaho Utah

17. INFORMANT (Address) Leland Ladell Davenport St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL

Place St Anthony Date Jan 26 1936

19. UNDERTAKER (Address) ....

20. FILED Jan 26 1936 Sarah B Frank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H A Littlefield, M D

(Address) St Anthony Ida.

1610
1559

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of St. Anthony

RECEIVED JAN 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2177 Local Registrar's No. 30 X

DO NOT WRITE IN THIS SPACE

State File No. 102389

(No. 5)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emily D. Jones

(a) Residence. No. St. Anthony Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. J. Jones

6. DATE OF BIRTH (month, day, and year) July 7- 1867

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Liverpool (State or country) Eng.

FATHER

13. NAME Charles Caldwell
14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Emily Lunch
16. BIRTHPLACE (city or town) (State or country) Eng

17. INFORMANT Mary Jones (Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Milford Date 12/18, 1936

19. UNDERTAKER W. M. Faust (Address) St. Anthony Idaho

20. FILED 12/18, 1936 S. Sarah V. Munns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/18 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Dec. 18, 1936.
I last saw her alive on Dec. 14 1936; death is said to have occurred on the date stated above, at 8 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Caldwell, M. D.
(Address) St. Anthony Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Fremont

City of Wilford

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102390
State File No.

Registration District No. 99

Primary Registration District No. 2177

Local Registrar's No. 305

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rebecca Ann Greenhalgh

(a) Residence. No. Wilford Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Peter Greenhalgh

6. DATE OF BIRTH (month, day, and year): June 24 1864

7. AGE

Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilford Idaho

MOTHER FATHER

13. NAME: Wilburn Stokes

14. BIRTHPLACE (city or town) (State or country): Tennessee

15. MAIDEN NAME: Ann Gough

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT (Address): Mrs. Iris Hargrave St. Anthony Idaho Route 1

18. BURIAL, CREMATION OR REMOVAL
Place: Wilford Date: Oct 15th 1936

19. UNDERTAKER (Address): W. W. Haymore St. Anthony Idaho

20. FILED 10/14 1936 Sabra B. Munk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1936 to 10/9, 1936.
I last saw her alive on 10/9, 1936: death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Bronchopneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Blackwell M. D.
(Address) St. Anthony Idaho

NO. 5.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Fremont

City of St. Anthony

RECEIVED
JAN 21 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 99

Primary Registration District No. 2 7 7 Local Registrar's No. 308

DO NOT WRITE IN THIS SPACE

State File No. 102391

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

H 1 a 159

2. FULL NAME No 2, Baby Girl Davenport

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Twin

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 26 36

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER

13. NAME Leland Ladell Davenport

14. BIRTHPLACE (city or town) (State or country) Parker Idaho

MOTHER

15. MAIDEN NAME Carlie Callister

16. BIRTHPLACE (city or town) (State or country) Delta Utah

17. INFORMANT (Address) Leland Ladell Davenport

18. BURIAL, CREMATION OR REMOVAL
Place St. Anthony Date Nov. 26 1936

19. UNDERTAKER Mosby
(Address)

20. FILED Nov. 26 1936 Sarah B. Munk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) B. B. Merrell M. D.

(Address) St. Anthony, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Dixie
RECEIVED
FEB 5 - 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102407

Registration District No. 103
Primary Registration District No. 2181
Local Registrar's No. 3

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Peter Silbereed

(a) Residence. No. Dixie (Usual place of abode) Ida St. .....
(If nonresident give city or town and state) not off.

Length of residence in city or town where death occurred. 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 2 - 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. Star Mine
10. Date deceased last worked at this occupation (mo. and yr.) 11-22-36
11. Total time (years) spent in this occupation Several yrs.

12. BIRTHPLACE (city or town) Riga
(State or country) Russia

FATHER
13. NAME not off.
14. BIRTHPLACE (city or town) .....
(State or country) Russia

MOTHER
15. MAIDEN NAME not off.
16. BIRTHPLACE (city or town) .....
(State or country) Russia

17. INFORMANT Geo. B. Sypher
(Address) 209 Lowman Bldg - Seattle Wn.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Grangeville Date 11-29, 1936

19. UNDERTAKER Hancock Funeral Home
(Address) Grangeville Ida.

20. FILED 2-1-, 1937 B Chipman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/24/1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ....., 193.....
I last saw h..... alive on ....., 193.....: death is said to have occurred on the date stated above, at 1:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Glenn Victor M.D.
(Address) Grangeville Ida

Coroner Idaho County

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102412

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 112

JAN 10 1937

(No. 9)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Thomas Ogston

(a) Residence. No. Near Kamiah St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Rilla Ogston
6. DATE OF BIRTH (month, day, and year): Sept 8th 1872
7. AGE: Years 64 | Months 1 | Days | If LESS than 1 day.... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Bakery
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Campville Ontario

MOTHER FATHER
13. NAME: Tom Ogston
14. BIRTHPLACE (city or town) (State or country): Scotland
15. MAIDEN NAME: Agnes Temple
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs. Ernest Meisner Kamiah

18. BURIAL, CREMATION OR REMOVAL
Place Kamiah Date Oct 10 1936

19. UNDERTAKER (Address): Kamiah Funeral Home Kamiah

20. FILED Nov 5, 1936. J. M. Tuberville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to Oct 8th, 1936.
I last saw him alive on Oct 8th, 1936: death is said to have occurred on the date stated above, at 12 00 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) H. W. Wentworth, M. D.
(Address) Stites Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Stites

RECEIVED JAN 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 102413

Local Registrar's No. 418

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME H. F. Griffeth

(a) Residence. No. Stites, Idaho St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 29 1861

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** ....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** ....

10. Date deceased last worked at this occupation (mo. and yr.) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER/FATHER

13. NAME ,,

14 BIRTHPLACE (city or town) ,,
(State or country)

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) ,,
(State or country)

17. INFORMANT ....
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Harpster Date 12/13, 1936

19. UNDERTAKER Geo Fleming
(Address) Riggins

20. FILED Jan 10 1937 J. M. Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/11 1936.

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Died possibly a day or two out in brush while worked	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. ....
Manner of injury.... H. W. Whitworth M.D.
Nature of injury....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify....

(Signed) Glenn Cuba
(Address) Georgetown Ida

Coroner of Idaho County

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of States

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102414

Registration District No. 106
Primary Registration District No. 2184
Local Registrar's No. 419

JAN 10 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Franklin Hunter

(a) Residence. No. ..... St. States Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 17 days How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6. DATE OF BIRTH (month, day, and year) Nov 30 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** —

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Grangeville Idaho

FATHER

13. NAME Gaut Hunter

14. BIRTHPLACE (city or town) (State or country) Whitesboro Texas

MOTHER

15. MAIDEN NAME Lillie Holland

16. BIRTHPLACE (city or town) (State or country) Waitsburg Texas

17. INFORMANT (Address) Gaut Hunter States

18. BURIAL, CREMATION OR REMOVAL
Place Clearwater Ida. Date Dec 21st 1936

19. UNDERTAKER (Address) .....

20. FILED Jan 10, 1937 J. M. Siebenkuss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 20, 1936.
I last saw him alive on Dec 19, 1936: death is said to have occurred on the date stated above, at 3:35 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Convulsions 19 hours	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....
(Signed) H. W. Wentworth, M. D.
(Address) States

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of State

RECEIVED

FEB 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 106

Primary Registration District No. 2184

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 102415

Local Registrar's No. 429

2. FULL NAME Mary Jane Moore

(a) Residence. No. St. State Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Moore

6. DATE OF BIRTH (month, day, and year): Dec 18

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
84	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rock Island Ill.

FATHER

13. NAME: Daniel Mosher

14. BIRTHPLACE (city or town) (State or country): Dont Know

MOTHER

15. MAIDEN NAME: not obtainable

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mrs. Claude Merz State Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Battle Ridge Cemetery Date: Dec 12 193 6

19. UNDERTAKER (Address): Family

20. FILED: Jan 10 193 7 J M Weber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 10 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 193 6, to Dec 10, 193 6

I last saw h[illegible] alive on Dec 3, 193 6 death is said to have occurred on the date stated above, at 1:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other **contributory causes** of importance:	
Arteriosclerosis	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J M Weberkuecht M. D.
(Address) Kooskia Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102424

Registration District No. 18
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard Dean Fry

(a) Residence. No. ____ Jerome, Ida. St. ____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 29 1933

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

FATHER
13. NAME Raymond Fry
14. BIRTHPLACE (city or town) Wynona
(State or country) Mo

MOTHER
15. MAIDEN NAME Juanita Stevens
16. BIRTHPLACE (city or town) ____
(State or country) Wyoming

17. INFORMANT Raymond Fry
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cem Date Dec 10, 1936

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED Jan 9, 1937 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 8, 1936
I last saw him alive on Dec 8, 1936; death is said to have occurred on the date stated above, at 10:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 4, 1936
Common cold	
Other contributory causes of importance:	

Name of operation No Date of —
What test confirmed diagnosis? No Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Reuben C. Matson, M. D.
(Address) Jerome Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Kootenai

City of Post Falls

JAN 6 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 102434

Local Registrar's No. 213

(No. 1000 1072)

(If death occurred in a hospital or institution, give its name instead of street and number) District

2. FULL NAME John B. Millsap

(a) Residence. No. ..... St. Pleasant View.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1936-7-25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** —

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Post Falls Ida.

FATHER

13. NAME Earl Millsap

14. BIRTHPLACE (city or town) (State or country) Post Falls Ida.

MOTHER

15. MAIDEN NAME Josephine Lear

16. BIRTHPLACE (city or town) (State or country) Post Falls Idaho

17. INFORMANT Earl Millsap (Address)

18. BURIAL, CREMATION OR REMOVAL Idaho. Place Pleasant View Date 12-10, 1936

19. UNDERTAKER Cassedy Funeral Home (Address) Coeur d'Alene Ida.

20. FILED Dec. 10, 1936. F. F. Horning M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1936, to Dec. 6, 1936

I last saw h. alive on Dec. 6, 1936: death is said to have occurred on the date stated above, at 6a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Dec. 5
following acute Cold	

Other **contributory causes** of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. F. Horning M. D.

(Address) Post Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102435

Registration District No. 30
Primary Registration District No. 1038 Local Registrar's No. 224

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby McHugh

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Dec. 14 1936
7. AGE: Years | Months | Days: 2 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, ~~or particular~~ kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spokane, Wn

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Grace McHugh
16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) 717 Birch Ave Coeur d'Alene, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Forest Cem. Coeur d'Alene Date 12/18, 1936

19. UNDERTAKER (Address) Mooney Mortuary Coeur d'Alene, Ida.

20. FILED Dec. 28, 1936 F. F. Horning, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 193..., to ..., 193...
I last saw her alive on Dec 17, 1936; death is said to have occurred on the date stated above, at 8:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from Aspirated Stomach Contents	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? ~~Was~~ there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..., 193...
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Harold J. Sturges, M. D.
(Address) Coeur d'Alene

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah

City of Southwick

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102469

Registration District No. 63

Primary Registration District No. 9143

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

18 5 215

2. FULL NAME James Elbert Long

(a) Residence. No. Southwick, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Long

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logging Ind.

10. Date deceased last worked at this occupation (mo. and yr.) Sept. 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Time Well, Ill.

FATHER

13. NAME Robert Long

14. BIRTHPLACE (city or town) (State or country) ? Ill.

MOTHER

15. MAIDEN NAME Harriet Hailey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Tillie Long
(Address) Southwick, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Southwick Date Dec 12, 1936

19. UNDERTAKER A. Earl Alden
(Address) Troy, Idaho

20. FILED Dec 12, 1936 B. F. Dort
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 193 6, to Dec. 6, 193 6.

I last saw him alive on Dec 6, 1936.: death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess	Sept 22, 36

Other contributory causes of importance:

Accident in woods	Sept 22, 36
Auto cold	Sept. 17, 36
Fell off of a log	
No fractures	

Name of operation None Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. C. Christensen M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Latah
City of Juliaetta

FEB 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102470

Registration District No. 63
Primary Registration District No. 2143
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margie Almira Maxwell

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Maxwell

6. DATE OF BIRTH (month, day, and year) Mar. 8, 1851

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

FATHER

13. NAME Charles Owen

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Amy

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Mrs. R. F. Douglas, Juliaetta, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Fir Ridge, Juliaetta, Ida. Date Dec 27, 1936

19. UNDERTAKER Brauer Wynn Co.
(Address) Lewiston, Idaho

20. FILED Dec 27, 1936 B. F. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to Dec 26, 1936.
I last saw her alive on Dec 21, 1936: death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1926
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. A. Christensen, M. D.
(Address) Kendrick, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Deary

REC'D JAN 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102474

Registration District No. 64
Primary Registration District No. 2144
Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eunice Evelyn Anderson

(a) Residence. No. Deary, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1934

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy
(State or country) Idaho

FATHER
13. NAME Victor H. Anderson
14. BIRTHPLACE (city or town) Genesee
(State or country) Ida.

MOTHER
15. MAIDEN NAME Nellie Evelyn Taylor
16. BIRTHPLACE (city or town) Butler
(State or country) Missouri

17. INFORMANT Victor Anderson
(Address) Deary, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Dry Creek Cem Date Dec. 19, 1936

19. UNDERTAKER A. Earl Alden
(Address) Troy, Idaho

20. FILED Dec 30 1936 Lucy M Packard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15-, 1936, to Dec 16, 1936
I last saw h alive on Dec 16-, 1936: death is said to have occurred on the date stated above, at 12:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Broncho pneumonia	Dec 15-1936.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Chas G. Meyer M. D.
(Address) Troy Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Latah

City of Genesee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102484

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George A McMillan

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. 3 yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma McMillan

6. DATE OF BIRTH (month, day, and year) Not on record

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph McMillan

14. BIRTHPLACE (city or town) (State or country) Not on record

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Emma McMillan (Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Craigmont, Ida Date Oct 4, 1936

19. UNDERTAKER Brower Wann Co. (Address) Lewiston, Ida

20. FILED 10/12, 1936. G. J. White M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to Oct. 2, 1936
I last saw him alive on Oct 2, 1936: death is said to have occurred on the date stated above, at 1.30 p.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive-Cardio	
Vascular-renal disease	Unknown

Other **contributory causes** of importance:

Name of operation None. Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. J. White, M. D.
(Address) Genesee, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Kamiah

JAN 13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102490

Registration District No. 49

Primary Registration District No. 2127

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ora Davenport Renahan

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John B Renahan

6. DATE OF BIRTH (month, day, and year): April 3 - 78 - 1857

7. AGE: Years 79 | Months 8 | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Walla Walla Wash Co. Oregon

FATHER

13. NAME: Timothy W Davenport

14. BIRTHPLACE (city or town) (State or country): Columbia Co N.Y.

MOTHER

15. MAIDEN NAME: Flora Greer

16. BIRTHPLACE (city or town) (State or country): Des Moines Madison Co. Ohio

17. INFORMANT (Address): Chas Lucas Kamiah Idaho

18. BURIAL, CREMATION OR REMOVAL

Place: Kamiah Date: 1/6, 193

19. UNDERTAKER (Address): Kamiah Undertaking Co Kamiah Idaho

20. FILED 1-13, 193 7 Nell Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): 1/5 193 6

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 193 7, to above, 193

I last saw her alive on 12/4, 193 7: death is said to have occurred on the date stated above, at 5-35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Pneumonia	12/6/36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C H Beyerman, M. D.

(Address) Kamiah

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102491

Registration District No. 49
Primary Registration District No. 2127 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

43 52

2. FULL NAME Mrs. Connie Bell Bonner
(a) Residence. No. Kamiah - Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. 3 yrs. 8 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elza Bonner
6. DATE OF BIRTH (month, day, and year): Nov 7 - 1854
7. AGE: Years 82 | Months 1 | Days 11 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brantford, (State or country) Canada,

FATHER
13. NAME Charles Morgan.
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (city or town) Monaghan Quitter (State or country) Monaghan, Ireland.

17. INFORMANT Mrs. F. L. Coomber (Address) Kamiah Idaho
18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Lewiston Ida Date 12/19, 1936
19. UNDERTAKER Brower Warm & (Address) Lewiston, Ida
20. FILED 1-13, 1937. Neil A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18 1936
22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to 12/18, 1936.
I last saw her alive on Nov., 1936.; death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of face	1932

Other **contributory causes** of importance:

None

Name of operation None Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....
(Signed) ..... M. D.
(Address) Kamiah Idaho

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

RECEIVED JAN 28 1937

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 43
Primary Registration District No. .....
(No. ....., ... St.)

File No. 102493
Registered No. .....

1. PLACE OF DEATH.
County of Lewis Co
City of Nezperce Idaho
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eudora Townsend

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH.
Aug (Month) 29 (Day) 1862 (Year)

7. AGE
74 Yrs. 2 Mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER Silas Davis

11. BIRTHPLACE OF FATHER (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Francis Severs

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fred Townsend
(Address) Ellensburg Wash

15.
Filed Nov 22 1936
Albert Huff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
November (Month) 22 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 - 1936, to Nov - 22 - 1936, that I last saw her alive on Nov - 22 - 1936; and that death occured on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Pneumonia Lobar.

(Duration) — Yrs. — mos. 8 — ds.
Contributory (Secondary) Senility
(Duration — yrs. — mos. — ds.
(Signed) J. A. Cope M. D.
11/22 1936 (Address) Nezperce, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days
Where was disease contracted if not at place of death?.....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Ellensburg Wash.
DATE OF BURIAL: Nov 25 1936

20. UNDERTAKER: Albert Huff
ADDRESS: Nezperce Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & STRS. 24654

RE

JAN 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102494

PLACE OF DEATH

County of Lewis

City of Nyssa Idaho
Route

Registration District No. 47

Primary Registration District No. .....

Local Registrar's No. 219

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Marion Russel Ewing

(a) Residence. No. ..... St. .....
(Usual place of abode.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10. NAME OF FATHER Thomas Ewing

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ill

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or County) "

14. Informant Helen Ewing
(Address) Nyssa Idaho

15. Filed Jan 1, 1937 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December - 9th, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceas d from
1936, 19.., to - Dec. 9th, 1936,
that I last saw him alive on December 9th, 1936,
and that death occurred, on the date stated above, at 11 P m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

- Pneumonia Lobar -

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? At place of death

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) O H Cooper, M. D.

Dec. 10, 1936 (Address) Nyssa Ida

19. Place of Burial, Cremation, or Removal Burial — Date of Burial Dec 12 1936

20. Undertaker Albert Huff — Address Nyssa Idaho

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH
County of Lincoln
City of Shoshone

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102497

Registration District No. 16-17
Primary Registration District No. ..... Local Registrar's No. 85

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harlow David Heist

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Heist
6. DATE OF BIRTH (month, day, and year): Oct 28, 1880
7. AGE — Years: 56 — Months: — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Lawyer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.): 11-8-36
11. Total time (years) spent in this occupation: 29 yrs.

12. BIRTHPLACE (city or town) (State or country): Clay Co. Nebraska

FATHER
13. NAME: David Heist
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Evelyn Colt
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Sarah Heist

18. BURIAL, CREMATION, OR REMOVAL
Place: Sunset Date: 11-22-1936

19. UNDERTAKER (Address): A. C. Thompson Per I. P. Bright

20. FILED Nov 21, 1936 J. B. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1936, to 11-19, 1936.
I last saw him alive on 11-13, 1936: death is said to have occurred on the date stated above, at 9 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other **contributory causes** of importance:

Albuminuria	

Name of operation: None Date of:
What test confirmed diagnosis? Death Was there an autopsy? No.

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify... Nephritis

(Signed) ..... M. D.
(Address) .....

WRITE PLAINLY, WITH UNFAILING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Madison

City of Sugar city

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE

State File No. 102498

Registration District No. 140

Primary Registration District No. 2178 Local Registrar's No. 75

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Jean Cotton

(a) Residence. No. 0 (Usual place of abode) Sugar city St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 14 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho Madison

MOTHER FATHER

13. NAME Clarence Cotton

14. BIRTHPLACE (city or town) (State or country) Logan Cache Co. Utah

15. MAIDEN NAME Murelle Rasbury

16. BIRTHPLACE (city or town) (State or country) Hibbard Idaho

17. INFORMANT (Address) Clarence Cotton Sugar city Idaho

18. BURIAL, CREMATION OR REMOVAL Place Rexburg Date Dec 26 1936

19. UNDERTAKER (Address) Russell H. Lamm Rexburg Idaho.

20. FILED Jan 3, 1937 Ida V. E. Mousley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936 to Dec. 24, 1936

I last saw him alive on Dec. 24 1936: death is said to have occurred on the date stated above, at 7:9' a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs-Pneumonia	
both lungs	
Other contributory causes of importance:	
Neglected cold	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. S. Rigby M. D.

(Address) Rexburg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Minidoka
City or R. Heyburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102505

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 1

FEB 8 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Coats Wame 12-9-13

(a) Residence. No. Heyburn Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Wame

6. DATE OF BIRTH (month, day, and year) Feb 24 - 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home - Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) London
(State or country) England

FATHER
13. NAME Wm Coats
14. BIRTHPLACE (city or town)
(State or country) England

MOTHER
15. MAIDEN NAME Elizabeth Weare
16. BIRTHPLACE (city or town)
(State or country) England

17. INFORMANT George Wame
(Address) Heyburn

18. BURIAL, CREMATION OR REMOVAL
Place Heyburn Cem Date 12-17 1936

19. UNDERTAKER Geo. T. Burke
(Address) Burley Ida

20. FILED 12-22, 1936 E. K. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12 - 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 - 6, 1936, to 12 - 10, 1936
I last saw her alive on 12 - 10, 1936: death is said to have occurred on the date stated above, at ? P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	Mar. 1936

Other contributory causes of importance:

Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) O. A. Mackness M. D.
(Address) Rupert, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Mueller

PLACE OF DEATH
County of Minidoka
City RECEIVED Rupert
FEB 8 _ 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102511

Registration District No. 19
Primary Registration District No. 2015 Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number) (No. Mattie)

2. FULL NAME Maggie C Smith

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jame Smith
6. DATE OF BIRTH (month, day, and year): June 10 1869
7. AGE — Years: 67 Months: 3 Days: 7 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**:
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

FATHER
13. NAME: James Slusser
14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER
15. MAIDEN NAME: Margaret Dehil
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): James Smith Rupert

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Sept 21 1936

19. UNDERTAKER (Address): W. A. Goodmanson Rupert Idaho

20. FILED 2-2, 1937 E. E. Blanchard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 17, 1936.
I last saw h[illegible] alive on Sept 17, 1936: death is said to have occurred on the date stated above, at 6 A.M.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other **contributory causes** of importance:	
Essential hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. O. Moellmer M. D.
(Address) Rupert Idaho

Mul

PLACE OF DEATH

County of Minidoka

City of Rupert

RECF

FEB 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102512

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 9

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

#4 465

2. FULL NAME Kathrine M. Jensen

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4 1866

7. AGE — Years: 70 | Months: 5 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: House Wife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER FATHER

13. NAME: Isaac Petterson

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: dont Know

16. BIRTHPLACE (city or town) (State or country): Denmark

17. INFORMANT (Address): Mrs. Afton Stoll Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Rupert Cem. Date: Nov. 22 1936

19. UNDERTAKER (Address): Alan Gorfuman Rupert Idaho

20. FILED: Dec. 2, 1936 — E. A. Thomas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov 19 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1936, to Nov. 19, 1936

I last saw her alive on Nov. 19, 1936; death is said to have occurred on the date stated above, at 6:30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1936.
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Matthews M. D.

(Address) Rupert, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

REGISTERED

FEB 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102513

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 10

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME June Florence Othelia Maier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem.	white.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, and year) June 12 1920.

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
16	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Student

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). Rupert Idaho
(State or country)

FATHER

13. NAME John Maier

14. BIRTHPLACE (city or town). Russia
(State or country)

MOTHER

15. MAIDEN NAME Caroline Rickert.

16. BIRTHPLACE (city or town). Illinois
(State or country)

17. INFORMANT Mrs. John Maier
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rupert, Idaho Date Oct. 28, 1936

19. UNDERTAKER Alan Goodyear
(Address) Rupert, Idaho

20. FILED 2-8, 1937. A. E. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Oct 25, 1936
I last saw her alive on Oct 25, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral injury -	
Skull fracture	
Other **contributory causes** of importance:	
Shock + Hemorrhage	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Auto accident
Manner of injury... " "
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... A. A. Hoelkemeyer M. D.

(Address) ..... Rupert, Idaho

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Minidoka

City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102514

Registration District No. 19

Primary Registration District No. 2016 Local Registrar's No. 11

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Henry Maier

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): June 12 1920

7. AGE — Years: 16 Months: 4 Days: 13 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Student

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: .....

10. Date deceased last worked at this occupation (mo. and yr.): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Elgin North Dakota

FATHER

13. NAME: Henry Maier

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Christina Maier

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Henry Maier

18. BURIAL, CREMATION OR REMOVAL
Place Rupert Cem. Date Oct. 27 1936

19. UNDERTAKER (Address): Alan Goodman Rupert

20. FILED 2-2, 1937 E. B. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Was dead when seen	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193. Oct 25, 1937

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury Auto accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) O. A. Wadlund, M. D.

(Address) .....

1936 210

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Jeg Pierce
City of Spalding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102534

Registration District No. 128
Primary Registration District No. ..... Local Registrar's No. .....

FEB 8 - 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilbur Wade Whitlock

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 16 - 1920

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
16	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** High School Student
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation ..../.....

12. BIRTHPLACE (city or town) (State or country) Spalding Idaho

MOTHER/FATHER
13. NAME Eben D. Whitlock
14. BIRTHPLACE (city or town) (State or country) Kansas
15. MAIDEN NAME Dora Kress
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) Eben Whitlock Spalding Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston Idaho Date Oct 18 1936

19. UNDERTAKER (Address) Brower Orange Co. Lewiston Idaho

20. FILED Oct ..., 1936. George Gaignard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 ..., ..., 1936 to Oct 17 ..., 1936.

I last saw him alive on Oct 16 ..., 1936: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma of Spine	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and **state**)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) George Gaignard M. D.
(Address) Lewiston Idaho

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ..... Local Registrar's No. .....

DO NOT WRITE IN THIS SPACE
State File No. 102535

FEB 8 - 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wallace Emie Reubens

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1936

7. AGE — Years | 8 Months | 1 Days | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9 Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lapwai, Idaho
(State or country)

FATHER

13. NAME Thomas Reubens

14. BIRTHPLACE (city or town) Lapwai, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Lillie Ellenwood

16. BIRTHPLACE (city or town) Lapwai, Idaho
(State or country)

17. INFORMANT Thomas Reubens
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Ida Date Oct. 29 1936

19. UNDERTAKER Brower-Wann Co.
(Address) Lewiston, Idaho

20. FILED Oct. 29, 1936 Jorge Jaynard M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Oct 28, 1936.

I last saw him alive on Oct 28 1936.; death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jorge Jaynard M. D.

(Address) Culdesac, Idaho

IMPORTANT: WRITE UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada Bingo

City of Caldwell Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102536

Registration District No. 128

Primary Registration District No. ____ Local Registrar's No. ____

(No. ____)

RECEIVED FEB 8 - 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Culver

(a) Residence. No. ____ St. ____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Mulch

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. A. Norberg (Address) Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Caldwell Idaho Date 11-7-1936

19. UNDERTAKER Vassar Company (Address)

20. FILED Nov. 1936 George Gaumer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-22-, 1936, to 11-5-, 1936

I last saw her alive on 11-4-, 1936; death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulm. Thrombosis	10-15-35
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) George Gaumer M. D.

(Address) Caldwell Idaho

PLACE OF DEATH

County of Nez Perce

City of Lapwai

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102537

Registration District No. 1009

Primary Registration District No. 96 Local Registrar's No. 739

JAN 11 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delores Loreta Broncheau

(a) Residence. No. St. Orofino, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Infant

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orofino Idaho

MOTHER FATHER

13. NAME Ben Broncheau

14. BIRTHPLACE (city or town) (State or country) Culdesac Idaho.

15. MAIDEN NAME Emma Broncheau

16. BIRTHPLACE (city or town) (State or country) Culdesac Idaho.

17. INFORMANT (Address) Ben Broncheau Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Date Dec 4 1936

19. UNDERTAKER (Address) Brauer Mann Co. Lewiston Idaho.

20. FILED Jan 8, 1937 M W Cankey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1936, to December 2, 1936.

I last saw her alive on 12/2, 1936: death is said to have occurred on the date stated above, at 2:30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	11/27/36
(Probably Influenza)	

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raeph M. Alley, M. D.

(Address) Lapwai, Idaho

...ATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102538

PLACE OF DEATH
County of Nez Perce
City of Lewiston

RECEIVED
FEB 11 1937

Registration District No. 1009
Primary Registration District No. 96
Local Registrar's No. 760

(No. if Sommerville Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Albert B. Hayward

(a) Residence. No. Sommerville Home St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kitty Van Pelt

6. DATE OF BIRTH (month, day, and year) April 30, 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) -------
(State or country) Ohio

FATHER

13. NAME Louis Hayward

14. BIRTHPLACE (city or town)
(State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Nickeson

16. BIRTHPLACE (city or town)
(State or country) Penn.

17. INFORMANT Mrs. Racheal Armitage
(Address) Southwick, Idaho

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Southwick, Idaho Date 12-26, 1936

19. UNDERTAKER Vassar-Rawls Funeral Home
(Address) Lewiston, Idaho

20. FILED Jan. 26 1937 M W Caskey Registrar.
MS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12223 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to Dec. 23, 1936
I last saw him alive on Dec. 20 1936; death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia
Influenza Terminal Senility

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) Lewiston Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Nez Perce

City of Lapwai

RECEIVED FEB 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2193 (1937)

Primary Registration District No. 9695 Local Registrar's No. 761

(No.....)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 102533

2. FULL NAME William Reynolds

(a) Residence. No..... St. Lapwai

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Indian	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Reynolds

6. DATE OF BIRTH (month, day, and year) not on record

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

FATHER

13. NAME Leslewood

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Not on record

16. BIRTHPLACE (city or town) (State or country) Not on record

17. INFORMANT Charlotte Reynolds
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Dec 29, 1936

19. UNDERTAKER Brower Mortuary Co
(Address) Lewiston, Idaho

20. FILED Jan 26, 1937 M. W. Easton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Dec 27, 1936

I last saw him alive on Dec 26, 1936; death is said to have occurred on the date stated above, at 7:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Temple, M. D.

(Address) Lapwai, Idaho

Carrsow

PLACE OF DEATH
County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102540

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 762
(No. St Joseph's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Julia Genevieve DeMers

(a) Residence. No. St. Genesee, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Del DeMers

6. DATE OF BIRTH (month, day, and year) November 27 - 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER
13. NAME John Franke
14. BIRTHPLACE (city or town) (State or country) Jugoslavia

MOTHER
15. MAIDEN NAME Anna Hubert
16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Del DeMers (Address) Genesee, Idaho

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Genesee, Ida Date Jan 2, 1937

19. UNDERTAKER Brower Mortuary (Address) Lewiston, Idaho

20. FILED Jan 11, 1937 M W Caskey Registrar.
MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Dec 29, 1936
I last saw h~~e~~r alive on Dec 29, 1936: death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 24/36

Other contributory causes of importance:

None	

Name of operation ~~None~~ Date of
What test confirmed diagnosis? ~~X-ray~~ Clinical Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~—~~ Date of injury ~~—~~, 193...
Where did injury occur? ~~—~~
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ~~—~~
Manner of injury ~~—~~
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. O. Carrsow M. D.
(Address) Lewiston, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Owyhee
City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102545

Registration District No. 94
Primary Registration District No. [redacted] Local Registrar's No. 10

JAN 11 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jane Estes

(a) Residence. No. 70 Miles West Twin Falls St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marcus Estes

6. DATE OF BIRTH (month, day, and year) June 8 1855

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	6	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER
13. NAME Will Walters
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER
15. MAIDEN NAME Eliza Klenfelt
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) C. A. Ross

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date Jan 2, 1937

19. UNDERTAKER F. E. Dietz
(Address) Twin Falls Idaho

20. FILED 1-[illegible], 1937 [illegible] Registrar.
Alice E. Whitbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1936 to 12/31, 1936
I last saw her alive on 11/25, 1936: death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic about	9/15/36
Other contributory causes of importance:	
Senility, gradual	Gradual.

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury No. 193
Where did injury occur? None
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. None.
Manner of injury None
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Duncan [illegible] M. D.
(Address) Twin Falls Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone.
City of Mud Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102551

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 5

(No. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest E. Soper Jr

(a) Residence. No. Mud Plymouth, Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 27 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mud Plymouth Ida

FATHER

13. NAME Ernest E. Soper

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Thelma Fay Watson

16. BIRTHPLACE (city or town) (State or country) Ida

17. INFORMANT (Address) Ernest E. Soper Mud Plymouth Ida

18. BURIAL, CREMATION OR REMOVAL
Place Mud Plymouth Date Dec 7 1936

19. UNDERTAKER Nye Funeral Home
(Address)

20. FILED 1/15/37 1936 J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936, to Dec 5, 1936
I last saw h[illegible] alive on Dec 5, 1936.: death is said to have occurred on the date stated above, at 11½ P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atresia of	
Common Bile duct	In utero

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to exter'l causes (violence) ~~fill in also the following~~:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred M. Gross, M. D.
(Address) Mud Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Ammon

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102552

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 4

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles H. Duell

(a) Residence. No. Route 1 St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nadie Duell

6. DATE OF BIRTH (month, day, and year) Oct 12-1861

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
75	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (mo. and yr.) 1935
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Amon Duell
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Nadie Duell Route 1

18. BURIAL, CREMATION OR REMOVAL
Place Paynette Date Jan 13, 193 6

19. UNDERTAKER N Peterson
(Address) Montpelier Ida

20. FILED 1/13/37, 193.... J. B. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 193 6, to Dec 11, 193 6.
I last saw him alive on Dec 11, 193 6.: death is said to have occurred on the date stated above, at 9 00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cardiac Decompensation	1935
Uremia	Nov. 20, 1936

Other contributory causes of importance:

Name of operation None Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to ~~exter'l causes (violence) fill in also the~~ following:
Accident, suicide, or homicide? .... Date of injury ...., 193....
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred ~~in industry~~, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Richard M. Toma, M. D.
(Address) Main St. Plymouth, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102553

Registration District No. 4
Primary Registration District No. 1008 Local Registrar's No. 84

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Henry Kent

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza A. Kent

6. DATE OF BIRTH (month, day, and year) Aug 19-1838

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town)
(State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

17. INFORMANT H. H. Kent
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 8-2-, 1936

19. UNDERTAKER Russell C. Langdon
(Address) Payette Idaho

20. FILED 8/8/36, 193 J. W. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to July 31, 1936
I last saw him alive on July 31, 1936: death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Insanity	
Other contributory causes of importance: Bronchial pneumonia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. L. Clark, M. D.
(Address) Payette, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Fruitland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102554

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 85

(No. Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Lorraine Kesler

(a) Residence. No. Fruitland, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
4	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ontario (State or country) Oregon

FATHER

13. NAME LaMont J. Kesler

14. BIRTHPLACE (city or town) New Plymouth (State or country) Ida.

MOTHER

15. MAIDEN NAME Evelyn Taylor

16. BIRTHPLACE (city or town) Idaho. (State or country)

17. INFORMANT (Address) Mrs Rose Kesler Fruitland Ida.

18. BURIAL, CREMATION OR REMOVAL

Place New Plymouth Date 12/11, 193 6

19. UNDERTAKER (Address) H. L. Peterson Emmett Ida

20. FILED 12/15/36 193 J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 9 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 193 6, to Dec 9, 193 6

I last saw h alive on Dec 9, 193 6.: death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ataxia	Current
	Day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Paxton M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of PAYETTE.

City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102555

Registration District No. 4.

Primary Registration District No. 1008. Local Registrar's No. 86.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

90
92a

2. FULL NAME LELAND HOWARD ADER.

(a) Residence. No. 101-NORTH SIXTH STREET St. PAYETTE, IDAHO
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Lanfear Ader.

6. DATE OF BIRTH (month, day, and year) May 23, 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Midvale
(State or country) Idaho

FATHER

13. NAME Anderville Ader.

14. BIRTHPLACE (city or town) Princetown
(State or country) Missouri.

MOTHER

15. MAIDEN NAME Flora Jenkins

16. BIRTHPLACE (city or town) Baker
(State or country) Oregon

17. INFORMANT Ruben Ader
(Address) 1714 5th St. Stephens

18. BURIAL, CREMATION OR REMOVAL Portland
Place... Payette Date 12/12, 193.6

19. UNDERTAKER Glenn C. Lundin
(Address) Payette Idaho

20. FILED 12/13/36 193.. J. B. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/10/36 193

22. I HEREBY CERTIFY, That I attended deceased from 1930, 193..., to 12/9/36, 193...

I last saw him alive on 12/9/36 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	6 or 7 yrs ago
Broken compensation	

Other **contributory causes** of importance:

Hemoptysis	Dec 1, 1936

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) E. R. Swain M. D.

(Address) Payette Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102556

PLACE OF DEATH
County of Payette
City of Payette
JAN 10

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 87

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Elwood Dutton

(a) Residence. No. 925 - 5th Ave N St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabelle B Dutton
6. DATE OF BIRTH (month, day, and year): Nov 18 1891
7. AGE: Years 45 | Months | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Dec 9-36
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Batesville Louisiana

FATHER
13. NAME: Harry Dutton
14. BIRTHPLACE (city or town) (State or country): Brownsville Pennsylvania

MOTHER
15. MAIDEN NAME: Lura Adell Elwood
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Rabit E Dutton

18. BURIAL, CREMATION, OR REMOVAL
Place Empire Hall Cemetery Date Dec 19, 1936

19. UNDERTAKER (Address): J Foster Payette Idaho

20. FILED 12/18/36 193 J B Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Dec 13, 1936
I last saw him alive on Dec 13, 193 ; death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	

Other contributory causes of importance:

Sinus thrombosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M F Clark, M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102557

Registration District No. 4
Primary Registration District No. 1008. Local Registrar's No. 88.
(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Lucile Prewitt

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Sept. 28. 1928

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
8	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Black Foot Idaho

FATHER
13. NAME Andrew Prewitt
14. BIRTHPLACE (city or town) (State or country) Memphis Tenn.

MOTHER
15. MAIDEN NAME Mary A. Larson.
16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT Mrs. Prewitt
(Address) Payette Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 12-16-1936

19. UNDERTAKER Glenn C. Saunders.
(Address) Payette Idaho.

20. FILED 12/21/36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14 1936.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 -, 1936, to Dec 14, 1936.
I last saw h[illegible] alive on Dec 14, 1936: death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis Cause	[illegible]
Staphylococcus	[illegible]
Blood Stream Infection	[illegible]
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. ~~If death was due to exter'l causes (violence) fill in also the following:~~
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) C. C. Parton, M. D.
(Address) Payette, Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone

City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 102563

Local Registrar's No. 86

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gillette

(a) Residence. No. .... St. ....
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 15, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Kellogg, Ida

FATHER

13. NAME P. L. Gillette

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Penn.

MOTHER

15. MAIDEN NAME Ruth E. Mager

16. BIRTHPLACE (city or town) (State or country) Bonaparte, Iowa

17. INFORMENT (Address) P. L. Gillette, Kellogg, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg, Ida. Date Dec 16, 1936

19. UNDERTAKER M. C. Thornhill
(Address) Kellogg, Idaho

20. FILED 1-9, 1937 Brad. Helen M. Brady
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 4:00 am Dec 15, 1936, to Dec 15, 1936.

I last saw him alive on Dec 15, 1936; death is said to have occurred on the date stated above, at 1:00 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary atelectasis	12-15-36

Other contributory causes of importance:

Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 193.

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Glenn McCaffery, M. D.

(Address) Kellogg, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102569
State File No.

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 70
(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margaret McCallister

(a) Residence. No. 1 Murray Ida. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Lloyd McCallister

6. DATE OF BIRTH (month, day and year) March 9 - 1918

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
18	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Carmen Tattrie
14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER
15. MAIDEN NAME Bessie Fisher
16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Carmen Tattrie
(Address) Murray Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Dec 19 193[illegible]

19. UNDERTAKER John A Beer Chas J
(Address) Wallace Ida

20. FILED Dec 18, 193[illegible] John Beer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936 to Dec. 16, 1936
I last saw her alive on Dec 16, 1936; death is said to have occurred on the date stated above, at 11:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma-	
1) Right side of neck.	June or July 1936.
2) Lungs	
3) Uterus.	
Other contributory causes of importance:	

Name of operation Biopsy Date of Oct 28, 1936
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E K Berard, M. D.
(Address) Wallace Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 5 1936 RECEIVED

DO NOT WRITE IN THIS SPACE
State File No. 102618

Registration District No. 39
Primary Registration District No. 2087
Local Registrar's No. 4

(No. 6)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Artie Gertrude Beckler

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 6 - 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buffalo Mo.

MOTHER FATHER

13. NAME D. C. Beckler
14. BIRTHPLACE (city or town) (State or country) Salisbury Mo
15. MAIDEN NAME Artie Lane
16. BIRTHPLACE (city or town) (State or country) Warrenton Ohio

17. INFORMANT Homer Beauchamp (Address) Buhl

18. BURIAL, CREMATION OR REMOVAL
Place Buhl Date 11/8, 1936

19. UNDERTAKER Evans & Johnson (Address) Buhl G. L. Parkinson

20. FILED Dec 4, 1936 G. L. Parkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to 11-6, 1936
I last saw her alive on 11-6, 1936 death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	10-28-36
Other contributory causes of importance: Generalized Contraction of Kidneys Extreme Uremia (Left Kidney removed at that time 1929	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Bergmann, M. D.
(Address) Buhl Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Buhl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102619

Registration District No. 39
Primary Registration District No. 2987 Local Registrar's No.
DEC 5 1936 RECEIVED
1. PLACE OF DEATH (No.) Mrs. Siezentanner Hosp. Buhl, Ida.
(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Eva Belle Loudenslager
(a) Residence. No. Fargo near Buhl Ida St.
(Usual place of abode) Farm near Buhl Ida (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ray Loudenslager

6. DATE OF BIRTH (month, day, and year) Oct 12 1883.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

FATHER
13. NAME James Davis
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Josephine Chester
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Ray Loudenslager (Address) Hagerman Ida

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Enid Okla. Date 11/14, 1936

19. UNDERTAKER Evans & Johnson (Address) Buhl Ida L. Johnson

20. FILED Dec 1, 1936 G. T. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1936, to 11-13, 1936
I last saw her alive on 11-13, 1936: death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppression of urine	11-9-36

Other contributory causes of importance:

Acute Appendicitis & Chronic cystitis & Peritonitis.	11-7-36

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 193..
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Fred Cumming M. D.
(Address) Buhl, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington.
City of Weiser.

FEB 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86
Primary Registration District No. 2112

DO NOT WRITE IN THIS SPACE
State File No. 102621
Local Registrar's No. 32

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Macumber Swope.

(a) Residence. No. 1016. North 13. Street. St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female.	White.	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) December. 14. 1848.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
88	0	9.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Iowa.
(State or country)

MOTHER FATHER
13. NAME Egbert Macumber.
14. BIRTHPLACE (city or town) Unknown.
(State or country)

MOTHER
15. MAIDEN NAME Charlotte Miller.
16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mrs. Charles. H? Roberts.
(Address) 1016. N. 13 Street.

18. BURIAL, CREMATION OR REMOVAL
Place Boise, Idaho. Date Dec. 24 193 6.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED Jan 8, 193 7 Emma A. Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24 193 6

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 193 6, to Dec. 24, 193 6
[last saw her alive on Dec. 24, 193 6. death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and	?
Myocardial degeneration	

Other contributory causes of importance:

Arteriosclerosis	?
Acute bronchitis	Dec. 3

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....
(Signed) E. Curtis, M. D.
(Address) Weiser, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of VALLEY
City of McCALL, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10264

DO NOT WRITE IN THIS SPACE
State File No. 102641

Registration District No. 8
Primary Registration District No. 2004
Local Registrar's No. 30
(No. C.C.C. Camp - near McCall)
(If death occurred in a hospital or institution, give its name instead of street and number)

T&A
L
2159

2. FULL NAME GLEN BARNEY

(a) Residence. No. REXBURG, IDAHO St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 4, 1917

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC ENROLLEE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laborer on Road Project

10. Date deceased last worked at this occupation (mo. and yr.) Nov. 6, 1936

11. Total time (years) spent in this occupation 241 days

12. BIRTHPLACE (city or town) REXBURG,
(State or country) IDAHO

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT C. C. C. Headquarters
(Address) Boise, Idaho

18. [redacted] REMOVAL
Place Rexburg Idaho Date 11/8/36, 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho

20. FILED 2-25, 193 7 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from ——, 193..., to ——, 193...
I last saw him alive on 11-6, 1936: death is said to have occurred on the date stated above, at 3:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Macerated Brain	11-6-36
Fractured Skull	11-6-36
Other contributory causes of importance:	

Name of operation NO Date of
What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury 11-6 1936
Where did injury occur? T 18 R 4 E Valley Co. Ida.
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Road Project CCC.
Manner of injury Struck by falling tree
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify while at work
(Signed) L B Barnett M. D.
(Address) Camp S-223 McCall Ida.

EXHIBIT "C"

102649

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of FREMONT

City of ASHTON

RECEIVED

MAR 3 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 102649

Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John. Henry Crouch.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmira. Crouch.

6. DATE OF BIRTH (month, day, and year) June 30th 1879

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	53	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). (State or country) West Virginia

FATHER

13. NAME Francis Marion Crouch

14. BIRTHPLACE (city or town). (State or country) West Virginia

MOTHER

15. MAIDEN NAME Rhea. Wheeler

16. BIRTHPLACE (city or town). (State or country) West Virginaia

17. INFORMANT (Address) Mrs John Crouch. Ashton Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ashton Idaho Date 10/13/36

19. UNDERTAKER Lewis Kiser
(Address) Ashton Idaho

20. FILED 10/12/36 Lewis Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9/36

22. I HEREBY CERTIFY, That I attended deceased from ....Notime...., 193.. to ...No time...., 193....
I last saw h....alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Was Dead When Seen.	
Prehaps Apoplexy	
Died Suddenly while looking out the Window.	
Other **contributory causes** of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) E. L Hargis, M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102653

(REGISTERED)
MAR 14 1937

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 858

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dr. H. A. Wheeler

(a) Residence. No. (Usual place of abode) Pocatello, Idaho St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE: Years 73 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M.D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Co Mo.

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) No [illegible]

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Frank Swanson (Address) Durango Colorado

18. ~~BURIAL, CREMATION~~ OR REMOVAL
Place Maund City Mo. Date Dec 24 1936

19. UNDERTAKER McGeorge Funeral Home (Address) Pocatello Idaho

20. FILED 12-2, 1936 L. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to 12/20, 1936
I last saw ~~be~~ alive on 12-19, 1936; death is said to have occurred on the date stated above, at 10:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:

age	
Fractured Femur accident	
last summer	

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? — Date of injury —, 193..
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to ~~occupation of~~ deceased? If so, specify

(Signed) H. A. Lyons M. D.
(Address) Pocatello Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102723

Registration District No. 84
Primary Registration District No. 2161
Local Registrar's No. 44

(No. 100 1/2 a)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay albert Rasmussen

(a) Residence. No. ..... St. Grace, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Aug 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Preston (State or country) Idaho

FATHER
13. NAME Freemon Rasmussen
14. BIRTHPLACE (city or town) Brigham City (State or country) Utah

MOTHER
15. MAIDEN NAME Wilda Nielsen
16. BIRTHPLACE (city or town) Cleveland (State or country) Idaho

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grace, Idaho Date Nov 5, 1936

19. UNDERTAKER No undertaker (Address)

20. FILED 2/9, 193 7 Mrs. G. G. Fitz. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 3 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 193 6, to Nov 3, 193 6
I last saw h[illegible] alive on Nov 3, 193 6: death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 2, 193 6
Primary cause a	
Early Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193...
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. S. Rasmussen M. D.
(Address) Grace, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102724

Registration District No. 28
Primary Registration District No. 2161
Local Registrar's No. 863

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Arthur Valenty

(a) Residence. No. 656 N. Ninth St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

FATHER
13. NAME James Valenty
14. BIRTHPLACE (city or town) Buffalo
(State or country) N. Y.

MOTHER
15. MAIDEN NAME Mary Dekker
16. BIRTHPLACE (city or town) Roswell
(State or country) N. M.

17. INFORMANT Sam Valenty
(Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Mountainview Date Dec. 27, 1936

19. UNDERTAKER Howard's Funeral Home
(Address) Pocatello, Idaho

20. FILED 12-26, 1936 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 24, 1936.
I last saw him alive on Dec 24, 1936.: death is said to have occurred on the date stated above, at 6 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia Complications	1 day
Other contributory causes of importance:	

Name of operation no Date of .....
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 193...
Where did injury occur? no
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. H. Dungal M. D.
(Address) Pocatello Idy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

9

PLACE OF DEATH
County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102743

Registration District No. 52
Primary Registration District No. 2136 Local Registrar's No. 0

FEB 10 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Vanita Jensen

(a) Residence. No. St. Ovid, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Child Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) June - 3 - 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

FATHER
13. NAME Clifford Jensen
14. BIRTHPLACE (city or town) (State or country) Ovid Idaho

MOTHER
15. MAIDEN NAME Alice Gardner
16. BIRTHPLACE (city or town) (State or country) Montpelier Idaho

17. INFORMANT Clifford Jensen (Address) Ovid Idaho

18. BURIAL, CREMATION OR REMOVAL Place Ovid Idaho Date Dec 30, 1936

19. UNDERTAKER J. M. Williams (Address) Montpelier Idaho

20. FILED Jan 1st, 1937 N. M. Rees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Dec 28, 1936
I last saw h[illegible] alive on Dec 28, 1936: death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia Primary Cause	Dec 21-36
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) [illegible] M. D.
(Address) Montpelier Ida.

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

FEB 19 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 2049

DO NOT WRITE IN THIS SPACE
102754
State File No.

Local Registrar's No. 27

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gabrielle Norbeck

(a) Residence. No. 8th & Railroad St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds How long in U. S., if of foreign birth 40 yrs. mos. ds.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Norbeck

6. DATE OF BIRTH (month, day, and year)
December 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Woodsman

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.) 11/18/35

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Portom Wasa Finland

FATHER

13. NAME Isaac Norbeck

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Hannah Norbeck
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL Woodlawn
Place St. Maries Date 12/5/ 6, 193..

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 1-8, 1937 Walter Roberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 1, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 6, to Dec 1st, 193 6.

I last saw alive on Nov 27 193 6; death is said to have occurred on the date stated above, at 3:30 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other **contributory causes** of importance:

Pre-Cardiac Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury .., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. W. Platt M. D.
(Address) St. Maries

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Benewah

City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102755

Registration District No. 92

Primary Registration District No. 2049 Local Registrar's No. 28

FEB 3 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Hilbert Scott

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lyda Scott

6. DATE OF BIRTH (month, day, and year) July 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
60	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) July 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Ferris Center (State or country) Mich.

FATHER

13. NAME Wm. Scott

14. BIRTHPLACE (city or town) ..... (State or country) Mich.

MOTHER

15. MAIDEN NAME Rose M. Throop

16. BIRTHPLACE (city or town) Hillsdale (State or country) Mich

17. INFORMANT Mrs. Lyda Scott (Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 12/10, 1936

19. UNDERTAKER Mitchell & Wessa (Address) St. Maries, Idaho

20. FILED 1-8, 1937 Walter Doberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 7, 1936 193

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Dec 7, 1936.
I last saw him alive on Dec 6, 1936. death is said to have occurred on the date stated above, at 12:20 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Failure	
Terminal Anasarca	

Other **contributory causes** of importance:

Aortic & Mitral insufficiency	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? — Date of injury .., 193.
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. E. Patton, M. D.
(Address) St. Maries Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102756

PLACE OF DEATH
County of Benewah
City of St. Maries, Ida.
Registration District No. 32
Primary Registration District No. 2049
Local Registrar's No. 29
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lydia Edwards
(a) Residence. No. Tensed, Idaho St.
(If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~husband~~ or (or) WIFE of S. J. Edwards

6. DATE OF BIRTH (month, day and year) April 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day,
	66	4	38	hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) own Home
(c) Name of employer Last Worked 12/6/36 46 yrs

9. BIRTHPLACE (city or town) (State or country) Oregon

PARENTS

10. NAME OF FATHER L. Goodrich
11. BIRTHPLACE OF FATHER (city or town) (State or Country) no Record
12. MAIDEN NAME OF MOTHER no Record
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) no Record

14. Informant Mrs. Mable Thomas
(Address) Spokane, Wash.

15. Filed 1-8, 19 37 Walter L. Berg Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 17th (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-8, 1936, to 12-17, 1936
that I last saw h~~er~~ alive on 12-16, 1936
and that death occurred, on the date stated above, at 5:50 a. m.
The CAUSE OF DEATH* was as follows:
Duodenal ulcer
with high grade
obstruction
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Not known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical + X-ray
(Signed) C. A. Robbins, M. D.
12-17, 1936 (Address) St. Maries, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal	Date of Burial
Tekoa, Wash.	Dec 20 1936
20. Undertaker Kimball Funeral Home	Address Tekoa, Wash

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102757

Registration District No. 32
Primary Registration District No. 2049 Local Registrar's No. 30
(No. St. Maries Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEB 19 1937

1010
188

2. FULL NAME Louis W. Clark - Louis Clark

(a) Residence. No. ..... St. Spokane Wash
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Mrs. Anna Clark

6. DATE OF BIRTH (month, day, and year) Dec. 13 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Teamster
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Logging
10. Date deceased last worked at this occupation (mo. and yr.) Dec. 1936
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Blackfoot Idaho

FATHER
13. NAME Arthur Clark
14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Anna Clark
(Address) 45 So. Howard St. Spokane Wn.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Spokane Wash. Date 12-20-1936

19. UNDERTAKER STAPISH FUNERAL HOME
(Address) ST. MARIES, IDAHO

20. FILED 1-8-1937 Walter Doberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1936, to 12-17, 1936.
I last saw him alive on 12-16, 1936; death is said to have occurred on the date stated above, at 5 a.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	12-7-36

Other **contributory causes** of importance:

Nephritis, Chronic, diffuse	?

Name of operation None Date of ——
What test confirmed diagnosis? X-ray & Clinical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? No. Occupation
(Specify City or County and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) P. A. Jobus, M. D.
(Address) St. Maries, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102807

Registration District No. 73
Primary Registration District No. 21-0 Local Registrar's No. 35
(No. I. F. S. Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Sadie Holmes

(a) Residence. No. 311 - So. Water St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilbur Holmes

6. DATE OF BIRTH (month, day, and year) May 8 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mobile
(State or country) Missouri

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town)
(State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town)
(State or country) Not Known

17. INFORMANT Wilbur Holmes
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Dec 1 193 6

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Dec 1, 193 6 Compumanis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 193 6

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 193 6, to Nov. 26, 193 6
I last saw her alive on Nov. 26, 193 6: death is said to have occurred on the date stated above, at 10-15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Not Known
Rt. Lobar Pneumonia	Nov. 24, 1936
Other contributory causes of importance:	
Influenza	3 Wks ago
Mitral Regurgitation	1926

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 193....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Wilson, M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bonner

City of Sda. Falls

NOV 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102823

Registration District No. 73

Primary Registration District No. 2-14-0 Local Registrar's No. 206

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curtis C Bearfield Jr.

(a) Residence. No. RFD #5 St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1936

7. AGE — Years: 0 | Months: 1 | Days: 2 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: none

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: —

10. Date deceased last worked at this occupation (mo. and yr.): —

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Sda. Falls Sda.

FATHER

13. NAME: Curtis C Bearfield

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME: Edna Leggroan

16. BIRTHPLACE (city or town) (State or country): Rigby Ida.

17. INFORMANT (Address): Curtis C Bearfield Sda. Falls Sda.

18. BURIAL, CREMATION OR REMOVAL: Burial

Place Sda. Falls Date 10-21, 1936

19. UNDERTAKER (Address): O L Buck Sda. Falls, Sda.

20. FILED Oct 21, 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Oct. 19, 1936

I last saw h— alive on Oct 19, 1936; death is said to have occurred on the date stated above, at 9.00 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Malnutrition	
Broncho pneumonia secondary to above	

Other **contributory causes** of importance: Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193.

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. K. Gabbert M. D.

(Address) Sda. Falls, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville.
City of Idaho Falls

JAN 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102824

Registration District No. ~~28~~ 73
Primary Registration District No. ~~2270~~ 2170 Local Registrar's No. 261

(No. Spencer Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharyn Jean Whitmore.

(a) Residence. No. ..... St. Menan, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F. M.	White	Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Ida.

FATHER
13. NAME George Levearl Whitmore.
14. BIRTHPLACE (city or town) (State or country) St Anthony, Idaho

MOTHER
15. MAIDEN NAME Ruth Southworth Miller
16. BIRTHPLACE (city or town) (State or country) Parker, Idaho.

17. INFORMANT Levearl G Whitmore
(Address) Menan, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 12/28, 1936

19. UNDERTAKER C B Eckersell
(Address) Rigby, Idaho

20. FILED 12/31, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 24 6

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1936 to Dec 24, 1936
I last saw her alive on Dec 24, 1936: death is said to have occurred on the date stated above, at 12:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 20, 1936
Other contributory causes of importance:	
Bronchitis Acute	Dec 18, 1936

Name of operation no Date of
What test confirmed diagnosis? Na Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) C P Brown M. D.
(Address) Rigby Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT.

City of ASHTON.

RECEIVED FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102890

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No. 1

(No.) 8 8 F

(If death occurred in a hospital or institution, give its name instead of street and number) 131 Pr

2. FULL NAME PHILLIP MOORE.

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MRS PHILLIP MOORE

6. DATE OF BIRTH (month, day, and year) AUG. 17th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Retired Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME THOMAS MOORE

14. BIRTHPLACE (city or town) (State or country) OHIO.

MOTHER

15. MAIDEN NAME REBECCA. SPRAGUE.

16. BIRTHPLACE (city or town) (State or country) OHIO.

17. INFORMANT (Address) LAWERENCE MOORE ASHTON IDAHO.

18. BURIAL, CREMATION OR REMOVAL Place ASHTON IDAHO. Date 6/14/36 193.. BURIAL

19. UNDERTAKER (Address) LEWIS KISER ASHTON IDAHO

20. FILED 6/11/36 193.. Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/10/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 25 ....., 193 4.., to JUNE 10 ....., 193 6.
I last saw him alive on JUNE 10, 1936; death is said to have occurred on the date stated above, at 2:00 P. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other **contributory causes** of importance: Chronic Interstitial Nephritis	1935

Name of operation None Date of.....
What test confirmed diagnosis? Physical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) David C. Harris, M. D.
(Address) Ashton, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of FREMONT

City of ASHTON

RECEIVED FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102891

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. ..... If death occurred in a hospital or institution, give its name instead of street and number)

#9 45

2. FULL NAME OLIVER PERRY. SPARKMAN.

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. Color or Race: WHITE

5. Single, Married, Widowed or Divorced (write the word): Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Sparkman.

6. DATE OF BIRTH (month, day and year) Nov. 7th 1866

7. AGE

Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
70	9	XX	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** POLICE OFFICER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME OLIVER PERRY MARTIN.

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT (Address) Mrs. Jennie Sparkman. Ashton Idaho.

18. BURIAL, CREMATION, or REMOVAL BURIAL.
Place 8/12/36 Date ....., 193..

19. UNDERTAKER LEWIS KISER
(Address) ASHTON IDAHO.

20. FILED 8/8/36 193... LEWIS KISER Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/7/36 193

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to Aug. 7, 1936

I last saw him alive on Aug. 7 0, 1936.: death is said to have occurred on the date stated above, at 7:00 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of the Throat	4 mos. Ago.
Other **contributory causes** of importance:	
Hemmorhage, (Spontaneous) of Throat	8-7-36

Name of operation... NONE Date of.....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry, in home, or in public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) David E. Harris, M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of FREMONT

City of DRUMMOND

RECEIVED FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102892

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. 88 12

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. H.G. Lewis

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) DEC. 11/1864

7. AGE — Years: 71 — Months: 8 — Days: 0 — If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) JEFFERSONVILLE Ind.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs Jax Franz. Drummond Idaho.

18. BURIAL, CREMATION OR REMOVAL Burial

Place Ashton Idaho Date 8/13/36

19. UNDERTAKER (Address) Lewis Kiser Ashton Idaho.

20. FILED 8/12/36 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11-36

22. I HEREBY CERTIFY, That I attended deceased from 8-8-36, 193.. to 8-11-36, 193..

I last saw her alive on Aug. 11, 1936.: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other **contributory causes** of importance: Chronic Interstitial Nephritis	1935

Name of operation None Physical Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193..

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) David E. Harris, M. D.

(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102893

Registration District No. 102

Primary Registration District No. 1 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME CHARLES P. RODGERS

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) MARCH 24th 1866

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	70	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** STONE MASON

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) EVANSVILLE IND.

FATHER

13. NAME CHARLES C. RODGERS

14. BIRTHPLACE (city or town) (State or country) NEW YORK

MOTHER

15. MAIDEN NAME KATE DODD

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT MRS. PERCER (Address) ASHTON IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place. ASHTON IDAHO Date Oct 5, 1936

19. UNDERTAKER LEWIS KISER (Address) ASHTON IDAHO

20. FILED 10-5, 1936. Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1936, to Sept 27, 1936.
I last saw him alive on Sept 27, 1936; death is said to have occurred on the date stated above, at 12:00 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other **contributory causes** of importance:	
Chronic Parenchymatous Nephritis	6 mos.

Name of operation NONE Date of
What test confirmed diagnosis? PHYSICAL Was there an autopsy? NO

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury.., 193.
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) David E. Harris, M. D.
(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of FREMONT

City of ASHTON

FEB 25 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102894

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No.

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

#750

2. FULL NAME NELLIE LATHAM

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
FEMALE	WHITE	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of IRA LATHAM

6. DATE OF BIRTH (month, day, and year) APRIL 18th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** HOUSEWIFE

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) CANYON CITY
(State or country) OREGON

MOTHER FATHER

13. NAME ED. LOCKWOOD

14. BIRTHPLACE (city or town) .....
(State or country) AUSTRALIA

15. MAIDEN NAME — PIERCE

16. BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

17. INFORMANT ELMER THOMPSON
(Address) ASHTON IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place ASHTON IDAHO Date 9 ....., 1936

19. UNDERTAKER LEWIS RISER
(Address) ASHTON IDAHO

20. FILED 9 27 ....., 1936. Lewis Riser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-26-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 ....., 193.. to Oct 26 ....., 1936..

I last saw her alive on Oct 25 ....., 193.. : death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer of Breast	.....
.....	.....
.....	.....
.....	.....
.....	.....
Other **contributory causes** of importance:	
.....	.....
.....	.....
.....	

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... ?

(Signed) E. A. Stanger, M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT

City of FARNUM. IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 102

Primary Registration District No. 6

DO NOT WRITE IN THIS SPACE
State File No. 102895

Local Registrar's No.

FEB 22 1937

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME IVER C. HENDRICKSEN

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) FEB. 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
71	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** FARMER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) GUNNISON
(State or country) UTAH

FATHER

13. NAME IVER C. HENDRICKSEN

14. BIRTHPLACE (city or town) .....
(State or country) DENMARK

MOTHER

15. MAIDEN NAME MARTHA JENSEN

16. BIRTHPLACE (city or town) .....
(State or country) DENMARK

17. INFORMANT LESTER HENDRICKSEN
(Address) FARNUM. IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place ASHTON. IDAHO Date 10 7 ..., 193 6

19. UNDERTAKER LEWIS RISER
(Address) ASHTON IDAHO

20. FILED 10 6 ..., 193 6 LRuskuer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 1st 193 6

22. I HEREBY CERTIFY, That I attended deceased from 1st time 193..., to 1st time 193...

I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Was dead when seen	.....
He had an acute stenosis	.....
and died very likely from	.....
Apoplexy	.....
.....	.....

Other **contributory causes** of importance:

.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**. .....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) C. E. Latham M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT

City of ASHTON

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102896

Registration District No. 102

Primary Registration District No. 6 Local Registrar's No. 1

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME EPHRIM CUNNINGHAM

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ROSE CUNNINGHAM

6. DATE OF BIRTH (month, day, and year) MARCH 6th 1852

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
	84	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** RETIRED FARMER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) PATTERSON PENN

MOTHER FATHER

13. NAME JOHN CUNNINGHAM

14. BIRTHPLACE (city or town) (State or country) PATTERSON PENN

15. MAIDEN NAME JANE MCCURISH

16. BIRTHPLACE (city or town) (State or country) PENN

17. INFORMANT (Address) MRS. ROSE CUNNINGHAM ASHTON IDAHO

18. BURIAL, CREMATION OR REMOVAL
Place ASHTON IDAHO Date 10-5, 1936

19. UNDERTAKER (Address) LEWIS KISER ASHTON

20. FILED 10-12, 1936 Lewis Kiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Oct. 2, 1936.
I last saw him alive on Oct. 2, 1936; death is said to have occurred on the date stated above, at 2:45 p. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year
Other **contributory causes** of importance: Pulmonary Oedema	15 days

Name of operation... None Date of.....
What test confirmed diagnosis? Physical Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?. No If so, specify.....
(Signed) David E. Harris, M. D.
(Address) ASHTON, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Fremont
City of Drummond

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102807
State File No. [redacted]

Registration District No. 107
Primary Registration District No. 1
Local Registrar's No. 1

FEB 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Susetta S. Oberhansli

(a) Residence. No. Drummond Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
(or) WIFE of Ferdinand Oberhansli

6. DATE OF BIRTH (month, day, and year) December 25-1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zourich Switzerland

FATHER
13. NAME Friedrich Daniel Schneider
14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Schneider
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Ida Shafraer
(Address) Long Beach Calif

18. BURIAL, CREMATION OR REMOVAL
Place Pineview Date 10/10 1936

19. UNDERTAKER W. M. Hansen
(Address) St. Anthony, Idaho

20. FILED 10/9 1936 Lund Kiser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936, to Oct. 9, 1936
I last saw h[illegible] alive on Oct. 9, 1936: death is said to have occurred on the date stated above, at 2:55 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935
Other contributory causes of importance: Hypostatic Pneumonia	5 days

Name of operation None Physical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) David E. Harris M. D.
(Address) Ashton, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of FREMONT

City of MARYSVILLE

RECEIVED

FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102898

Registration District No. 102

Primary Registration District No. 6

Local Registrar's No. [redacted]

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

#4 46

2. FULL NAME JOSEPH H. GLOVER

(a) Residence. No. ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EDITH GLOVER

6. DATE OF BIRTH (month, day and year) APRIL 6th 1869

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
67	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** FARMER

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) FARMINGTON (State or country) UTAH

FATHER

13. NAME JOSEPH S. GLOVER

14. BIRTHPLACE (city or town) ..... (State or country) IND

MOTHER

15. MAIDEN NAME ELLEN M. RICE

16. BIRTHPLACE (city or town) NAUVOO (State or country) ILL

17. INFORMANT MRS. EDITH GLOVER (Address) MARYSVILLE IDAHO

18. BURIAL, CREMATION OR REMOVAL

Place ASHTON, Idaho Date 10/11, 1936

19. UNDERTAKER Jenna Riser (Address) Ashton Idaho

20. FILED 10/9, 1936 Jenna Riser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-9-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Oct 8, 1936.

I last saw h[illegible] alive on Oct 8, 1936; death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer stomach	

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) E. L. Harris M. D.

(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Fremont
City of Ashton

DECEIVED
FEB 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102899

Registration District No. 10
Primary Registration District No. 6
Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Clarissia H. Fausett

(a) Residence. No. Ashton Route # St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John M. Fausett

6. DATE OF BIRTH (month, day, and year) Aug. 28-1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	2	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER
13. NAME Henry H. Harriman
14. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

MOTHER
15. MAIDEN NAME Sarah Elizabeth Hobbs
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. John M. Fausett
(Address) Ashton #1

18. BURIAL, CREMATION OR REMOVAL
Place Ammi Date 11/29, 1936

19. UNDERTAKER D. M. Hansen
(Address) St. Anthony Idaho.

20. FILED 11/27, 1936 Lucy Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1936, to 11-26, 1936
I last saw her alive on 11-26, 1936: death is said to have occurred on the date stated above, at 7 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia, bulbar	
Paralysis	
Cardiac Stenosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. Hansen, M. D.
(Address) Ashton Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Idaho
City of Near Kamiah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
102919
State File No.

Registration District No. 106
Primary Registration District No. 2184 Local Registrar's No. 117

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Thomas Caplon

(a) Residence. No. Near Kamiah St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stella Caplon
6. DATE OF BIRTH (month, day, and year): Sept 8th 1872
7. AGE — Years: 64 Months: 0 Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Bakery
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:
10. Date deceased last worked at this occupation (mo. and yr.):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Orangeville Ontario

FATHER
13. NAME: Jim Caplon
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Agnes Temple
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs Ernest Myers Kamiah

18. BURIAL, CREMATION OR REMOVAL
Place: Burial Kamiah Oct., 1936

19. UNDERTAKER (Address): Jim Robertson Kamiah Idaho

20. FILED Jan 10, 1937. J. M. Verbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to Oct 8th, 1936.
I last saw him alive on Oct 8, 1936; death is said to have occurred on the date stated above, at 12 10 p m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) H. W. Westmark M. D.
(Address) Stites Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102965

PLACE OF DEATH
County of Latah.
City of Moscow (rural)

Registration District No. 61
Primary Registration District No. 1011
Local Registrar's No. 206
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

FEE $ paid

1000
1070

2. FULL NAME Wayne Maurice Myers.

(a) Residence. No. Thorncreek St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 20, 1936.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Family home Thorncreek

FATHER
13. NAME Morris Myers
14. BIRTHPLACE (city or town) (State or country) Genesee Idaho

MOTHER
15. MAIDEN NAME Edith Wernecke
16. BIRTHPLACE (city or town) (State or country) Genesee Idaho.

17. INFORMANT W. C. Wernecke
(Address) Colton Wash.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Thorncreek Date 12/30, 1936

19. UNDERTAKER H. R. Short
(Address) Moscow, Idaho.

20. FILED 1/5, 1937 C. J. Beachler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1936, to 12/29, 1936
I last saw him alive on 12/27, 1936.: death is said to have occurred on the date stated above, at 7:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/27
& Primary cause	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) L. L. Forbes, M. D.
(Address) Genesee

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of May

MAR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102985

Registration District No. 41

Primary Registration District No. 2116 Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert L Jones

(a) Residence. No. May Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): July 7th 1858
7. AGE: Years 79 Months 2 Days 26 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **farmer, sawyer, bookkeeper, etc.**: Stock Rancher
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Live Stock
10. Date deceased last worked at this occupation (mo. and yr.): 10
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): American Born

FATHER
13. NAME: Dan Jones
14. BIRTHPLACE (city or town) (State or country): Utah

MOTHER
15. MAIDEN NAME: La Trielle
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): J. C. Haakland May, Ida.
18. BURIAL, CREMATION OR REMOVAL Place: May Ida Date: Oct 4 1936
19. UNDERTAKER (Address): Wm C. Haeblr Salmon Ida
20. FILED: 3/13, 193?. Chas E. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 3rd 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 193...; to ....., 193....
I last saw h...alive on ....., 193...: death is said to have occurred on the date stated above, at 8 A. m.
The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cancer on the Arm.	

Other **contributory causes** of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Wm C. Haeblr Coroner
(Address) Salmon Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Lemhi
City of Salmon
RECEIVED
MAR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102986

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harriet H. Bowler

(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11th 1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 3 yrs
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Glencoe Ontario, Canada

FATHER

13. NAME George Young
14. BIRTHPLACE (city or town) (State or country) Fitzwilliam Ireland

MOTHER

15. MAIDEN NAME Catherine Bateman
16. BIRTHPLACE (city or town) (State or country) Cordoc, Ont. Canada

17. INFORMANT Jessie Roberts
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Ida Date 11/28 1936

19. UNDERTAKER W. C. Hoobler
(Address) Salmon Ida

20. FILED 12/13 1937 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to 11/20 1936
I last saw her alive on 11/20 1936: death is said to have occurred on the date stated above, at 4-A- m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	1929

Other contributory causes of importance:

Name of operation None Performed Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Hammers M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Lemhi

City of Salmon

RECEIVED

MAR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102987

Registration District No. 4

Primary Registration District No. 2116

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jerry Robert Knablock

(a) Residence. No. Salmon St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November 9th 1936

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salmon (State or country) Idaho

FATHER

13. NAME Richmond Knablock

14. BIRTHPLACE (city or town) Indiana (State or country)

MOTHER

15. MAIDEN NAME Isabelle Berridge

16. BIRTHPLACE (city or town) Oregon (State or country)

17. INFORMANT Isabelle Knablock (Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL

Place Salmon Ida Date 11/29" 1936

19. UNDERTAKER Ann C Doelker (Address) Salmon Ida

20. FILED 3/3 1937 Chas C. Bellomy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-28" 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/25 1936 to 11/28 1936

I last saw h[illegible] alive on 11/25 1936: death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
bilateral	11/25
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? pneumococcus Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Hanner, M. D.

(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

RECEIVED
MAR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102988

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Thorson
(a) Residence. No. Salmon Ida St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 4 Years
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Norway
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT D. M. Fife
(Address) Salmon Ida

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 12/12, 1936

19. UNDERTAKER Wm C. Tabler
(Address) Salmon Ida

20. FILED 3/13, 1937 Chas C. Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH 12-11-

21. DATE OF DEATH (month, day and year) 12-11- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 193..., to 12/14, 1936
I last saw h[illegible] alive on 12/9, 1936: death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify,
(Signed) [illegible] M. D.
(Address) Salmon Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lemhi
City of Salmon

RECEIVED
MAR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102989

Registration District No. 71
Primary Registration District No. 2116
Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number) (No.)

2. FULL NAME Rasmus Hansen Albertsen

(a) Residence. No. Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 1st 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Farming
10. Date deceased last worked at this occupation (mo. and yr.) 4
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Dunskar Denmark

FATHER

13. NAME Ernest William Albertsen
14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Karen Mickelsen
16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Ernest William Albertsen Salmon Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 12/21st, 1936

19. UNDERTAKER William C. Hoelscher
(Address) Salmon Ida.

20. FILED 3/13, 1937 Chas. E. Bellomy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-19th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...
I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 10-30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes,	
Acute Indigestion	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193...
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William C. Hoelscher M.D.
(Address) Salmon, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lapwai,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103045

Registration District No. 128
Primary Registration District No. ____ Local Registrar's No. ____
(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Angie Merle Types

(a) Residence. No. ____ St. ____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. / yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Indian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct. 23, 1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Lapwai (State or country) Idaho

FATHER
13. NAME Peter Types
14. BIRTHPLACE (city or town) ____ (State or country) not on record

MOTHER
15. MAIDEN NAME Not on record
16. BIRTHPLACE (city or town) ____ (State or country) Not on record

17. INFORMANT Peter Types (Address) Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Lapwai, Ida. Date Nov. 12, 1936

19. UNDERTAKER Brasher Wagon Co. (Address) Lewiston, Idaho

20. FILED Nov. 12, 1936 George Faignard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1936, to 11-10-, 1936
I last saw her alive on 11-10-, 1936: death is said to have occurred on the date stated above, at 12:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	
Probably Influenza	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) George Faignard, M. D.
(Address) Lapwai, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 7 1936 RECEIVED

PLACE OF DEATH

County of Owyhee

City of Jordan Valley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 43rd

Primary Registration District No. 2120

DO NOT WRITE IN THIS SPACE
State File No. 103051

Local Registrar's No. 43

(No. [illegible])
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles McIntyre

(a) Residence. No. [illegible] Shelleville St.
(Usual place of abode)
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 1-1862

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Joseph McIntyre

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs Fred Paxman Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Jordan Valley Ore. Date 10-18, 1936

19. UNDERTAKER (Address) [illegible]

20. FILED Dec 9th, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct 18, 1936

I last saw h[illegible] alive on Oct 1[illegible], 1936; death is said to have occurred on the date stated above, at 9-8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..... no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. A. Jones, M. D.

(Address) Jordan Valley Oregon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103060

Registration District No. 4
Primary Registration District No. 1008
Local Registrar's No. 89

(No. ....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs Elizabeth Hayden Hannigan

(a) Residence. No. .... St. ....
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Henry Hannigan
7. DATE OF BIRTH (month, day, and year): April 21-1866
8. AGE — Years: 70 | Months: 9 | Days: 5 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
10. Date deceased last worked at this occupation (mo. and yr.): ....
11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Iroquois Co Ill.

FATHER
13. NAME: John Hayden
14. BIRTHPLACE (city or town) (State or country): Irland.

MOTHER
15. MAIDEN NAME: Elizabeth Murphy
16. BIRTHPLACE (city or town) (State or country): Irland.

17. INFORMANT (Address): Howard W. Hard, Parma, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place: Ontario Oregon. Date: 12-28, 1936

19. UNDERTAKER (Address): Glenn C. Landers, Payette Idaho

20. FILED 12/27/36 193.... J. C. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 193 6, to Dec. 26, 193 6
I last saw h.. alive on Dec. 26, 193 6; death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhoid Arteriosclerosis	1915
Myocarditis	1930
Other contributory causes of importance:	

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to exter'l causes ~~(violence) fill in also the~~ following:
Accident, suicide, or homicide? .... Date of injury ....., 193..
Where did injury occur? .... (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) O. K. Parkinson, M. D.
(Address) ....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Payette

City of Payette

RECD JAN 18 1937

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 1[illegible]

Registration District No. 7

Primary Registration District No. 1008. Local Registrar's No. 90.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mrs. Luther Madison Lyon.

(a) Residence. No. 320 Resaguie St. Boise, Idaho.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Lyon.

6. DATE OF BIRTH (month, day, and year) Jan 24-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Eva M. Lyon. (Address) Boise Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Idaho Date 12-23, 1936

19. UNDERTAKER Glenn C. Gardner (Address) Payette Idaho.

20. FILED 12/31/36 1936 J. H. Woodward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1936, to Dec. 20, 1936.

I last saw him alive on Dec. 20, 1936; death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Uremia.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193....

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Parkinson, M. D.

(Address) Payette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Twin Falls
City of Burley
R. F. D

DEC 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103086

Registration District No. 39
Primary Registration District No. 2087 Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martin Novak

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Novak

6. DATE OF BIRTH (month, day and year) March 8— 1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	7	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czeks' Slovakia

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Czecks Slovakia

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Czecks Slovakia

17. INFORMANT Mrs Anna Novak
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL
Place Certain Idaho Date 11/9, 193 6

19. UNDERTAKER Evans & Johnson
(Address) Burley, Ida

20. FILED Dec 5, 193 6 G. P. Parkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/5 193 6

22. I HEREBY CERTIFY, That I attended deceased from 11-1-, 193 6, to 11-5, 193 6
I last saw him alive on 11-5, 193 6; death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	11-1-36

Other contributory causes of importance: Hypertension of circulatory & Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Jennings M. D.
(Address) Burley Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF IDAHO — Rodwell
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103287

PLACE OF DEATH
County of Canyon
City of Nampa,

Registration District No. 7
Primary Registration District No. 1006
Local Registrar's No. 23

MAR 10 1936

(No.) Old People's Home - No 20 - 16th Ave So.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mr. Jesse Marion Gardner

(a) Residence. No. 20 - 16th Ave So. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of: Widowed
6. DATE OF BIRTH (month, day, and year): Jan. 13, 1850
7. AGE: Years 86 | Months 0 | Days 22 | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marshall County Kentucky

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMENT (Address): Mrs. Cora Smith 416 - 9th Ave So.
18. BURIAL, CREMATION, OR REMOVAL Place: Rohrbaugh Date: Feb 5, 1936
19. UNDERTAKER (Address): Pierce Valley Nampa Idaho
20. FILED Mar 1, 1936 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 3 1936
22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1935, to Feb 3, 1936
I last saw h/W/ alive on 2-3, 1936: death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	About 1930

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 193.
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Robert L. Rodwell, M. D.
(Address) Nampa, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Caribou.

City of Soda Springs, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103324

Registration District No. 82

Primary Registration District No. 2159 Local Registrar's No. 2

APR 14 1937

(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME EMMA HOPKINS

(a) Residence. No. Soda Springs, Idaho. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Thomas J. Hopkins

6. DATE OF BIRTH (month, day, and year) April 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

FATHER

13. NAME Christen Christensen

14. BIRTHPLACE (city or town) Copenhagen
(State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Perhaps Denmark

17. INFORMANT T J Hopkins
(Address) Soda Springs, Ida.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Soda Springs Date 12/24/ 1936

19. UNDERTAKER E. S. Williams
(Address) Soda Springs, Idaho.

20. FILED Jan 23 1937 Dr Russell Lynch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/20/36, 193..., to 12/21/36, 193...

I last saw her alive on 12/21/36 193...: death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall Bladder Infection	
Other contributory causes of importance: None	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis Hackley M. D.

(Address) Soda Springs, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Pierce

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103346

Registration District No. 96

OCT 2 1936 RECEIVED

Primary Registration District No. 2187 Local Registrar's No. 110

(No.....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy DeWitt Burghardt

(a) Residence. No..... St. Pierce, Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel May Burghardt

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	53	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light and power plant

10. Date deceased last worked at this occupation (mo. and yr.) 9/7/36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Valley Springs, S.D.

FATHER

13. NAME J. Dewitt Burghardt

14. BIRTHPLACE (city or town) (State or country) Unknown New York

MOTHER

15. MAIDEN NAME Hattie E. (Unknown)

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Galen Burghardt (son)
(Address)

18. BURIAL, CREMATION OR REMOVAL Burial- Seattle
Place..... Date Sept 10, 1936

19. UNDERTAKER Wayne Harris
(Address) Orofino, Idaho

20. FILED 9-9, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7/36 193

22. I HEREBY CERTIFY, That I attended deceased from 9/7/36, 193.. to 9/7/36, 193..
I last saw him alive on 9/7/36, 193..: death is said to have occurred on the date stated above, at 8:30 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Electric shock (2400 volts)	
Other contributory causes of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/7/36
Where did injury occur? Pierce, Idaho
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. Pierce Light & Power Co. plant
Manner of injury Contact with high tension wire.
Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify see above

(Signed) [illegible] M. D.
(Address) Pierce, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Kootenai
City of Hayden Lake

MAR 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103400

Registration District No.
Primary Registration District No. Local Registrar's No.
(No. (If death occurred in a hospital or institution, give its name instead of street and number))

2. FULL NAME Lyman A. Shepstead

(a) Residence. No. Hayden Lake Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Shepstead

6. DATE OF BIRTH (month, day, and year) Feb 9 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lee Kansas

FATHER
13. NAME Marcus L. Lee
14. BIRTHPLACE (city or town) (State or country) Williamsburg Ohio

MOTHER
15. MAIDEN NAME Harriet A. Fairchild
16. BIRTHPLACE (city or town) (State or country) Brownsville Kansas

17. INFORMANT L. A. Shepstead (Address) Hayden Lake Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Denver Colo. Date 12-15 1936

19. UNDERTAKER (Address)

20. FILED ....., 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1936, to Dec 11, 1936
I last saw him alive on Dec 10, 1936. death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193..
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Hopper, M. D.
(Address) Hayden Lake

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Bureau of Vital Statistics

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103401

PLACE OF DEATH

County of Jerome

City of Hazelton

Registration District No.

Primary Registration District No. Local Registrar's No.

(No. ... If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Wilburn Kerby

(a) Residence. No. R.R.#1 Hazelton, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Ada Kerby

6. DATE OF BIRTH (month, day, and year) March 13, 1906

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
30	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eaton, Colorado

MOTHER FATHER

13. NAME Dee Kirby

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Mrs. Wilburn Kerby
(Address) Hazelton, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place ... Date ..., 193...

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED ..., 193... [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/2/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 ..., 193 6, to Dec 2 ..., 1936

I last saw him alive on 12/2/ ..., 193 6; death is said to have occurred on the date stated above, at 2:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [signature], M. D.

(Address) Hazelton, Idaho

103550

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Custer

City of Clayton

APR 2, 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103550

Registration District No. 18

Primary Registration District No. 218 Local Registrar's No. 235

(No. 34)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ~~Ralph Gianoli~~ Raffaele Elia Gianoli

(a) Residence. No. (Usual place of abode) Raffaele Elia Gianoli St. 230

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Italian

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 1866 Jan 30 1866

7. AGE: Years 70 Months 11 Days ?17 If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Miner

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**: Mining

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy Piatola

FATHER

13. NAME ~~Raffaele Elia Gianoli~~ Giovanni Gianoli

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME Catterina Dolzadelli

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address) Mr Crawford

18. BURIAL, CREMATION OR REMOVAL

Place Clayton Idaho Date Dec. 16, 1936

19. UNDERTAKER (Address) Fulton

20. FILED March 30, 1937 Elma Mrs. McKenney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1-..., 193.6, to 12-14..., 193.6.

I last saw him alive on 12-13., 193.6; death is said to have occurred on the date stated above, at 2 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other **contributory causes** of importance:

Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury.., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. L. Fraser M. D.

(Address) Clayton, Idaho

Challis, Idaho
April 17, 1937

Mrs. Thomas McKenny
Challis, Idaho

Dear Friend:

I am sending the information required to fill out Ralph Gianoli's death certificate. His name as it is written on his birth certificate is Gianoli Raffaelle Elia. He is the son of Gianoli Giovanni and Dolzadelli Catterina. He was born at Prata Camportaccio, Italy, January 30, 1866.

Yours truly,
Philip Moroffio

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bear Lake
City of Ovid

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52
Primary Registration District No. 2136

DO NOT WRITE IN THIS SPACE
State File No. 103659

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Alice Jo Lane Olsen

(a) Residence. No. St. Ovid, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Ended

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 15 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	—	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Child
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ovid
(State or country) Idaho

MOTHER/FATHER
13. NAME Hyrum Olsen
14. BIRTHPLACE (city or town) Ovid
(State or country) Idaho
15. MAIDEN NAME Alice Crane
16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Hyrum Olsen
(Address) Ovid Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ovid Cem Date Dec 17 1937

19. UNDERTAKER Montpelier Mortuary
(Address) Montpelier Idaho

20. FILED I-I-37, 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 193..., to Dec 25, 193...

I last saw h...alive on ..., 193...: death is said to have occurred on the date stated above, at 4:30 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other **contributory causes** of importance:

Pneumonia	

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?... Date of injury.., 193.
Where did injury occur?...
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury...
Nature of injury...

24. Was disease or injury ~~in any way~~ related to occupation of deceased?... If so, specify...

(Signed) Geo. E. Child, M. D.
(Address) Montpelier Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103699

Registration District No. 73
Primary Registration District No. 2-10-0
Local Registrar's No. 20-1

(No. R D S Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Lesley Bird

(a) Residence. No. Newdale Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15-1935

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Anthony Idaho

FATHER
13. NAME Charles Lesley Bird
14. BIRTHPLACE (city or town) (State or country) Teton Idaho

MOTHER
15. MAIDEN NAME Iva Abegglen
16. BIRTHPLACE (city or town) (State or country) Milford Idaho

17. INFORMANT Charles Lesley Bird
(Address) Newdale Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Teton Ida. Date Dec. 8-, 1936

19. UNDERTAKER W. M. McKeever
(Address) St. Anthony Idaho

20. FILED 12/7/36, 193 6 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193 6, to Dec 5, 193 6
I last saw h alive on Dec 4, 193 6: death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-Pneumonia	Dec 1, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 193....
Where did injury occur? —
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. Ben Hatch M. D.
(Address) Idaho Falls, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Ada

City of Eagle

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104402

Registration District No. 9-10

Primary Registration District No. 9-10

Local Registrar's No. 2

- 1937

(No. Eagle, Idaho)

(If death occurred in a hospital or institution, give its name instead of street and number)

11a

2. FULL NAME Nellie A. Messecar

(a) Residence. No. ____ St. Eagle, Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 47 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herbert

6. DATE OF BIRTH (month, day, and year) 12/20/1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (mo. and yr.) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Canada
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Arthur Messecar. Eagle
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 12/28/36 193

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1/4, 193 7 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/24/36 193

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1936, to Dec. 24, 1936

I last saw her alive on Dec. 24, 1936: death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia
Following influenza
complicated by pleurisy

Date of onset

Other contributory causes of importance:

Asthma several years

Name of operation ____ Date of ____

What test confirmed diagnosis? Usual Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 193

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. M. Taylor, M. D.

(Address) Boise, Idaho

Taylor

104759

PLACE OF DEATH
County of Shoshone
City of Avery

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 104759

Registration District No. 127
Primary Registration District No. 2400
Local Registrar's No. 38

JUL 6 - 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

193

2. FULL NAME Joesph P. Lyons, CC2-191051, Co. 1239

Temp (a) Residence No. at CC Camp F-187, St. Joe River 13 miles east of Avery, Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/12/16

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
19	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner~~, sawyer, bookkeeper, etc. Road building laboror

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) May 1936

11. Total time (years) spent in this occupation 1 mo

12. BIRTHPLACE (city or town) (State or country) Birminghan, Ala

FATHER

13. NAME Peter Lyons

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unkonwn

17. INFORMANT C.C.C. Records
(Address)

18. ~~BURIAL, CREMATION OR~~ REMOVAL
Place Spokane, Wn. Date June 20, 1937

19. UNDERTAKER Thornhill-Carey Furn Home
(Address) Spokane, Washington

20. FILED ....., 193. Ernest W. Myers
Registrar.

MEDICAL CERTIFICATE OF DEATH. 5/3/36

21. DATE OF DEATH (month, day and year) [illegible]6

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset

Other **contributory causes** of importance:

Jee P. Lyons left camp May 3 1936 for hike in mountains last seen May 3, 1936 at camp

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, [illegible] Date of injury May 3 193 6

Where did injury occur? NE¼SW¼Sec.11 T45N R7E (BM)
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** St. Joe Nt'l Forest

Manner of injury Lost im Mountains

Nature of injury Accidental Exposure

24 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James McIntee, M. D.
(Deputized) Act Cornor
(Address) James McIntee

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Bannock

City of Grace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104820

Registration District No. 84

Primary Registration District No. 2161

Local Registrar's No. 58

JUL 6 - 1937

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Charles Ormond

(a) Residence. No. Grace St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Apr 10 1856

7. AGE: Years 80 | Months 5 | Days 18 | If LESS than 1 day,... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brigham, Utah

FATHER

13. NAME: John Ormond

14. BIRTHPLACE (city or town) (State or country): South Wales

MOTHER

15. MAIDEN NAME: Martha Jenkins

16. BIRTHPLACE (city or town) (State or country): South Wales

17. INFORMANT (Address): Mrs. Robert Kingsford Grace, Id.

18. BURIAL, CREMATION OR REMOVAL
Place: Richmond, Ut. Date: Sept 30, 1936

19. UNDERTAKER (Address): M. W. Hendricks Preston

20. FILED 7/1/37. Mrs. G. G. Fuhr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936, to Sept. 28, 1936.

I last saw him alive on Sept. 28 1936. death is said to have occurred on the date stated above, at 10:15 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	Sept 1, 1936

Other **contributory causes** of importance:

Senility	
Carcinoma of bladder	1934

Name of operation: — Date of:

What test confirmed diagnosis?: — Was there an autopsy?: —

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?: Date of injury.., 193.
Where did injury occur?: —
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.** —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Dr. E. S. Bovermann M. D.

(Address) Grace Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Bannock
City of Bench

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
104821
State File No.

Registration District No. 84
Primary Registration District No. 2161 Local Registrar's No. 5-3

(No.) (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Hansen

(a) Residence. No. Bench St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emilie Hansen

6. DATE OF BIRTH (month, day, and year) Mar 15 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Farmer

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brigham Utah (State or country)

FATHER

13. NAME Hanse Hansen

14. BIRTHPLACE (city or town) Dehmark (State or country)

MOTHER

15. MAIDEN NAME Mareager

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT Son (Address)

18. BURIAL, CREMATION OR REMOVAL
Place Grace Date Dec 13 36

19. UNDERTAKER M. W. Hendricks (Address) Preston Ida

20. FILED 7/-/ 1937 Mrs. G. G. Fish Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935, to Dec 11 1936.

I last saw him alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1935-36

Other **contributory causes** of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193.
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place.**
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) O. S. Bowring, M. D.
(Address) Grace

FORM V. S. No. 5-A—25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2018
File No. 105020
Registered No.

1. PLACE OF DEATH
County of Gooding
City of Wendell
If death occurs away from usual residence, give facts called for under special information.
(No. ..... St.)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Louise Burdick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: August (Month) 1st (Day) 1863 (Year)

7. AGE: 72 Yrs. 10 Mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Geneseo, Illinois

10. NAME OF FATHER: Peter H Beversdyk

11. BIRTHPLACE OF FATHER (State or Country): Aberdeen Scotland

12. MAIDEN NAME OF MOTHER: Eliza Carter

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Burdick
(Address) Wendell Idaho

15. Filed 6-17 1936 W. L. Swanton Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 16 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13th 1936 to June 16th 1936
that I last saw h[illegible] alive on June 16th 1936
and that death occurred on the date stated above, at 12:25 P.M.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
(Duration) ..... Yrs. ..... mos. 3 ds.
Contributory (Secondary) Arterial Sclerosis
(Duration) 10 yrs. ..... mos. ..... ds.
(Signed) W. L. Swanton M. D.
6-17 1936 (Address) Wendell Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 1 days
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Geneseo Ill — DATE OF BURIAL ..... 19.....

20. UNDERTAKER: Thompson — ADDRESS: Gooding

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Gooding
City of Wendell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105022

Registration District No.
Primary Registration District No. Local Registrar's No.
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Millie Burnetta Morrison Phillips

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. B. Phillips

6. DATE OF BIRTH (month, day, and year) Aug 12 - 1885

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmers Wife
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Washington Dacia

FATHER
13. NAME Thomas Morrison
14. BIRTHPLACE (city or town) (State or country) Silver Creek Iowa

MOTHER
15. MAIDEN NAME Margaret Perkins
16. BIRTHPLACE (city or town) (State or country) North Dakota

17. INFORMANT W. B. Phillips (Address) Wendell Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hansen Date 6-30, 193 6

19. UNDERTAKER Joe Johnson (Address) Wendell Idaho

20. FILED 7-1, 193 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 193 6, to 6-30, 193 6
I last saw her alive on 6-30, 193 6: death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Nephritis	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.
(Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105080

PLACE OF DEATH
County of Lewis
City of Nezperce Idaho
RECEIVED JUN 17 1937
Registration District No. 47
Primary Registration District No. .....
Local Registrar's No. 216
(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

188C 210

2. FULL NAME Roy Hays
(a) Residence. No. ..... Kooskia Idaho St. .....
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occured. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word.)
Male	Red	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kooskia Idaho

PARENTS
10. NAME OF FATHER Axtle Hays
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kamiah Idaho
12. MAIDEN NAME OF MOTHER Anna Smith
13. BIRTHPLACE OF MOTHER (city or town) (State or County) Kooskia Idaho

14. Informant (Address) Emily Patman Kooskia Idaho

15. Filed Sep 10, 1936 Albert Huff Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sep (Month) 6 (Day) 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 6, 1937, to Sep 6, 1937 that I last saw him alive on Sep 6, 1937 and that death occurred, on the date stated above, at 8 a m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Auto accident Caused from driving while Intoxicated
(duration) — yrs. — mos. — ds.
CONTRIBUTORY (Secondary) —
(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Crushed chest
(Signed) H. H. Cooper, M. D.
Sep 10, 1936 (Address) Nezperce Idaho

19. Place of Burial, Cremation, or Removal	Date of Burial
Kooskie Idaho	Sep 8 1936

20. Undertaker Albert Huff Address Nezperce Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Midvale

RECEIVED

MAY 4 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10515

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elizabeth Arnelle Hartley

(a) Residence. No. Midvale Ida St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorenzo Hartley

6. DATE OF BIRTH (month, day, and year): June 30 — 1857

7. AGE — Years: 79 | Months: 4 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**: Housewife

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**:

10. Date deceased last worked at this occupation (mo. and yr.):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cedar Iowa

FATHER

13. NAME: Lindy

14. BIRTHPLACE (city or town) (State or country): Unascertained

MOTHER

15. MAIDEN NAME: Unascertained

16. BIRTHPLACE (city or town) (State or country): Unascertained

17. INFORMANT (Address): Mrs. Jos. Brown, Midvale

18. BURIAL, CREMATION OR REMOVAL

Place: Midvale Date: Oct 19 1936

19. UNDERTAKER (Address): L. A. Henderson, Cambridge Ida

20. FILED: 4-30, 1937 — F. D. McLean, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Oct 17 1936 193

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1936, to Oct. 17, 1936

I last saw her alive on Oct. 16, 1936: death is said to have occurred on the date stated above, at 10:15 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other **contributory causes** of importance:	
Arterio-sclerosis —	3
Senile Dementia —	1
	6 mos.

Name of operation: 0 Date of: 0

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? Date of injury .., 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. D. McLean M. D.

(Address) Cambridge Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105381

Registration District No. 96
Primary Registration District No. 2157 Local Registrar's No. 71
(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

AUG 4 - 1937

2. FULL NAME Ernest Webb

(a) Residence No. Orofino Ida St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Ernest Webb

6. DATE OF BIRTH (month, day, and year) Sept 26-1892

7. AGE: Years 44 | Months 6 | Days 23. | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beer Parlor
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John N. Webb
14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Mary Whitworth
16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs Ernest Webb (Address) Orofino Ida

18. BURIAL, CREMATION OR REMOVAL
Place Rubens Ida Date July 3, 1937

19. UNDERTAKER Orofino Mortuary (Address) Orofino Ida

20. FILED 7-3-, 1937 W. A. Eakin Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-18 1936

22 I HEREBY CERTIFY, That I attended deceased from ....., 193....., to....., 193.....

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at 5.14 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Drowned in Clearwater River when Car left highway apr 18-1936	
Other **contributory causes** of importance:	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.....
Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... Coroner
(Signed) Wayne S. Herres, M. D.
(Address) Orofino Ida

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Idaho

City of Cottonwood.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105419

Registration District No. 105

Primary Registration District No. 2183 Local Registrar's No. 17

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

48-8C 210

2. FULL NAME Norris Williams

(a) Residence. No. ..... St. Stites-Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	Indian	married

5a. If married, widowed, or divorced
HUSBAND of do
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10 1910

7. AGE Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
25	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Laborer

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Stites (State or country)

FATHER

13. NAME Jesse Williams

14. BIRTHPLACE (city or town) Idaho (State or country)

MOTHER

15. MAIDEN NAME Pelyawatsnag

16. BIRTHPLACE (city or town) Almota (State or country) Wash

17. INFORMANT Mrs. Emmett Jones (Address) Stites Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Slokish Date [redacted] 8 1936

19. UNDERTAKER Geo. Tramwell (Address) Slokish [redacted]

20. FILED Sept 6 1936 H. A. Orr Registrar.

Aug 11, 1937 per T.B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 193.... to Sept. 6/36 193....

I last saw him alive on 9/6/36 193...: death is said to have occurred on the date stated above, at 2.30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accident-injury to head	as above
Other **contributory causes** of importance:	
Intoxication	

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes **(violence)** fill in also the following:

Accident, suicide, or homicide? hom Date of injury 9/6/1936

Where did injury occur? Nez Perce Idaho (Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place.** Public highway

Manner of injury automobile

Nature of injury head.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) ..... M. D.

(Address) Kamiah-Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Washington

City of Midvale

AUG 10 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10557 4

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luella Rae Clement

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 24 1934

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ..... min.
		1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** No

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Weiser
(State or country) Idaho

MOTHER FATHER

13. NAME Sanford Clement

14. BIRTHPLACE (city or town) Seattle
(State or country) Wash

MOTHER

15. MAIDEN NAME Eletha Hart

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sanford Clement
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cambridge Date ....., 193..

19. UNDERTAKER
(Address)

20. FILED Aug 9 1934, 193... W. W. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw her alive on ....., 193...: death is said to have occurred on the date stated above, at .....m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hook-Gastro-enteritis,	
Broncho Pneumonia	
Other **contributory causes** of importance:	
Mal-nutrition	

Name of operation None Date of 0

What test confirmed diagnosis? Clinical. Was there an autopsy? 0

23. If death was due to exter'l causes **(violence)** fill in also the following
Accident, suicide, or homicide? ..... Date of injury .., 193.
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Evans, M. D.

(Address) Cambridge-Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants. A* person who sells goods should be called a *salesman* and not a *clerk.*

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	*Attack of epilepsy*	1 *week ago*
Chronic interstitial nephritis	1921	*Run over by street car*	1 *week ago*
Cerebral hemorrhage	*July* 5, 1927	*Peritonitis*	3 *days ago*
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	*May* 1, 1923	*Gastroenteritis*	1 *year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Born 9/28/36 2 (21)

106736

PLACE OF DEATH
County of Lemhi
City of Salmon
NOV 19 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 106736

Registration District No. 41
Primary Registration District No. 2116 Local Registrar's No.
(No.) 484
(If death occurred in a hospital or institution, give its name instead of street and number) 2019

2. FULL NAME Wesley D Baker
(a) Residence. No. / Salmon Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 28 1876

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (mo. and yr.) Present
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER
13. NAME Harriet Baker
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Lee. Barnhart

18. BURIAL, CREMATION OR REMOVAL
Place Salmon Date 193

19. UNDERTAKER (Address) W. C. Hoobler

20. FILED 9/17 193 7 Chas C. Bellamy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 193 6, to Nov. 9, 193 6
I last saw he alive on Nov. 9, 193 6: death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary fat embolism	
Other contributory causes of importance:	
Surgical fracture of neck of femur, right	
Surgery to chest	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (~~violence~~) ~~fill in~~ also the following:
Accident, suicide, or homicide? accident Date of injury, 193
Where did injury occur? Former mine
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. in industry
Manner of injury. Cave in
Nature of injury Fx. hip, crushed chest

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify
(Signed) Chas C Hammond, M. D.
(Address) Salmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Downey

RECE

DEC 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107203

Registration District No. 83

Primary Registration District No. 2160

Local Registrar's No. 72

(No. .....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Douglas Roberts

(a) Residence No. ..... Downey Idaho ..... St. .....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-8-36

7. AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Downey
(State or country) Idaho

FATHER

13. NAME LeRoy M. Roberts

14. BIRTHPLACE (city or town) Malad
(State or country) Idaho

MOTHER

15. MAIDEN NAME Phyllis Jones

16. BIRTHPLACE (city or town) Analya
(State or country) Utah

17. INFORMANT LeRoy M. Roberts
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Idaho Date 12-9-, 1936

19. UNDERTAKER .....
(Address)

20. FILED Dec. 29, 1937 Mary G. Coffin
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-8 1936

22 I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ..... 193...: death is said to have occurred on the date stated above, at 12:05 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	
did not see alive	
Other **contributory causes** of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. A. Mabey, M. D.

(Address Malad, Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Valley
City of McCall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107959

Registration District No. 15
Primary Registration District No. ____ Local Registrar's No. 9
(No. McCall Idaho)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sarah O. Carter

(a) Residence. No. ____ St. Norwood Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. [illegible] mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/30/1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	0	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (mo. and yr.) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Iowa
(State or country)

FATHER
13. NAME Fletcher Cantril
14. BIRTHPLACE (city or town) Iowa
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT Mrs. Eric Rost
(Address) Boise.

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 8/5/, 1936

19. UNDERTAKER Wm McBratney
(Address) Boise

20. FILED Aug 8, 1936 Rhodner Reedy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5/36

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ on 8-5, 1936 to ____, 1936
I last saw her alive on 8-5, 1936: death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem.	
Other contributory causes of importance:	
Gastric disturbance - Cause unknown	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to exter'l causes ~~(violence)~~ fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 193__
Where did injury occur? ____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wm Stanton, M. D.
(Address) McCall, Ida.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Butte
City of Arco

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 11164

Registration District No. 59
Primary Registration District No. 2129
Local Registrar's No. 19
(No ~~Arco~~)

Copy. DEC 1 - 1936

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Newman

(a) Residence No. Arco Hostipal St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tina Lund

6. DATE OF BIRTH (month, day, and year) Nov 24-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
76 74	=	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Edwards
(Address) Mud Loon Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Arco Date Nov 27, 1936

19. UNDERTAKER W. S. Barnes
(Address) Arco. Idaho

20. FILED Nov 25, 1936 Mary G. Dietrich
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 25 1936

22 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov 25, 1936
I last saw h.im alive on Nov. 24 1936: death is said to have occurred on the date stated above, at 9.17 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other **contributory causes** of importance:	

Name of operation ~ Date of ~
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
(Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.
(Signed) D. R. E. Ebert, M. D.
(Address Arco. Idaho.

117186

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. .....

RECEIVED JAN 8 - 1940

1. PLACE OF DEATH

County of Clearwater — Registration Dist. No. 90

City of ~~Orofino~~ Shanghai — Primary Reg. Dist. No. 2157

(Home, Hospital or Institution) Ward — Local Registrar's No. 131

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. 40 | Mos. | Days

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME Jack Pons

(a) Residence: Pierce, Idaho (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE X FEMALE | 4. White, Black, Yellow, Red: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, Husband of (or) Wife of: Single

6. Date of Birth (Month, day and year): Unknown

7. AGE: Years: about 69 | Months | Days | If less than 1 day: hrs. ..... min. .....

Occupation

8. Trade, profession, or particular kind of work done: Miner

9. Industry or business in which work was done: Prospecting in Hills

10. Date deceased last worked at this occupation (month and year): Dec 19, 36

11. Total time (yrs.) spent in this occupation: 55

12. BIRTHPLACE (City or Town, County and State, or Country): Rock Creek Idaho

Father

13. NAME: unascertained

14. BIRTHPLACE (City or Town, County and State, or Country): unascertained

Mother

15. MAIDEN NAME: unasc

16. BIRTHPLACE (City or Town, County and State, or Country): unasc

17. SIGNATURE OF INFORMANT: John Walser

(Address) Orofino Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Orofino, Ida Date Dec 15 1939

19. UNDERTAKER: George E Blake

(Address) Orofino, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12/14 1939 (Date) by H A Shaw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Dec 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h..... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr.	Mo.	Day
Probable exposure			

Contributory causes of importance not related to principal causes: Findings of Coroners jury

Where was disease first diagnosed? /

Name of operation ..... date of .....

Condition for which performed .....

What test confirmed diagnosis? .....

Was there an autopsy? ..... Was there an inquest? .....

23. If death was due to external causes, fill in also the following:

(Check) Accident — Suicide — Homicide? Date of injury no

....., 19.. Where did injury occur? .....

(Specify city or town, county and state)

Check whether injury occurred in industry .... home .... public place ....

Manner of injury Lost in Woods froze

Nature of injury to death

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(SIGNED) George E Blake Coroner M. D.

(Address) Orofino, Idaho

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

147515

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 362

MAR - 9 1946

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Mercy Stayed days
   (g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 118-18th Ave No
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Mexico

3. (a) **FULL NAME** Mrs. Francisco Maravilla

024A

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Mexican
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 11, 1899.

8. AGE	Years	Months	Days	If less than 1 day
	37	0	1.	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business At home Date last worked
11. Birthplace Mexico (City or town) (State or foreign country)

Father
12. Name Roque Cabrera
13. Birthplace Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Cabrera
15. Birthplace Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Maravilla
and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-36 (Month) (Day) (Year)
(c) Place: Nampa, Idaho

18. Funeral Director's **OWN** Signature Fred K Robinson
and Address Nampa Idaho

19. (a) Feb. 9-1946 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 12, 1936
at Six o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicaemia	
Blood stream	
Due to Infection after O.B.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H P Belknap
and Address Nampa, Idaho (M. D. or other) Date 2/4/46 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H. P. Belknap.

RECEIVED
JUN 7 1954
Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 156503
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, Rupert, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert, Idaho
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) R c. (Last) Gilson

4. DATE OF DEATH: (Month) Apr. (Day) 23 (Year) 1936

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1907

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brigham, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Gilson
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Anna Hepworth
BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Arthur Gilson
ADDRESS: Rupert, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 23, 19 36, *to* Apr 23, 1936, *that I last saw the deceased alive on* Apr 23, 19 36 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. N. Kenagy M. D.

23b. ADDRESS: Rupert, Idaho.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 26. 1936

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert, Idaho.

DATE REC'D BY LOCAL REG.: June 7, 1954

REGISTRAR'S SIGNATURE: W. W. Benson

25. FUNERAL DIRECTOR: J. A. Goodman
ADDRESS: Rupert, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Certificate of Death

STATE OF IDAHO

State File No. 156504
Local Reg. No. 80
Reg. Dist. No. 450

BIRTH NO.

DEC 14 1936
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Acequia
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Acequia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) c. (Last) Comstock

4. DATE OF DEATH (Month) (Day) (Year) June 20 1936

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 21 1883
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Neitzell BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Lusina Hill BIRTHPLACE Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Vernard L Comstock ADDRESS Acequia Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca Cervix Uterus — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-19-34
19b. MAJOR FINDINGS OF OPERATION Ca of Cervix Uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1934, 19___, *to* 6-20, 1936 *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. J. Daly M.D.
23b. ADDRESS Burley Idaho.
23c. DATE SIGNED 12-7-62

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 24 1936
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 12-11-62
REGISTRAR'S SIGNATURE Mary Ellen Coulson
25. FUNERAL DIRECTOR Goodman Mortuary ADDRESS Rupert Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

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